O1

Visual-Spatial Sequence Learning of the Hebb Type: Investigating the Role of Interference in Young and Older Adults.

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Research using Hebb's (1961) paradigm has revealed a visuo-spatial (VS) sequence learning deficit in older adults (OA) that is absent among younger adults (YA). Since OAs are known to be more susceptible to interference, four studies attempted to mimic the age-related learning deficits in YAs by increasing interference through the use of a DT to reduce attention. In the first studies, 181 YA (Exp. 1: 68; Exp. 2: 47; Exp. 3:66) completed the VS Hebb alongside a verbal DT during sequence encoding (Exp. 1), retrieval (Exp. 2) or both (Exp. 3). In all cases, learning as evaluated through accuracy performance was achieved, indicating that this manner of reducing attention may not be the mediating factor. However, the results suggested that the interference is associated with the response phase of the Hebb. In hopes of inducing interference, in Exp. 4, 40 YAs completed a VS DT alongside the VS Hebb at retrieval only. To complement Exp. 4, in Exp. 5, an attempt to reduce interference in OAs was carried out, with 30 OAs and 30 YAs completing a VS Hebb in which the motor response was replaced with a verbal response mode. Findings from the last two experiments will be discussed.

O2

Intelligibility of Emotional Speech: Findings From Younger and Older Listeners

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Older adults commonly report having difficulty understanding speech, especially in noisy environments. Speech intelligibility tests are often used to measure this difficulty under controlled laboratory conditions. While these tests control for certain acoustical and linguistic stimulus characteristics, the emotional characteristics of the stimuli have been minimized; unlike natural speech, stimuli are typically recorded by a trained talker with little emotional prosody. This paper describes the use of a more ecologically valid speech intelligibility test containing sentences portraying seven emotions (anger, disgust, fear, happiness, pleasant surprise, sadness, and neutral). The stimuli were equated for audibility and presented to younger and older participants with good audiometric thresholds in order to determine whether the emotional voice in which a sentence is spoken will influence how it is perceived. Preliminary data indicate that sentences spoken in fearful and pleasantly surprised voices are more intelligible for all participants. These results are the first to suggest that emotion can influence intelligibility, and support previous findings of emotional attention and memory enhancement in the visual domain. Findings from a larger sample will be discussed in the context of everyday communication, and will inform the existing literature on age- and emotion-related differences in speech production and perception.

O3

Substrats neuronaux de la mémoire sémantique dans le vieillissement normal : une étude en magnétoencéphalographie.

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La présente étude vise à étudier les substrats neuronaux sous-tendant la mémoire sémantique (MS) dans le vieillissement normal (VN). La littérature actuelle fait état de l'implication des régions temporales antérieures dans ce type de mémoire et souligne également le maintien de la MS au cours du VN, à l'opposé d'autres systèmes mnésiques. Cependant, ces études suggèrent que les mécanismes d'encodage et de récupération de l'information en MS deviennent moins efficaces chez les personnes âgées (PA). Dans cette étude, la performance d'un groupe de PA en santé (N=12, M=73 ans) a été comparée à celle d'un groupe de jeunes adultes (N=12, M=22 ans) lors d'une tâche de jugement sémantique. La tâche impliquait de poser un jugement sémantique sur 430 mots concrets ou abstraits lors d'une séance d'enregistrement en MEG. Les résultats indiquent une activation bilatérale des aires temporales antérieures diminuée chez les PA par rapport aux jeunes adultes. Une activation plus faible des aires postérieures chez les PA est également observable. Ces résultats semblent compatibles avec le modèle PASA (Davis et al., 2007), qui suggère entre autres une diminution de l'activité des aires postérieures lors d'une tâche cognitive chez les PA.

O4

Impact de la dépression sur les déficits de la mémoire sémantique chez les aînés avec un trouble cognitif léger de type amnésique

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Il a été démontré que les patients avec un trouble cognitif léger de type amnésique (aMCI) aux prises avec des symptômes dépressifs présentent différents patrons de déficits de la mémoire sémantique lorsque comparés à des patients aMCI sans symptôme dépressif. Le but de cette étude est d'examiner si les déficits de la mémoire sémantique chez les aMCI sont modulés par la présence de symptômes dépressifs. Quatre groupes de participants ont été inclus dans cette étude: 1) contrôle, 2) ainés avec symptômes dépressifs, 3) aMCI sans symptôme dépressif, et 4) aMCI avec symptômes dépressifs (aMCI-D). Tous les participants ont réalisé une tâche sémantique de reconnaissance de célébrités comportant des questions générales et spécifiques. Les résultats démontrent que les connaissances sémantiques concernant des célébrités sont plus faibles chez les patients aMCI que chez les aînés en bonne santé. De plus, les connaissances sémantiques sont plus déficitaires chez les patients aMCI-D que chez les patients aMCI sans symptôme dépressif. Ceci suggère que la co-occurrence des aMCI et des symptômes dépressifs pourrait avoir un impact important sur la sévérité des déficits de mémoire sémantique.

O5

Physical Exercise Training in Older Adults: Impacts on Cognition and Psychological Well-Being in Frail, Non-Frail and Active Older Persons

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Aging is often associated with important changes in the central nervous system, which could lead to cognitive decline. However, an increasing number of studies suggest that physical activities might protect against age-related cognitive decline. In fact, some studies suggest that aerobic training interventions lead to a significant improvement in cognitive performances in older adults. Although results published so far are compiling, most previous studies included moderately active healthy individuals and few studies have assessed the impact of short-term physical exercise intervention programs on cognition and well-being in frail older adults. This talk will provide an overview of key findings suggesting that regular physical activity can help maintaining and improving cognitive performances in a variety of cognitive functions (e.g., memory, attention, executive functions) and how it may have a differential impact on frail, non-frail and very active older individuals. Overall, these studies suggest that physical activity programs combining aerobic exercise, strength and flexibility training seem to be a very promising non-pharmacological approach in order to protect against cognitive and physical capacities decline associated with frailty.

O6

Engaging Personal Support Workers in the Adaptation of the Canadian Cardiovascular Society Recommendations on Heart Failure: Findings From an Exploratory Study in Ontario Long Term Care Homes

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The applicability and feasibility of implementing the Canadian Cardiovascular Society Recommendations on Heart Failure have proven to be limited in Long Term Care (LTC) settings. Unique challenges facing health care providers in LTC settings include the co-morbid conditions and frailty of residents, staffing limitations, and the restricted capability for acute care, all of which can affect the uptake of clinical recommendations. This study aims to increase our understanding of these challenges from the perspective of personal support workers (PSWs) caring for LTC residents with heart failure, and to provide recommendations for improving care and quality of life outcomes for this resident population. Focus groups were held with PSWs in 3 LTC homes in Ontario. Discussion topics were informed by results from preliminary Delphi surveys, which measured the feasibility, utility and confidence of staff related to various processes of monitoring and managing heart failure. Results and recommendations to emerge from the study will be presented and discussed to inform heart failure management in LTC.

O7

Identification of Community Frailty (IC Frailty)

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Frailty is prevalent among community-dwelling older adults; however, its discrete clinical definition remains unclear. Community therapists direct care in this population yet little is known about their ability to identify frailty. Objective: explore community therapists' perceptions of frailty, and develop a subsequent theory of frailty from their experiences. Methods Eleven community therapists (8F, mean = 44 ± 9.5 years) completed interviews and a focus group guided by constructivist grounded theory and repertory grid methodology. Results Therapists acknowledge they typically treat clients who they believe to be frail; however, recognizing prefrailty characteristics is less clear. Therapists recognize frailty as deterioration in physical and mental capacity to complete daily activities leading to an inability to thrive and functional dependence. Unique client characteristics of frailty, as described by these therapists, included; poor judgment to perform daily activities safely, reduced motivation to remain engaged in life, and a tendency to become socially isolated. Conclusions Community therapists recognize that frail clients individually fall within a spectrum (vulnerable to functionally dependent) but admit it is difficult to observe frailty during its early development (prefrail). Advanced training to recognize prefrailty may improve earlier treatment. Therapists' unique perspectives of frailty add to current definitions proposed in the literature. Funding: UBC Okanagan; Interior Health Authority; BC Network for Aging Research; Government of BC.

O8

Generational Differences in Disease Prevention Attitudes and Behaviors Across Canada: The Case of Functional Foods

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If consumed regularly for appropriate reasons, functional foods (ex., foods with omega-3, antioxidants, probiotics) could potentially help reduce the incidence of chronic diseases in ageing populations. Their effectiveness in disease prevention depends on their adoption at younger ages and continued use over time. This study assesses generational differences in attitudes and consumption of functional foods. A random sample of Canadians from a reputable research firm's internet panel responded to a questionnaire regarding attitudes towards and consumption of various functional foods (N=1,151). Bivariate statistics reveal distinct generational differences. Older generations are most interested in functional foods, but are less likely to believe that foods should have medicinal properties or can help prevent illness. Older generations are buying more traditional functional foods, such as foods high in fiber or calcium, while younger generations are buying more probiotic foods. The WWII generation claimed higher knowledge of which foods might prevent specific illnesses, but their generation is less likely to be able to prevent illnesses by consuming functional foods. Younger generations could profit more from functional foods, but claim to be less knowledgeable about them and are most worried that they could cause health problems. Implications for Canadian health policy are discussed.

O9

Emergency Preparedness: A Legal Analysis on Protecting Older Adults During Fires, Ice Storms and Heat Waves

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Older adults are especially vulnerable in an emergency. Current legal requirements in Canada have not kept pace with the aging population's specific needs during crises. This paper uses elder, disability, tenant and human rights law to survey existing emergency-related laws across Canadian jurisdictions and their effectiveness in protecting older adults living at home, in supportive housing and in long-term care facilities. Nearly 25 percent of adult Canadians report having some hearing loss and as many as 40 percent of seniors are deaf or hard of hearing. In Ontario nursing homes, at least 80 percent of elderly residents have impaired hearing. Yet, many older long-term care facilities have escaped modern fire regulations. This paper discusses the law in relation to mandating the installation of visual fire alarms and retrofitting existing residential seniors' facilities with sprinkler systems. Older adults are also at particular risk during ice storms and heat waves. Power failures during winter storms intensify seniors' susceptibility to hypothermia and prolonged heat waves increase seniors' vulnerability to hyperthermia. This paper discusses how the law protects seniors during these extreme weather conditions.

O10

What Does Research Tell Us About Interventions That Aim to Promote the Health of Informal Caregivers for Older Adults?

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This paper reviews the international literature on interventions and practices that promote, protect, and sustain the health of family members caring for an older adult, in search of what is known about best or promising practices. The focus is on health promotion practices. Three areas are discussed: national-level programs aimed at improving caregivers' health and well-being (American National Family Caregiver Support Program; British Carer's Act); caregiver assessment and the Caregivers' Aspirations, Realities and Expectations tool; evaluated interventions with measured outcomes for informal caregivers. Preliminary evidence suggests that nationally-delivered programs improve caregivers' quality of life and access to services, although more rigorous evaluation is needed. Caregiver assessment is an important step in determining which services will promote the health and wellbeing of caregivers. The findings of the interventions reviewed support Zarit and Femia's (2008) four characteristics of effective interventions: a psychological (rather than just educational) approach, multidimensionality, flexibility, and sufficient application. Best practices for overcoming barriers to promoting and sustaining caregiver health should assess caregivers; provide multidimensional, flexible services that actively involve caregivers; equitably implement and comprehensively evaluate programs' effectiveness in promoting caregiver health.

O11

Enhancing Primary Health Care (PHC) Information to Support Patient Care, Chronic Disease Prevention and Management and Decision-Making Across Canada

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Objectives: Several sources of stakeholder input confirmed a high priority need for more and better PHC information to help measure and understand PHC in Canada. Today, more than half of Canadians require routine or ongoing care and PHC is the most common health care experienced by Canadians and more information is needed. Methods: CIHI has demonstrated enhancements to PHC information in Canada through:

- *PHC Electronic Medical Record (EMR) Content Standards*
- *Voluntary Reporting System (VRS)—EMR data*
- *Practice-Based Surveys—development and data collection*
- *Indicators—updating*
- *Analysis using existing PHC data*
- *Analytical and Indicator Reports for care providers and jurisdictions Results: Products improving the understanding of PHC across Canada*
- *Primary Health Care Indicators Chartbook*
- *PHC Indicators Electronic Medical Records Content Standards*
- *Experiences With Primary Health Care in Canada*
- *Diabetes Care Gaps and Disparities in Canada*
- *Chronic Disease Prevention and Management in Seniors, Across Canada*
- *VRS Provider Feedback Reports Conclusion: CIHI is collaborating with key stakeholders to develop and enhance PHC standards, promote secure data collection and conduct priority analyses of new and existing PHC information to support patient care, improved chronic disease prevention and management, and informed decision-making across Canada.*

O12

Que peuvent nous apprendre les dossiers cliniques dans l'analyse de la continuité ?

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Les études les plus récentes reconnaissent la continuité comme une dimension importante de la qualité des services. Bien que plusieurs auteurs estiment que les dossiers cliniques sont de bons observatoires de la qualité, utiles dans la triangulation des données, peu les ont utilisés pour étudier comment les trois formes de continuité se distribuent dans les dossiers cliniques, ni comment les professionnels y indiquent les traces de continuité. La continuité comporte trois dimensions: informationnelle, relationnelle et d'approche, qui peuvent être observées dans les dossiers cliniques en identifiant les moments et les événements dans la trajectoire de services des usagers. Dans le cadre d'une vaste étude de cas uniques imbriqués, nous avons analysé trente dossiers cliniques d'usagers inscrits en gestion de cas, distribués dans trois réseaux integrés de services au Québec. Le contenu des dossiers a été analysé à partir d'un tableau d'extraction de données qui ont ensuite été transposées sur une bande temporelle afin de mieux visualiser les dimensions de la continuité selon les moments et les événements les structurant. Les dossiers offrent une bonne compréhension du déploiement des trois types de continuité, et ce, selon une certaine variabilité des supports à la complétion des dossiers.

O13

New Guidelines for Comprehensive Mental Health Services for Older Adults

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This presentation will offer an overview of the newly released (November 2010) document "Comprehensive Mental Health Services for Older Adults." This also includes a review of Canada's first national benchmarks for specialized mental health services. This work, funded by the Mental Health Commission of Canada, is intended to inform the development of Canada's Mental Health Strategy. Based on extensive literature reviews, key information interviews and focus groups, these guidelines will serve to inform planners and policy makers about the key services required to promote seniors' mental health and support those seniors living with a mental illness and can also be used as a tool for advocacy. The document is principle and values based with mental health promotion and recovery and wellbeing at the centre. To illustrate how different regions are meeting the needs of seniors with mental illness the document also highlights examples of excellence in service delivery and a sampling will be discussed in this presentation. Participants will have the opportunity to hear from the authors about the process, the newly developed model, and national benchmarks for seniors' mental health services.

O14

Evidence Based Practice in Dementia Care: The Difference a Decade Makes

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The importance of utilization of research-based findings in care practices within long-term institutional dementia care settings is widely recognized. This study determines changes in evidence-based practice in long-term care facilities for: physical restraints; restraint policies; and physical environmental factors. Data from two separate studies, one completed in 1999 and the other in 2009, of the same 26 British Columbia dementia care units are directly compared on their degree of uptake of evidence based research. Approximately 15% of facilities had "no restraint" policies in both studies. Wrist restraints, ankle cuffs, posey vests, and sheet restraints are no longer used in any facilities we looked at (a few werein 1999). Similar percentages (approx. 17%) of facilities used isolation in both studies. Lap/wheelchair belts, wheelchair trays, bed rails and geri-chairs seem to be used significantly less in 2009 than in 1999 (e.g., 33% vs 71%, for geri-chair). Changes in environmental factors related to best practices were more variable. Overall, there appears to be an increase in uptake of research informed best practices during the 10 year period. Characteristics of facilities most likely to adopt research findings are discussed. 1999: National Health Research and Development Programme; 2009: Canadian Institutes of Health Research.

O17

Integration of Meaning in Life Into Long Term Care Practice

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Ability to find meaning in life is important, particularly in later stages of life and has potential impacts upon physiological and psychological health, influencing overall well-being. Understanding this phenomenon is critical in the enhancement, development, and delivery of long term health care programs and services. The current study offers an important beginning exploration of meaning in life from the perspectives of long term care residents. Hermeneutic phenomenology as described by van Manen (1997) was used to explore how older adults living in long term care experience meaning in their lives. A brief description of the methodology utilized in this research, emerging themes, and implications for practice will be presented. The following four emerging themes will be briefly described in the presentation: connectedness, engaging in "normal" activities, survival despite declining functional capacity, and seeking a place of refuge. Study findings have significant implications for long term care practice and education, but most importantly, have the potential to enrich the lives of current and future long term care residents. Funding Source: Athabasca University, In-kind, Western Health

O18

Critical Gerontological Social Work Education: Countering Ageism

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Although Anti-Discriminatory Practice (ADP) is required by the Canadian Association for Social Work Education (the accrediting body of Canadian schools of social work) students are not always challenged to examine ageism personally, institutionally or culturally. One result is that ageism and ageist discourse are left unchecked. The purpose of this paper is to examine ways to challenge unchecked ageism by introducing critical gerontology in social work so that students gain commitment to countering ageism. Theoretical orientation and Method: Critical gerontology is the theoretical orientation. The main components of this are strengths approach, narrative gerontology and critical theory. A case study and autoethnography methods are used to examine courses on gerontological social work at a graduate level. Results and conclusion: The students reported that they gained awareness and commitment to countering ageism on personal, structural and cultural levels. The paper concludes that educating by using strengths approach and reflexive learning, contact with older adult(s) and protesting ageism are useful ways to counter ageism.

O19

Stratégies d'exposition des étudiants en travail social aux problématiques du vieillissement dans les universités québécoises francophones

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L'objectif de l'étude est de décrire les stratégies émergentes et établies déployées par les écoles de travail social pour exposer les étudiants aux problématiques du vieillissement. Des entretiens semi-structurés (n=20) ont été conduits auprès de directeurs de programmes, de responsables de la formation pratique et d'enseignants reconnus comme la référence en gérontologie dans les 8 universités québécoises francophones offrant des programmes de 1er ou de 2e cycle en travail social. De plus, une analyse curriculaire par programme a été réalisée. Bien que plusieurs participants s'entendent pour dire que le vieillissement est un sujet d'actualité et que les futurs travailleurs sociaux seront appelés à côtoyer la population aînée dans divers milieux de pratique, aborder le vieillissement de façon systématique ne fait pas partie des orientations des écoles à l'heure actuelle. La conscientisation se fait par l'intervention de professeurs engagés ou intéressés par le vieillissement, essentiellement sur une base individuelle plutôt que programmatique. En général, l'interaction dans le cadre des stages avec des aînés semble la meilleure façon de conscientiser les étudiants. En conclusion, l'exposition des étudiants aux problématiques relatives au vieillissement ne semble pas une priorité, même si plusieurs réformes en cours laissent présager des changements profonds en cette matière.

O20

Fonctionnalité de la rétine adaptée à l'obscurité chez la personne atteinte de démence à corps de Lewy

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La démence à corps de Lewy (DCL) est une maladie neurodégénérative caractérisée principalement par des déficits des systèmes cholinergique et dopaminergique. Ces derniers jouent un rôle important dans le traitement de l'information visuelle. Notre objectif était de déterminer si ces déficits réduisaient la fonctionnalité rétinienne. 8 sujets avec DCL et 8 sujets témoins ont été recrutés. Les diagnostics ont été effectués par les neurologues et gériatres associés à l'étude. L'électrorétinogramme par éclair (ERGé) en condition scotopique a été enregistré via une électrode DTL après dilatation pupillaire et adaptation à l'obscurité. La stimulation se composait d'un flash bleu de faible intensité (0.006 cd/m2/s) présenté dans une coupole de Ganzfeld. L'amplitude et le temps implicite des ERGé ont été mesurés pour chaque sujet. L'analyse statistique a été effectuée à l'aide de tests ANOVAs (_= 0.05). Aucune différence significative n'a été observée entre les groupes après l'analyse des temps implicites de l'onde b. Cependant, l'amplitude de l'onde b était significativement différente (p= 0.028) et diminuée de près de 60% pour le groupe DCL. Ces données indiquent que la DCL est accompagnée d'une réduction de l'activité rétinienne en condition scotopique. Ces résultats suggèrent que les déficits cholinergique et dopaminergique affectent la fonction rétinienne.

O21

What Does the Evidence Reveal About Light Therapy and Dementia?

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A systematic review included randomized controlled trials (RCTs) that tested the effectiveness of light therapy in managing cognitive, sleep, functional, behavioural, and psychiatric disturbances associated with dementia. The Specialized Register of the Cochrane Dementia and Cognitive Improvement Group, MEDLINE, EMBASE, PsycINFO, CINAHL and LILACS were searched. Selection criteria included all relevant RCTs in which light therapy, at any intensity and duration, was compared with a control group. At least two reviewers independently assessed the retrieved articles for relevance, bias and data extraction. Statistically significant differences in outcomes between the treatment and control groups at end of treatment and follow-up were examined. Nine RCTs were included with a total of 421 participants with dementia. Only one study revealed that light therapy had a positive effect in attenuating the increase in functional limitations. The lack of strong evidence may be related to the heterogeneity within the trials, inadequate sample sizes, analyses, and reporting of results in some of the trials. Enhancing residents' exposure to natural light by spending more time outdoors and/or increasing ambient light to 2000 lux in multipurpose rooms may be the most efficient approach for improving the symptoms of dementia related to circadian activity rhythms.

O22

Pathways to Dementia Diagnosis Among South Asian Canadians

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South Asian Canadians are Canada's largest visible minority group. However, visible minorities are less likely than their majority counterparts to seek and receive dementia care. This descriptive qualitative study examined the experiences of South Asian Canadians prior to dementia diagnosis. Six persons with dementia and nine of their family carers described their early perceptions of dementia related changes; actions taken, including help seeking and diagnosis; and affective responses. Early signs were attributed to aging or personality. Even after prescription of cognitive enhancers, several family carers continued to believe that the dementia symptoms were "normal". Before seeking medical attention, family carers modified physical or social environments because of symptoms. Recognition of a health problem was influenced by safety, emergence of new symptoms following trauma, and treatment for other health problems. For some, family living outside the home or outside Canada were instrumental in recognizing a problem and convincing participants to seek medical attention. For several, help seeking was significantly delayed. The pathway to a diagnosis might be easier with: (1) outreach to help South Asian immigrants differentiate between normal aging and dementia; and (2) enhance capacity of acute care health professionals to recognize and refer patients with symptoms of dementia.

O23

Assessing Cognitive and Functional Decline Among Residents Living Long-Term in Alzheimer Care Centres

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To review rates of functional and cognitive decline, data of residents from three Alzheimer Care Centres in Edmonton, Alberta were collected for eight years. Using the Functional Autonomy Measurement System and the Modified Mini-Mental State Examination, residents at each site were tested annually. A between-years comparison found no significant differences in cognitive functioning of residents, however, a significant difference in functional status was observed. Further, functional status but not cognitive status was found to positively correlate with number of falls. A linear regression analysis extended this result by showing that functional status significantly predicted length of stay in the centre. Taken together these results suggest that functional decline is of more relevance than cognitive decline among residents living at an Alzheimer Care Centre and that functional but not cognitive status is associated with falls and length of stay.

O24

A Systematic Review of Reviews on Instruments Measuring Quality of Life for Older Adults With Dementia

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A systematic review of reviews was undertaken to identify reliable and valid Quality of Life (QOL) instruments for older adults with dementia. In consultation with a health sciences librarian, the search strategy identified systematic reviews and newly published instruments via 9 bibliographic electronic databases. All identified instruments were evaluated on the use of QOL frameworks and psychometric assessments. In total, 44 instruments were found from 10 identified systematic reviews, and 3 recently published instruments which were not included in the systematic reviews. 14 were generic QOL instruments, and 24 were dementia-specific QOL instruments. Of the 24, 11 targeted all stages of dementia, 6 severe stages of dementia, 1 moderate to severe, and 6 mild to moderate. The instruments assess one or several aspects of QOL such as activity, interactions, affect and well-being. Based on our evaluation, we recommend the following instruments, QUALIDEM for all stages of dementia, Discomfort Scale-Dementia of Alzheimer's scale for severe stages, and Quality of Life –Alzheimer's Disease scale for mild to moderate dementia. Nevertheless, instrument preference should be guided by aspects of QOL under investigation, for study population, study purpose, and access to resources. Some instruments require training of staff or trained observers.

O25

An Exploration of Adjustment Efforts of Persons With Dementia After Relocation to a Retirement Residence

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This paper is part of a qualitative prospective study that examined the meaning of "home" and "relocation" for persons with dementia (PWD). The findings are based on the data from in-depth follow-up interviews with 16 PWD at two and six months after relocation to a retirement residence. Participants' efforts to place themselves in their new living environments ("place integration") were closely linked to their ability to integrate relocation into their overall life history and a sense of meaning in life ("ego integrity"). The process began with their response to an immediate need to "settle in" and perform their personal and instrumental activities of daily living (ADL & IADL) to meet their most basic survival needs. A satisfactory completion of this phase was associated with a sense of "comfort". The next phase involved their attempts to "fit in" the new social environment to satisfy their higher order social ADL needs associated with a sense of "connection". The transition created a need to renew their conception of "self" ("checking in") in order to reconcile their desire to maintain a sense of "continuity" in the face of the changing realities of their existence. The findings reaffirm the importance of "personal-as-identity care" in dementia.

O26

A Holistic Approach to Healthy Living, Healthy Skin

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The team that has created this new extension of OMNI's Healthy Living, Healthy Skin program consisted of Registered Nurses, Registered Practical Nurses, Pharmacists, Geriatric Diabetic Specialists, Technology Specialists, Product Specialists, Administrators, Directors of Care, Physicians, Registered Dieticians and our Corporate Office at OMNI Health Care. The initial goal was to look at why some wounds weren't healing as well as taking a more preventative approach to healthy skin and healthy living. We knew we were starting with a very comprehensive skin and wound care program but identified other indicators that impacted this program due to the outcomes we were experiencing. We identified a high incidence of diabetes, an increase in falls in some areas and linked it to areas that our registered staff and dieticians were spending a lot of time on. By having a best practice approach with all residents and starting with their medication review we could determine a healthy internal environment that would aide in maintaining a healthier external environment and decrease risk of injury due to skin breakdown, falls, fractures, wound healing times and metabolic complications that are evident with medications that the elderly cannot tolerate. We are assured once implementing this program that; 1) the appropriate medication regime is being initiated 2) less falls are going to result in fractures and unnecessary hospitalizations 3) we are taking a preventative approach to identifying diabetes, osteoporosis and inappropriate medications that can result in contributing to delirium and confusion, falls and skin breakdown 4) through technology we are healing wounds and increasing the comfort of our residents and educating our residents, staff and family members by bringing education to them 24/7 and making them all partners in healthier living 4) Observations on the impact of the initiative or sustainability of the results. All funding sources were provided by OMNI and its business partners as part of a pilot program initiative.

■ O27

Développer un programme communautaire de promotion de la vitalité cognitive chez les aînés : avantages et défis d'une synergie recherche-pratique

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Objectifs: Le but du projet était d'utiliser une démarche collaborative pour développer un programme visant à promouvoir la vitalité cognitive des aînés sans problème cognitif, pouvant être animé par les bénévoles et les intervenants des milieux communautaires. Méthode: Parmi les étapes de développement, notons : analyser les besoins et la problématique, identifier les meilleures pratiques, élaborer le modèle logique, valider le programme puis le mettre à l'essai dans sept groupes d'aînés. Ont été réunis : professionnels en promotion de la santé, cliniciens, experts de contenu, chercheurs, aînés, bénévoles et représentants d'organismes communautaires. Résultats: Ce carrefour d'échanges a duré deux ans. Au terme de nombreux ajustements est né un programme multifactoriel combinant stimulation cognitive, enseignement de stratégies mnésiques et promotion de saines habitudes de vie. La mise à l'essai a montré que Musclez vos méninges soulève l'enthousiasme des aînés et des milieux communautaires. Le partenariat intersectoriel a été maintenu pour l'implantation et la diffusion du programme et a jeté les ponts pour l'étude d'efficacité actuellement en cours. Conclusion: Cette synergie recherche-pratique a nécessité temps, ouverture et bonne communication. Nous croyons toutefois qu'un tel partenariat est nécessaire pour développer des programmes rigoureux, pertinents pour les aînés et réalistes pour les organisations communautaires.

■ O28

A Model Physical Activity Intervention Program for Older Adults With Pre-Diabetes and Type-II Diabetes: The Get Fit for Active Living – Diabetes Strategy

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The main objectives of the GFAL-D project are to develop and deliver a model diabetes-friendly physical activity program for older adults, and create a referral system for Diabetes Education Centres (DECs) to refer clients to diabetes-friendly physical activity programming. Phase I of the GFAL-D project involved development of the program by creating new facilitator training materials and participant manuals, creating partnerships with diabetes education centres (DECs) in Alberta, Manitoba, Ontario, and Nova Scotia, and offering GFAL-D Facilitator training to DEC employees and physical activity leaders. The CCAA also created knowledge mobilization opportunities for health professionals, diabetes educators and older adults. Phase II of the GFAL-D involves expanding the scope of the project to include the remaining provinces. Objectives for Phase II include establishing a referral system within DECs, and delivering the GFAL-D program. Pre and post-intervention functional assessments will be conducted to track older adults' progress as a result of participation in the intervention program. In May 2012, an evaluation examining DECs referral system practices and exercise participation will be completed and the results will be presented to DECs in each province. This presentation will highlight the findings to date related to Phase I and discussion regarding Phase II progress.

■ O29

L'amélioration des soins aux personnes âgées hospitalisées en soins de courte durée : la pratique réflexive pour l'intégration de nouveaux savoirs et de bonnes pratiques cliniques

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Les infirmières doivent composer avec un contexte de travail changeant alors que les découvertes scientifiques, la situation de main-d'œuvre et le vieillissement de la population requièrent un renouvellement des pratiques de soins. Les besoins particuliers des personnes âgées sont souvent en discordance avec la vitesse accélérée du travail en milieu hospitalier et le manque de formation gérontologique. La pratique réflexive, soit l'auto-examen de sa pratique professionnelle par la révision d'expériences cliniques pour apprendre de celles-ci, est proposée comme moyen pour améliorer la qualité de soins. Le but de cette étude était de développer, d'implanter et d'évaluer qualitativement une pratique réflexive avec des infirmières œuvrant auprès de personnes âgées hospitalisées en soins de courte durée. Huit ateliers de 75 minutes, dispensés à intervalle de trois semaines, ont permis à 25 infirmières d'aborder trois thématiques : la médication, la mobilisation et la planification du congé. L'analyse qualitative démontre que ce type de pratique est porteur d'intégration de nouveaux savoirs et d'amélioration des pratiques professionnelles, mais nécessite un soutien des milieux pour des retombées concrètes sur la qualité de vie des aînés hospitalisés. Source de financement : CHUM; FRSQ; GRIISIQ; Faculté des sciences infirmières de l'Université de Montréal; MELS.

■ O30

Movement Disorders: Expanding the Continuum of Creative Interventions

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Receiving the diagnosis of a movement disorder can be devastating and patients are left with few resources beyond the hospital and Movement Disorders Clinic. The goal of adapted programs at the Cummings Centre is to address the social isolation and depression brought on by the diagnosis as well as to re-integrate program participants to community life in a normative setting. The combination of a literature review, input from academic researchers on the Cummings Centre's Integration through Adaptation committee, and program elements of Big and Loud (Becky Farley; University of Arizona) led to the development of this program. Program components include Broadway singing and dancing; aqua-fitness, Tai Chi, exercise, and equine assisted therapy. Programs are adapted to the specific needs of clients and are staffed by professionals in the field of kinesiology as well as music and dance therapy. Other modalities are also being explored such as meditation and therapeutic massage. While the program is still in its initial stages of development and implementation, this paper will review the process taken to establish it and the learnings to date. Project funded by New Horizons for Seniors, Human Resources and Skill Development Canada.

O31

Family Members Perspectives on Relocation of Residents From Nursing Home to Assisted Living

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The effects of relocation on older adults and their relatives have received considerable attention in the literature. Family members often struggle with the decision to relocate a relative to an alternative living arrangement and research suggests that relocation effects are influenced by the circumstances of the relocation. Studies also suggest that health care professionals play a pivotal role in residents' and relatives' experiences with relocation. In Western Newfoundland, protective care residences (PCR) were constructed with the expressed purpose of providing a unique living environment specially designed for older adults with mild to moderate dementia. The first to be admitted to these residences were residents who had been living in a specialized dementia unit within an acute care facility. Their family members were the population of interest for this study. The research question in this phenomenological study was "What are the perceptions of families of residents who relocate to assisted living from a nursing home environment?" Semi-structured interviews were conducted with 10 family members and six themes emerged: communication, comfort, activities, environment, functioning, and staffing. The findings provided insight into the experiences of family members of residents diagnosed with mild to moderate dementia who relocated from institutional based care to a unique assisted living environment. The findings have significant implications for care delivery and future program planning in caring for residents with special needs. Client-centred care results in positive outcomes for residents and family members.

O32

Work-Family Life Course Experiences and Their Relationship to Health Inequalities in Later Life

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Socioeconomic inequalities in health among older adults do not exist independently of the life course experiences that precede them. However, assessing the influence of detailed labour market participation and family role histories on current inequalities in health presents particular methodological challenges for life course researchers. In this research, I use retrospective life course history data from the British Household Panel Survey (BHPS) to model life course experiences in the labour market and the family from young adulthood to retirement age. I use a two-stage latent class analysis to identify underlying role configurations across the life course and articulate latent life paths that incorporate the complexity of roles and experiences in multiple life course domains. Theoretical considerations, along with indices of model fit, suggest that four latent life paths broadly characterize the experiences of the older adults in this sample. These latent life paths are distinguished by gender, labour market and family care activities, and by the presence of dependent children in the household. I discuss this approach for summarizing life course experiences relative to other approaches (sequence analysis) and the relationship between life course histories and socioeconomic inequalities in health among current cohorts of older adults in Britain.

O33

Le mieux-être des aînés vivant en communautés francophones minoritaires

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Au Canada, il existe plus d'une vingtaine de centres scolaires communautaires (CSC), construits surtout afin de mieux répondre aux besoins sociaux, culturels, éducatifs et spirituels des francophones. Récemment, certains CSC ont commencé à envisager le rôle qu'ils pourraient jouer dans le domaine de la santé. L'objectif de cette recherche était de comprendre l'état de mieux-être des personnes âgées francophones vivant dans huit communautés francophones minoritaires dans les provinces Atlantique dotées d'un CSC. La collecte des données a été réalisée grâce à des entrevues effectuées auprès des directeurs des centres et des groupes de discussion réalisés en région avec les personnes âgées. Les résultats montrent effectivement que les CSC contribuent à l'état de mieux-être des personnes âgées, et ce, dans plusieurs sphères de mieux-être. Les centres scolaires communautaires sont perçus comme étant des lieux qui donnent le sentiment d'être en petite famille. Les résultats de cette étude contribuent à augmenter l'état des connaissances en ce qui a trait aux facteurs qui influencent positivement et négativement l'état de santé et de mieux-être des personnes âgées francophones vivant en milieu minoritaire. La réalisation de cette recherche a été rendue possible grâce à la contribution financière du Consortium national de formation en santé (CNFS).

O34

Lessons From the Lives of Gay Men Aging in Rural Environments

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Studies suggest that older cohorts of gay men disconnect from their families and that rural environments are hostile to gay men. Without the support of families or a gay community, gay mens aging-well process may be at risk. This study examined the lives of gay men aging in rural environments to: raise awareness about the unique life course of gay men; and to shed light on heterosexual assumptions of the life course with respect to the nature of community and family engagement in the aging process. Detailed life histories examined in-depth, the lives in context, of three older gay men aging in rural Alberta. Themes illustrate how participants negotiate sexual identity over time and how this process impacts on and speaks to questions of generativity, aging identity and expanded notions of family and community in the aging process. The life narratives challenge conventional victim narratives about the lonely old homosexual and reveal agency in the participants' adaptive response to homophobic environments. Findings speak to the need to better understand the life histories of marginalized populations with regards to historical and contextual influences on identity and life course pathways, necessary for ongoing theory development and the establishment of therapeutic alliances.

■ O35

Maltraitance des personnes aînées : étude de la vulnérabilité et analyse différenciée selon le genre

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Objectifs : La maltraitance envers les aînés peut revêtir différentes formes et se manifeste autant par de la maltraitance physique, psychologique, sexuelle, financière, de la négligence ou encore par diverses situations de violation des droits. Avec le vieillissement de la population, cette problématique prend de plus en plus d'ampleur et ce, partout dans le monde. Méthode: Une recension systématique des écrits et une analyse de contenu critique sur les liens entre vulnérabilité et maltraitance. Résultats: Parmi les 60 textes répertoriés et analysés, seulement une dizaine traite de la vulnérabilité des aînés à subir de la maltraitance en tenant compte du genre, et ce étonnamment, plus souvent des hommes que des femmes. Les autres textes tendent tout de même à identifier les femmes comme y étant plus vulnérables. Conclusion : Les textes généraux portant sur la vulnérabilité des aînés à subir des mauvais traitements s'appuient sur les données d'incidence et de prévalence pour démontrer les femmes aînées seraient plus à risque que les hommes âgés à subir de la maltraitance, tant à domicile qu'en milieu d'hébergement. La vulnérabilité est rarement bien campée, ce qui soulève des enjeux conceptuels dont nous discuterons plus à fond.

■ O36

Emergency Shelter Director Perspectives on Readiness to Meet the Needs of Older Women

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Debate surrounds whether older women experiencing intimate partner violence (IPV) are victims of IPV or elder abuse (EA). We argue that women experiencing abuse by their partners are victims of IPV regardless of age. It is largely unknown if services for female victims of IPV are appropriate across the lifespan. This study addressed this gap by investigating how stage 1 transition homes in Atlantic Canada are meeting the needs of women in midlife and older through a two-phased study including an online survey with 17 shelter directors and telephone interviews with 8 shelter directors. Results indicated that in a one-year period, women in midlife and older comprised 28% of those who used stage 1 transition homes. Directors revealed that they often fall short in meeting the needs of older women in such areas as accessibility, privacy, support, and outreach. The directors reported that women in midlife and older experiencing IPV require education surrounding power and control dynamics, which a transition house provides. Recommendations include adapting the physical structure of the shelter as well as modifications to support and outreach services. It is imperative that stage 1 transition homes offer a welcoming, suitable, and supportive environment for women in later life.

■ O37

Aboriginal Elder Abuse

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Canada's shifting demographics has resulted in its ethno-cultural landscape diversifying and in an increase in its number of older adults. Consequently, knowledge about elder abuse within the context of ethnicity is critical. Significantly, a gap in literature with respect to the nature of elder abuse among specific cultural groups such as Aboriginal populations exists. Understanding what constitutes elder abuse from older Aboriginal community member perspectives and how elder abuse occurs within Aboriginal communities is necessary to prevent and address this important public health issue. Furthermore, understanding the broader social issues impacting Aboriginal individuals and communities from an Aboriginal perspective must be taken into consideration to maximize understanding of violence against older adults. This presentation summarizes the current state of knowledge on elder abuse within several Aboriginal communities using data from qualitative focus groups with Aboriginal older adults and service providers in Calgary and on one on-reserve community. Issues relevant to elder abuse within these Aboriginal communities will be shared. Information and definitions about elder abuse from Aboriginal perspectives provide insight into Aboriginal principles and values which is essential for the incorporation of holistic, preventative and intervention efforts. This is fundamental to guiding and informing policy, programming and future research.

■ O38

Integration of Immigrant Seniors: Myth and Reality

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Integration is an important policy and research topic when it comes to understanding the immigrant population. This presentation focuses on the integration of immigrant seniors and tries to examine the contexts and challenges this population faces. Drawing on empirical research findings from various local and national research studies, immigrant seniors were found to report barriers related to multiple aspects of their life. When compared with Canadian born seniors, immigrant seniors reported a lower personal income. More immigrant seniors fall below the Low Income Cut Off than the Canadian born seniors. When civic participation is considered an indicator of social and political integration, civic engagement of some immigrant seniors often takes the cultural forms that are relevant to their own social and cultural contexts. While fewer immigrant seniors took part in voting in political elections, no significant differences were found between the immigrant seniors and Canadian born seniors in some other civic participation activities. In conclusion, most immigrant seniors are pushed to the edge. The criteria of integration by immigrant seniors should also consider their socio-cultural contexts. Full integration can only be achieved through hearing the voices of immigrant seniors and considering them in decision and policy making.

O39

The Unique Features of Ethno-Culturally Sensitive and Linguistically Adapted Day Programs for Older Adults

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The population of Canadian older adults from diverse ethnic and cultural backgrounds is increasing. Research has illustrated that, ethnically and culturally diverse older adults, particularly those whose proficiency in English or French is limited, experience many barriers accessing and benefiting from health and social services. One response has been the development of ethno-cultural and linguistically adapted day programs whose mandate is to reduce the social isolation for this group of seniors highly at risk of exclusion. This presentation will submit findings from a focus group of service providers who coordinate ethno-culturally and linguistically adapted day programs in the city of Montreal. Specifically the types of adaptations made and the perceived challenges (e.g. multiple diversities) and benefits (e.g. comfort and connectedness) of these adapted programs will be discussed. Research questions emanating from these findings will also be proposed. Ultimately we hope to use the findings and the discussion from this presentation to inform the development of a larger study aimed at capturing the impact of "adapted" day centres on older adults and their families.

O40

Intergenerational Volunteers: The Key to Providing Services and Supports to Seniors in a Non-European Ethnic Community

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In 2008, the Canadian Association on Gerontology (CAG) and the Garden Korean Church submitted a funding request to the federal New Horizons for Seniors Program to establish a pilot project. The purpose of the pilot was to establish a practical community model that would promote and translate CAG goals (i.e. improving lives of older Canadians through the creation and dissemination of knowledge in gerontological policy, practice, research and education) into reality in a hard-to-reach large ethnic community where critical needs had been identified. In 2000, over 80% of unattached Korean seniors in Canada fell below official low-income cut-offs. Many Korean seniors did not attend day programs as a result of language, food, cultural, and transportation barriers. A critical element of the plan was to create and maintain an intergenerational volunteer network within the Korean community, using a "train the trainer" approach and levering existing available networks in Toronto. The paper will consider the extent to which the pilot project was to able to meet the critical goals of the initiative. The assessment of the project will be based on completion of project activities and work plans, results of evaluation surveys completed by volunteers and seniors, and pre-determined project measures. The primary goals were to develop a train the trainer approach using intergenerational volunteers to address isolation in the Korean senior community, build leadership and program delivery skills, and promote communication and independence. This paper will also consider the critical success factors for the initiative, and lessons learned for future initiatives.

O41

Effect of Acculturation on Life Satisfaction Among Aging Chinese immigrants in Canada

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Acculturation is significant to the adaptation and adjustment of immigrants and ethno-minority groups. Though the Chinese are the second largest visible minority group in Canada, research on aging Chinese immigrants is lacking. This study examines the effect of acculturation variables on life satisfaction among aging Chinese immigrants in Canada. Life satisfaction was measured by a single-item global measure. Acculturation variables include length of residence, religion, English competency, ethnic identity, and Chinese culture. Based on the survey data obtained from 2214 immigrants 55 years and older in seven cities, hypotheses related to the effect of acculturation variables on life satisfaction were not supported. Adherence to Chinese culture was the only acculturation variable significantly related to a higher level of life satisfaction. Besides, financial adequacy and mental health were important predictors of life satisfaction. The findings indicate the importance of incorporating Chinese cultural values and beliefs in working with aging Chinese immigrants. Culturally appropriate practice to address needs related to finance and mental health of this client group is also needed.

O42

Reliability and Validity of the Chinese Caregiver Risk Screen

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A culturally validated measure is important to identify the needs and challenges of family caregivers so that appropriate interventions are applied. This study assessed the reliability and validity of the forward-backward translated Chinese version of the 12-item Caregiver Risk Screen (CRS) when used with 230 randomly selected Chinese family caregivers who participated in a longitudinal telephone survey on Chinese family caregivers between 2004 and 2005. A Cronbach's alpha of .96 was reported for the scale in both waves. A moderate test-retest reliability was reported for the overall score (r = .43) and all the items (r = .23 to .47). All items were loaded into one factor in factor analysis. A higher CRS score correlated significantly with a higher level of caregiving burden, a higher depression level, worse physical and mental health of the caregivers, and more health problems and functional limitations of the care receivers. The scale was a reliable and valid tool for assessing the risk level of the Chinese family caregivers. While further research on more diverse groups of Chinese family caregivers in Canada is needed, the scale is an appropriate assessment tool for health and community support professionals working with Chinese family caregivers in Canada.

O43

Une formation en ligne pour les proches-aidants de personnes âgées en perte d'autonomie : résultats d'une étude pilote

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Les proches-aidants de personnes âgées sont souvent captifs, géographiquement éloignés des services et ont difficilement accès aux interventions de soutien. Dans ce contexte, le but de cette étude pilote était d'évaluer le processus et les effets d'une formation « en ligne » à la gestion du stress conçue pour les aidants d'un parent âgé en perte d'autonomie. Cette formation, d'une durée de 7 semaines, est offerte via une plate-forme web et accompagnée d'un tuteur. Elle comporte des objectifs précis, des activités entre les sessions et un forum de discussion. Un devis mixte a été utilisé pour son évaluation auprès d'une vingtaine d'aidants. Des questionnaires standardisés mesurant certaines dimensions de la qualité de vie ont été complétés en ligne, pré et post intervention, et une évaluation qualitative du processus d'intervention et de la perception des aidants concernant les changements apportés par cette formation, faite par voie téléphonique. Les résultats soulignent des effets positifs, notamment un apprentissage de stratégies pour composer avec les stresseurs de la vie quotidienne. Même si elle exige temps et réflexion, l'accessibilité de cette formation et son asynchronisme offrent des pistes pour le soutien psychoéducatif d'un sous-groupe d'aidants à l'aide des technologies de l'information et de la communication.

O44

Early Referral for Support of Dementia Caregivers: Evaluation of the First Link® Demonstration Project

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Many caregivers wait to seek help from support services until they face a crisis or caregiving burden is great. First Link® is an innovative initiative that aims to support persons with dementia by linking them and their caregivers with support services earlier in the disease course. It is expected that by linking people earlier in the disease, caregivers' ability to cope will increase and feelings of burden will decrease. First Link® was evaluated in four Ontario sites examining service use and impacts on caregivers. The study involved a mixed method, prospective cohort design. Data sources included: referrals and client contacts, surveys of caregivers ($N = 90$), and interviews with key stakeholders ($N = 20$) and persons with dementia and their caregivers ($N = 21$). Those who were referred to the Alzheimer Society via First Link® were referred sooner after their diagnosis than those who were self referred (7 vs. 18 months, respectively). Caregivers were more aware of available community resources and more confident as caregivers. This program has been well-received and is a significant approach to increasing caregiver capacity. Funding for the evaluation was received from the Alzheimer Society of Canada and the Ontario Ministry of Health and Long-Term Care.

O45

Measuring the Pubococcygeal Line From Magnetic Resonance Images (MRIs): Comparison of Two Methods

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Objective: The objective of this study was to determine which of two measures of the PCL: symphysis pubis to the tip of the coccyx (PCLtip) or symphysis pubis to the sacrococcygeal joint (PCLjnt), provides the most reliable baseline for measures of pelvic support. Methods: MRIs of the pelvis in the sagittal plane were recorded with a Siemens 3.0T Magnetom Trio at rest, during a pelvic floor muscle maximum voluntary contraction (PFM MVC) and during a Valsalva manoeuvre on women over 60 years old. Results: Thirty-four women, mean age 67.6 (SD 4.7) years, participated. The PCLjnt was longer than the PCLtip in all three conditions ($p<0.001$). The PCLjnt length did not change, while the PCLtip was shorter during the PFM MVC than it was at rest or during Valsalva ($p<0.001$ and $p=0.003$, respectively). There was no difference in the length of PCLtip between rest and Valsalva ($p=0.89$). Conclusions: The older women in this study demonstrated coccyx movement during the PFM MVCs; therefore, the PCL should be drawn from the inferior edge of the pubic symphysis to the sacrococcygeal joint and not to the tip of the coccyx to avoid introducing error into measures of pelvic organ support.

O46

Correlates of Global Diet Quality Among Elderly Men and Women at Entry Into the NuAge Study

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Food choices are of prime importance during aging. This study identified factors associated with global diet quality (DQ) in 1,793 older adults from the NuAge study, aged 67 to 84 years at recruitment. Sociodemographic and dietary attributes were obtained using questionnaires. Dietary data were collected at recruitment using three non-consecutive 24-hour diet recalls. DQ, assessed using the Canadian Healthy Eating Index (C-HEI, /100), was computed from the means of the diet recalls. Analyses were done separately for males and females. Total C-HEI was higher among females (75.2 ± 10.2 vs 71.1 ± 11.2, $p<.0001$). Analysis of variance comparing means of correlates in sex-specific quartiles of DQ showed a positive linear dose-response on DQ for education, diet knowledge, and dietary attitudes in both sexes ($p<.001$). Males with the highest household income ($p<.001$) and those with the lowest smoking index ($p<.05$) were situated in the highest DQ quartile. Greater proportions of females in the middle quartiles of DQ lived alone (chi square $p<.05$) compared to those in the highest or lowest quartiles. Personal and dietary correlates of global DQ identified in this cohort could help in targeting dietary advice to elderly males and females to foster better diet quality. Funded by CIHR MOP-89792

O47

Risk of Falls in the Elderly Population Using Antipsychotics: A Systematic Review

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Background: In the elderly population, falls result in major disability and important health care costs. In Quebec, it cause 14 000 hospitalizations each year. Even if psychotropics are known to be a major risk factor for falls, to our knowledge, there is no systematic review on antipsychotics use and risk of falls. Currently, there is a controversy about differences between atypical and conventional antipsychotics with respect to the risk of falls. Objectives: This study aimed at comparing the risk of falls associated with atypical and conventional antipsychotics in the elderly population. Methods: A systematic review of the literature was conducted using published and unpublished observational study reports in French or English. The main outcome measures were the number of patients who fell in each study group and the consequences following the fall (e.g.institutionalization). A total of 1385 papers were found. After removing duplicates, 1286 papers were accepted for a first reading. A total of 42 papers were retained for the analysis after applying the inclusion and exclusion criteria, which consisted of an outcome associated with the fall and an exposition associated with the use of antipsychotics in 65+. Results: Of the 42 studies, eight reported a significant odds ratio (OR) between antipsychotics and falls (OR from 1.15 to 11.8). Only three studies compared atypical and conventional antipsychotics. In two of them, atypical antipsychotics were significantly associated with falls (OR: 2.16; 95%CI: 1.26-3.69 and OR 23.42; 95%CI:22.55-24.35, respectively). The third study did not find differences across product classes. Conclusions: Results were very heterogenous across studies. Meta-analysis should be done with sub-group to increase the homogeneity of the results. Although it appears that psychotropics increase the risk of falls, further research on the comparison across product classes is warranted since evidence is scarce.

O48

Psychological Well-Being Might Explain Subjective Quality of Life of Visually Impaired Older Adults

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PURPOSE: To document subjective quality of life (QOL) of visually impaired (VI) older adults having received rehabilitation services, and to explore the determinants of their QOL. METHODS: This cross-sectional study involved the participation of 135 VI older adults, aged 69 and older (mean=83 years ±6.2) who were recruited at a specialized low vision rehabilitation center. QOL was measured with the Quality of Life Index (QLI). The potential correlates to explain QOL were socio-demographic and clinical characteristics, depressive symptoms (Geriatric Depression Scale), perception of social support (Social Provisions Scale), and level of and satisfaction with participation (Assessment of Life Habits/LIFE-H). RESULTS: The QLI score globally (mean=23.7±3.8) reflected good QOL compared to normative data from previous studies of older adults. Sixty-five participants (44%) showed significant depressive symptoms. The best determinants to explain better QOL (R_=0.60) were: fewer depressive symptoms, greater satisfaction with participation in daily activities, better perception of social support, better perception of distant vision and absence of recent negative life events. CONCLUSIONS: QOL of VI older adults is mainly explained by depressive symptoms, which are very prevalent in this population. Gerontologists should assess psychological well-being of this clientele and consider appropriate pharmacologic or psychosocial interventions.

O49

The Epidemiology of Psychiatric Disorders in Quebec's Older Adult Population

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To document the prevalence, remission and persistence of psychiatric disorders in Quebec's older adult population. Data came from the Enquête sur la santé des aînés (ESA) study conducted in 2005–2008 using a representative sample (n = 2784) of community-dwelling older adults. Results indicate that 12.7% of the respondents met the DSM -IV criteria for depression, mania, anxiety disorders, or benzodiazepine dependency. The 12-month prevalence rate of major depression was 1.1% and the prevalence of minor depression 5.7%. A total of 5.6% of the respondents reported an anxiety disorder. The most prevalent anxiety disorders were specific phobia (2.0%), obsessive–compulsive disorder (OCD) (1.5%), and generalized anxiety disorder (GAD) (1.2%). Agoraphobia without panic disorder and panic disorder were reported by 0.3% and 0.6% of the respondents, respectively. The prevalence rate of benzodiazepine dependency was 2.3%. The 12-month rate of patients with a persistent psychiatric condition was 19.4% and 67% of the patients in remission experienced a total recovery of their symptoms during the following year. The probability of presenting a persistent or a partial remission psychiatric condition compared with those in total remission did not vary according to sociodemographic characteristics, social support and the number of chronic health problems.

O50

Recognition and Management of Late-Life Depression in Primary Care Settings

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Depression is one of the most common psychiatric disorders among the older adult population. Despite its prevalence, late-life depression is often under-diagnosed and undertreated in primary care settings, leading to such negative outcomes as premature institutionalization and suicide. On a global scale, men and women over 74 years of age have the highest rates of completed suicide; however men over 84 have the highest rate of suicide across all age groups. Following a review of the literature, this presentation identifies and discusses barriers that impede effective recognition and management of late-life depression and suicidality in primary care settings. Primary care physicians provide the majority of health care to older adults and are in an ideal position to diagnose and treat late-life depression. Several barriers exist however, that hinder recognition and management of late-life depression, including the ageist notion that depression is 'understandable' and 'justifiable' given an older adults' reduction in function and social networks. Perspectives from physicians, older adults and their family members are presented, as well as strategies and best practices to improve depression recognition and management.

■ O51

Prevalence and Correlates of Generalized Anxiety Disorder in a National Sample of Older Adults

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The objectives of this study are to provide current estimates of the prevalence and correlates of generalized anxiety disorder (GAD) in older adults. The authors used Wave 2 data from the National Epidemiologic Survey of Alcohol and Related Conditions, which included 12,312 adults 55 years of age and older. This study also explored psychiatric and medical comorbidity with GAD, health-related quality of life, and rates of help-seeking and self-medication. The past-year prevalence of GAD was 2.80%, although only 0.53% had GAD without Axis I or II comorbidity. The majority of individuals with GAD had mood or other anxiety disorders, and approximately one quarter had a personality disorder. Individuals with GAD were also more likely to have hypertension or arteriosclerosis, cardiovascular disease, gastrointestinal disease, and arthritis, although these associations disappeared after controlling for psychiatric comorbidity. Health-related quality of life was significantly reduced among older adults with GAD. Finally, only 18% of those without and 28.3% with comorbid Axis I disorders sought professional help for GAD in the past year. Self-medication for symptom relief was rare (7.2%). GAD is a common and disabling disorder in later life. Increased effort is needed to help individuals with this disorder access effective treatments.

■ O52

The Role of Medication Use in the Context of Everyday Living as Understood by Seniors Themselves

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Health professionals are concerned with increased medications used by seniors. Nursing practices related to seniors and their medication needs are predominantly informed by research grounded in a discourse of compliance, control and authority. Knowledge generated in this manner creates limitations in how nursing can adequately address this concern from a health promotion and prevention lens. This study was informed by grounded theory and comparative analysis of narratives with the transcribed interview data using NVIVO software. Responses were clustered into categories and themes on the basis of their relevance to the research objectives. Study findings challenge the notion of seniors as passive, forgetful and compliant patients. Medication use practices amongst Canadian seniors are multifaceted and influenced by what they want, expect or hope medication to do for them. When health professionals, such as nurses, improve their knowledge concerning older adults and their associated medication-use experiences they can effectively reduce the suffering, mortality and high costs associated with medication drug use and more importantly adverse medication reactions that lead to hospital admissions among seniors. There are educational campaigns directed at health care professionals to inform them about medication use practices among Canadian seniors but none of these are grounded in an understanding of how seniors (or other patients), actually understand medication use.

■ O53

Patterns of Psychotropic Drug Use: A Comparative Study in Alzheimer's Disease and Community-Dwelling Elderly Populations and Potential Effect on Hospitalization Rate

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Background: Alzheimer disease (AD) affects 5.1% of the elderly, and is often accompanied by mood disorders, behavioural dysfunction, and anxiety. Because these conditions are often treated with psychotropic medications, AD patients are considered to be at high-risk of adverse events associated with these medicines. However, it is not known whether the greatest public health impact of psychotropic-toxicity is found in this population, given that these products are also widely prescribed to the elderly in general. Objective: This study aimed at comparing patterns psychotropic drug use, including benzodiazepines and antidepressants, in community-dwelling elderly and Alzheimer's disease patients and to compare the risk of hospitalization in both population. Methods:A retrospective cohort study was conducted. Alzheimer patients were identified through the RAMQ prescription database (n= 18,217) using the anticholinesterase inhibitors dispensings as a marker for AD. Non-demented community-dwelling elderly were identified through the Quebec Survey on Seniors' Health (n = 2,798) and their drug use assessed through linkage with the RAMQ databases. For each sub-cohort, follow-up was 24 months. Patterns of psychotropic drug use were assessed through product dispensed. Results: At baseline, AD patients used more anxiolytics and antidepressants than community-dwelling elderly (anxiolytics: 26.56% versus 18.3%; antidepressants: 19.13% versus 11.04% respectively, for AD and non-demented elderly). After one year, the prevalence of anxiolytics use has remained stable in both groups. However, the prevalence of antidepressant use has slightly increased in AD patients and remains stable in non-demented. However, our results showed that AD patients using benzodiazepines and antidepressants are more likely to be hospitalized than community-dwelling elderly population. Conclusion: This study suggests that the increase in antidepressant use among Alzheimer disease patients is probably due to the disease and not to the aging process. Further evidence should be obtained through a study with a longer follow-up period. Also, these results suggest that the incidence of hospitalization in benzodiazepines new users is high in both cohorts and these results should alert clinicians.

O54

Effectiveness of a Long-term Care Centre Interdisciplinary Education Program for Antipsychotic Use in Dementia

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Abstract Background: The prevalence of antipsychotic use in long-term care centres in Canada is over 30%. The effectiveness of antipsychotics for behavioral and psychological symptoms of dementia is limited; adverse effects are common and sometimes serious. Objective: To determine the effectiveness of an interdisciplinary education program in reducing antipsychotic use in a long-term care centre. Method: Residents with dementia receiving antipsychotics were identified. Physicians were interviewed regarding diagnosis, antipsychotic indications, and therapeutic response. Nurses completed behavior rating scales. The education program was then conducted for physicians, nurses, licensed practical nurses, nursing aides/orderlies and pharmacists. The program reviewed clinical assessment and pharmacologic and non-pharmacologic treatment strategies. The assessment process was repeated 4 months later. Results: At baseline, among 378 long-term residents, 308 (81.5%) had a diagnosis of dementia, of which 53 (17.2%) were receiving antipsychotic medications regularly. On follow-up 4 months later, 6 (11.3%) had died. Among the 47 surviving residents who had been receiving antipsychotics initially, there were 9 (19.1%) discontinuations and 7 (14.9%) dose reductions, for at total of 16 (34.0%) discontinuations or dose reductions, with no worsening of behavior scores. Conclusion: The education program was followed by cessation or reduction of antipsychotic medications in a substantial proportion of residents.

O55

Combatting Ageism: The Friendly to Seniors Program

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This paper reports on the Friendly to Seniors program, an initiative of the Toronto Seniors council (TSC). This educational program fosters positive attitudes to aging and safer, more accessible communities. Its two components are conducted by TSC senior volunteers. A) Assessment of the physical features of the organization is conducted with recommendations for improvement. The organization develops an action plan to address problems. B) Employee Workshops, designed to combat ageism and strengthen services, are delivered. The organization receives a certificate when it demonstrates committment to Friendly to Senior standards. Results Evaluation protocols were instituted with the assistance of Occupational Therapy at McMaster University. Because the program is delivered by seniors, participants report the content is particularily meaningful. Seeing vibrant older adults, many over eighty, helps participants change negative perceptions of aging yet understand challenges such as vision, hearing and mobility difficulties. Participants describe a new appreciation of older people and a depth of understnding of the aging process, ageism and discrimination. They identify ways to improve their service. The older adult leaders enrich their knowledge, skills and confidence plus contributing to community welfare. The program relates to WHO's Age-Friendly communities initiative and the Accessibility of Ontarians with Disabilities Act.

O56

La qualité du quartier comme milieu de vie : le point de vue des aînés

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La qualité des milieux résidentiels est un déterminant important de la santé. La présentation vise à identifier les caractéristiques de l'environnement qui modulent l'appréciation du quartier par les aînés. Les données proviennent d'une enquête réalisée auprès d'un échantillon de 282 résidants montréalais âgés de 55 ans et plus provenant de quartiers différenciés au plan socio-économique. Les indicateurs de l'environnement concernent le logement, les transports et les services de proximité. L'analyse des correspondances multiples (ACM) a été utilisée afin d'identifier les agencements de ressources dans les domaines ci-haut mentionnés (variables actives) qui modulent l'appréciation du quartier comme milieu de vie (variable illustrative). À cet égard, les résultats de l'ACM différencient les milieux de vie en fonction principalement de la dimension spatiale (proximité des services) et secondairement des dimensions économique (abordabilité) et sociale (relations de voisinage). L'appréciation du quartier par les aînés est d'abord influencée par la dimension spatiale, l'analyse révélant sous cet aspect des situations d'inégalités importantes dans l'accès aux ressources, lesquelles sont également liées aux caractéristiques de santé des sujets. Dans ce contexte, la notion d'accessibilité spatiale aux services apparaît comme un concept opératoire devant guider les projets d'aménagement dans un objectif de santé et de qualité de vie.

O57

La démarche participative et la place des aînés dans l'implantation et l'évaluation du projet Villes-amies des aînés au Québec

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Contexte : Implanté dans sept communautés, VADA Québec 2008-2013 comporte 3 phases : diagnostic des milieux, rédaction d'un plan d'action et implantation. Le projet repose sur une démarche participative impliquant les comités de pilotage (où des sièges sont réservés aux aînés et aux groupes qui les représentent) et les administrations municipales de chacune des communautés. Objectif : Discuter de la place réservée aux aînés dans la démarche participative de VADA Québec. Méthode : La collecte des données, par étude de cas, repose sur 1) des entretiens semi-dirigés; 2) des focus groups; 3) des journaux de bord; 4) des modèles de réseautage; 5) des observations directes; et 6) l'organigramme des comités de pilotage. L'analyse qualitative s'inspire d'Huberman et Miles (1991). Résultats : S'appuyant sur les typologies de Raymond et al. (2008), de Pretty (1995) et de Minkler et Wallerstein (2008) sur la participation sociale, notre exposé va décliner les diverses formes de participations planifiées et effectives, en insistant sur la parole prise par les aînés. Conclusion : Une réflexion plus critique sur la parole donnée aux aînés, la parole prise par ces derniers ainsi que sur la prise en compte de ces 2 paroles dans les actions entreprises terminera cet exposé.

■ O58

Evaluating Hamilton on the Eight Domains of an Age-Friendly City

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In response to the aging population, the World Health Organization (WHO) has developed a guide to encourage cities to become more age-friendly. With funding from the Ontario Trillium Foundation, the Hamilton Council on Aging has embarked on a strategy that is aimed at creating an age-friendly city. The first phase of the project involves gathering information from community members using focus group methodology. To complement the focus groups a self-completion questionnaire was developed to assess Hamilton on the eight domains of an age-friendly city. The questionnaire was sent to a convenience sample of 297 older adults living in the City of Hamilton. This paper reports the results of the survey. Concerns identified by respondents included accessibility of public areas, awareness of community resources and services, and public transportation. Findings suggest that greater levels of perceived barriers are experienced by individuals who: have a physical impairment, use public transportation, have sight impairment, use an assistive device, and receive a low-income.

■ O59

Age-Friendly British Columbia – After Three Years, What Next?

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British Columbia (B.C.) was one of the original Canadian partners in the World Health Organization's global Age-friendly Cities project and, since 2007, has taken action on several fronts to support and enable the creation of an age-friendly British Columbia. B.C.'s approach has involved community consultation and engagement, partnerships, influencing planning and policy, information sharing, tools and resources, and monitoring and evaluation over a three year plan culminating in 2010. There have been a number of external influencing factors during this time, including a provincial election, leadership through several different Ministers responsible for seniors, and the creation of a new Seniors Healthy Living Secretariat and Ministry of Healthy Living and Sport with a mandate to support seniors' healthy living. Through these changes, creating and supporting age-friendly communities remains a priority in B.C. This paper identifies the successes and challenges from the past three years and looks ahead to outline how BC will continue the momentum and how the creation of age-friendly communities will be shaped and achieved over the next few years.

■ O60

A Community Development Approach to Fostering Emergency Preparedness With Older Adults in a NORC

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This demonstration project used a community development approach to increase awareness of emergency preparation (EP) issues among residents of a high-density naturally occurring retirement community (NORC). A peer-based leadership team of 10 seniors was formed within the NORC, trained on EP issues, and enlisted to facilitate focus groups attended by other NORC residents. In the first round of focus groups, participants were provided with a realistic emergency scenario (power lost following an ice storm) and guided by a series of open-ended questions to consider their own and their neighbours' needs and resources, with respect to both sheltering in place and evacuation. In the second round, the same participants reviewed senior- and high rise- specific sections of Ontario's Emergency Preparedness Guide for People with Disabilities/Special Needs for relevance, comprehensiveness and accessibility. Round One revealed themes of resilience based on life experience, optimistic expectations about external response capacity and a general lack of concrete and consistent knowledge about personal emergency preparedness. Round Two revealed both strengths and gaps in current materials. The findings demonstrate an adaptable model for increasing emergency preparedness for this sector of the community and provide feedback for policy developers and emergency management organizations. Funding: SSHRC RDI.

■ O61

Promoting Health and Enhancing Recovery in Stroke Survivors Using Home Care Services: The Effects and Costs of a Specialized Interprofessional Team Approach to Community-Based Stroke Rehabilitation

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Objective: To determine the effects and costs of a specialized interprofessional team approach to community-based stroke rehabilitation for stroke survivors using home care services. Method: Randomized controlled trial of 101 community-living stroke survivors (<18 months post-stroke) using home care services. Subjects were randomized to intervention (n=52) or control (n=49) groups. The intervention was a 12-month specialized, evidence-based rehabilitation strategy involving an interprofessional team. The primary outcome was change in health-related quality of life and functioning from baseline to 12 months. Secondary outcomes were number of strokes, community reintegration, social support, anxiety and depressive symptoms, cognitive function, and costs of use of health services from baseline to 12 months. Results: A total of 82 subjects completed the 12-month follow-up. Compared with the usual care group, stroke survivors in the intervention group showed clinically important (although not statistically significant) greater improvements from baseline in mean SF-36 physical functioning and social functioning score. These benefits were achieved at no additional cost to society than that of usual home care. Conclusions: A 12-month specialized, interprofessional team approach to community-based stroke rehabilitation enhanced quality of life without increasing the overall costs of health care. Such an approach can be implemented using existing home care resources.

O62

Management of Medications for Canadian Seniors in Primary Health Care Settings

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Objective: Canadian survey data was used to investigate how polypharmacy is being managed in seniors in Primary Health Care (PHC) settings. Design: The 2008 Canadian Survey of Experiences with PHC was completed by a sample of adults in 10 provinces and three territories who lived in private households (sample size ~11,500). Analyses were conducted on seniors (65 years and older) for pan-Canadian and provincial estimates. Results: The survey results show that 62% of seniors with at least three chronic conditions were taking at least five prescription medications. Thirteen percent of seniors with at least one chronic condition and taking at least five prescription medications experienced a side effect requiring PHC services, slightly more than twice the level of similar seniors taking only one or two prescription medications (6%). Nearly half (48%) of seniors with at least one chronic condition reported having had their medications reviewed at least some of the time. Conclusions: A greater proportion of seniors taking at least five prescription medications experienced side effects requiring a visit to a doctor or emergency department than seniors taking fewer prescription medications. Data from the survey shows there is room for improvement in effectively managing polypharmacy in seniors.

O63

Comparing Swedish and Canadian Care of Older Adults – What Could Be Learnt?

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Approximately 14% of Canadians and 18% of Swedes are 65 years or older. In 2030, this percentage is projected to be 21% and 23% respectively. Legislation and policy are important factors in order to provide appropriate care and support for this age group. Sweden introduced changes in 1992, which gave older persons the right to continue living in their own homes with appropriate personal care and support in place. In Canada since the mid-1990s, change has occurred through models of regionalization to centralization that has shaped approaches to care and supports for seniors. In both countries 'Aging in place' is a common theme which has influenced both policy direction and initiatives to provide increased home care and less facility-based long-term care. Both countries are developing indicators that focus on both quality of care and system efficiency. In Sweden, they contribute to a national evaluation of the outcomes in the care of older people. We will provide comparative overview of Sweden and Canadian approaches to elder care including legislation, policy, and strategies used to address the growing percentage of seniors. We will highlight areas where each country could learn from the other in pursuit of comprehensive quality care for seniors.

O64

Testing the Integration of Knowledge and Practice to Optimize Seniors' Health Through Partnering

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Objectives: To test the practical application of evidence supporting an empowering partnering approach to in-home care for seniors with chronic disease and disabilities. Methods: Hypothesis: controlling for demographics and functional status, intervention clients would achieve significantly greater gains in partnering experience, partnering in decision-making, health-promoting partnering effort, and self-rated health, without added costs and services. Random samples of 131clients/site from a homecare organization using this intervention to another using usual client-provider interaction completed baseline and 1-year follow-up questionnaires. With logarithmic transformations to control for potential confounders, ANCOVAs were performed to determine the intervention's impact over time. Results: Intervention clients demonstrated significantly greater gains in partnering experience and health-promoting partnering effort than did the comparators. Interaction plots of means from baseline to the 1-year follow-up revealed positive clinical trends within the intervention as compared to the comparator organization for clients' self-rated health, without additional costs and utilization of health services. Conclusions: This care partnering approach has positive clinical effects with home care clients, suggesting its potential for optimizing seniors' health as a resource for everyday living. Significant change in general health status, conceptualized more traditionally as one's state of mental, physical and social well-being, may require much longer-term evaluation. (Funder: CIHR)

O65

A Scoping Review to Identify Modifiable Factors for Elder Friendly Hospitals

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Earlier research identified dimensions of older adult-hospital environment fit: social climate, physical design, care systems and processes, policies and procedures. While tools exist to measure person-environment fit in long term care settings, little evidence is available for the hospital setting. Objective: To identify modifiable factors in acute care as part of developing an instrument to measure elder friendly hospitals. Method: Using scoping review methodology, we conducted searches of Medline, CINAHL, and Scopus data bases. After screening the titles, 110 articles were identified for abstract review; 57 articles were read in full by two authors for identification of modifiable factors. Results: Modifiable factors were mapped to the four dimensions to create potential tool items from the perspective of health care professionals as well as older adults and their families. Although some indicators mapped to both groups, we were able to identify differences suggesting that some may be more relevant to either care providers or care recipients. Gaps between anecdotal clinical experience and evidence based indicators found in the literature are identified. Conclusion: A pool of indicators relevant for tool construction is available. There is a need for expert clinician, administrator and older adult to ensure comprehensiveness of the identified factors.

O66

Cadre de référence sur l'approche adaptée à la personne âgée en milieu hospitalier

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Introduction: Le système de santé se doit d'adapter son approche aux besoins diversifiés des personnes âgées hospitalisées. Objectif: Élaborer un document pour sensibiliser et outiller le personnel des centres hospitaliers à prévenir le déclin fonctionnel iatrogène. Méthodes : Après une revue de littérature exhaustive, une équipe de professionnels s'est penchée sur cette problématique et propose des façons d'améliorer la qualité du séjour et des soins offerts aux personnes âgées en milieu hospitalier. Résultats : Cette problématique est abordée sous l'angle de la prévention et d'une meilleure gestion du delirium et du syndrome d'immobilisation. Un algorithme de soins cliniques est proposé pour les personnes âgées qui arrivent à l'hôpital, selon des interventions en trois paliers, déterminées par leur condition physique initiale et vulnérabilité face au système hospitalier : interventions systématiques, spécifiques et spécialisées. On propose des principes directeurs pour les organisations qui veulent prendre ce virage, des outils cliniques et d'implantation ainsi que des indicateurs de résultat. Conclusion: Notre philosophie de soins doit être réajustée, passant d'un modèle biomédical qui cible l'amélioration de l'organe malade, à un modèle intégrateur biopsychosocial centré sur la personne et ses objectifs de vie, visant autant la récupération fonctionnelle, que le traitement approprié de la maladie.

O67

Risk Assessment for Functional Decline and Emergency Department Management of Seniors with Minor Injuries

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Some independent seniors treated for minor injuries in emergency departments (ED) experience post-injury functional decline. Objectives: To : 1) document the incidence of functional decline among seniors with minor injuries, 2) assess the ability of ED personnel to identify patients at risk, 3) describe ED management of these patients. Methods and Results: A prospective study of independent seniors (≥65 yo) with minor injuries is being conducted in three Canadian EDs. To date, 129 patients discharged home have been evaluated in EDs and at 3 and 6 months. A decrease of at least 2/28 points on the OARS questionnaire is considered as decline. Risk assessment by ED personnel is recorded on visual analog scales. The incidence of functional decline at 3 months is 16% (CI: 10%-24%). ED personnel shows limited ability to assess of the probability of decline at three months (Area under the ROC curve = 0.58). ED management plans are rare for decliners and only include : analgesia (n=5), referrals to physiotherapy (n=1) and to specialized medicine (n=1). Conclusion: Independent seniors at risk of functional decline after minor injuries are discharged from EDs without optimal management. There is an urgent need to improve both risk assessment and management of this population in order to prevent its decline.

O68

Functional Decline Among Independent Seniors 3 to 6 Months After a Minor Injury: Preliminary Results of a Canadian Prospective Study

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Independent seniors treated for minor injuries in emergency departments (ED) may experience functional decline up to 6 months post-injury. Our objective was to document this phenomenon in Canadian seniors. Methods: A prospective pilot study is currently conducted in three Canadian EDs among independent seniors (≥65 y.o.) with minor injuries. Assessments are performed in the EDs and at 3 and 6 months. Functional status is measured by the OARS questionnaire. A decrease of 2/28 or more points is considered indicative of functional decline. Results: To date, among 135 enrolled seniors, 129 and 77 have completed the 3 and 6 months follow-ups. Individuals were aged 65-74 (48%), 75-84 (38%) and 85 + (14%); 41% were men. Minor injuries include contusions (66%), lacerations (23%), sprains (23%), fractures (16%) and minor head injuries (25%). At three months post-injury 16% of individuals (95%CI: 10%-24%) had decline and only 2 of them had regained function at six months. Moreover, 20% of them had an unplanned ED visit or hospital admission during follow-up. Conclusion: Minor injuries are associated with functional decline in 16% of otherwise independent elders that is evident 3-6 months post injury. Risk assessment and management tools are needed to address the needs of this population.

O69

Long-Term Care Facility Ambulance Transfers to Acute Care: Implications for Quality Primary Care

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Uncoordinated primary care in long term care facilities (LTCF) is associated with higher rates of transfer to acute care emergency departments (ED) often for problems that could have been addressed within LTCF. Avoidance of unnecessary ED transfers will reduce strain on already stretched resources and address goals of care for many patients who have no transfer/comfort care orders. The Primary Care of the Elderly Project included a prospective study of all ambulance transfers to ED from seven participating LTCF; 120 patients were followed between November 2004 and February 2005 (additional 2 months of data pending). Preliminary analysis revealed: 28.3% had do not transfer orders; 47.7% had no physician-contact prior to transfer; 52.5% of transfer decisions were made by non-physicians; 50.8% were discharged back to LTC; 28.3% were admitted to acute care. We will employ multiple logistic regression analysis to predict what factors contribute to a patient being more likely to be transferred to the ED while holding patient characteristics constant. This study has implications for uncovering what aspects of care provided in LTCF reduces or increases the likelihood of unwanted and unnecessary ED transfer, which in turn will provide guidance for new primary care in LTCF policies (i.e., improved continuity).

O70

Psychometric Properties of Self-Report Measures With a Response Tree Format for Use in Older Hospitalized Adults

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Many self-report surveys measuring symptoms have been criticized because their items contain large amounts of information that can be taxing to older adults' working memory, and tiring and burdensome to answer. Responding can be optimized by incorporating a response tree format into existing surveys. However, changes to original surveys require that their psychometric properties be tested before they can be used in full studies. This study evaluated the psychometric properties of several self-report surveys (Insomnia Severity Index, orthostatic intolerance scale, and Fatigue Scale) into which a response tree was incorporated. A cross-sectional comparative design, in which the order of the surveys and survey formats (response tree and original formats) were randomized, was used. The sample included 80 adults undergoing active rehabilitation in a rehabilitation facility. Individuals with any of the following illnesses, known to adversely affect cognition, were ineligible: Alzheimer's and related dementias; multiple sclerosis; cerebral palsy; Parkinson's disease, CVA, and any DSM-IV-TR axis I diagnosis. The surveys were administered by a research assistant. Surveys with the response tree format demonstrated good concurrent (Pearson's correlation coefficients of .29 to .62) and factorial validity (item loadings > .30 with items loading onto hypothesized factors), as well as good internal consistency reliability (alphas of .84 to .92) as did the surveys in their original format. The results suggest that a response tree format maintained the psychometric properties of the measures, and can be used with older adults. Funded by CIHR.

O71

The Use of Humanistic Relationship Scales to Measure Nurse-Patient Relationships in Chronic Care

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Patients living in chronic care (CC) have described that their quality of life is largely determined by the relationships they have with nursing personnel caring for them. The authors previously developed and tested two valid and reliable Humanistic Relationship Scales to assess what attributes of the nurse-patient relationship are most important and what attributes of the nurse-patient relationship are experienced by patients. The aim of this paper is to further explore the data collected with these scales on 249 CC patients. More specifically, this paper will present: 1) the qualities of the nurse-patient relationship that are important to patients; 2) the intensity of these qualities as experienced by patients with a typical nurse; 3) The category of nursing personnel that patients develop a close nurse-patient relationship with; 4) the intensity of the relationship qualities with a close nurse as experienced by patients; and 5) any differences in the intensities of qualities depending on the category of nursing personnel involved. Findings of this study will inform the understanding of the nurse-patient relationship in CC and support further research and education in CC environments.

O72

The Resident Care Unit in Nursing Home Research

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Defining what constitutes a care unit in nursing home research is a challenge. This presentation: (1) describes the development of a definition of care unit, and (2) provides evidence of its: (i) feasibility for data collection and (ii) value in explanatory models. Data come from: a debriefing session with project managers about using the definition, facility data from 36 nursing homes in western Canada, and responses from 1285 healthcare aides in 26 of these homes using the Alberta Context Tool (ACT), a survey on organizational context. In 10 nursing homes, the definition was used to realign the unit bed structure reported by the administrator to better serve the research design. To determine the value of the definition, we assessed aggregation statistics and performed multilevel modeling. Both approaches supported aggregating individual responses on the ACT to the unit-level. A significantly higher percentage of variance was explained in all ACT concepts at the unit vs. individual or nursing home-levels. Findings suggest that there is scientific benefit to aggregating healthcare aide responses to the unit-level in nursing home research, and supports the care unit as an important clinical microsystem to which future interventions to improve quality of care and worklife should be targeted.

O73

Sleep Complaints and Bed Rest in Complex Continuing Care Residents

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Residents of Complex Continuing Care (CCC) facilities have long periods of rest involving bed days, defined as spending at least 24 hours in bed. Although rest is regarded as an effective strategy to conserve and restore energy, protracted periods of rest, in the form of bed days, may be detrimental if sleep is undermined. This cohort study examined the relationship between sleep complaints and bed days in 67 CCC residents. Comparisons were made between residents who spent no days in bed (comparative cohort), 2 to 4 (moderate bed day level cohort) and 5 to 7 days in bed (high bed day level cohort) during one week. Sleep complaints were measured by the Insomnia Severity Index and the Epworth Sleepiness Scale. Planned pairwise comparisons, using Bonferroni adjustment, identified a significant difference between the moderate and high bed day level cohorts [$Z = -2.39$, $p = .0159$], with a moderate effect size of .35 on insomnia. The high bed day level cohort had a higher insomnia score than the moderate bed day level cohort. No cohort differences were found in daytime sleepiness. Clinicians may assess insomnia and explore sleep hygiene strategies with CCC residents with high levels of 5 – 7 bed days. Financial support provided by (1) Canadian Institutes of Health Research Fellowship #MFE70456, and (2) Nursing Care Partnership of the Canadian Nurses Foundation and the Collaborative Research Program: Rehabilitation & Long-Term Care, Canadian Health Services Research Foundation operating grant.

■ O74

Managing Heart Failure in Long Term Care Residents: A Nursing Perspective

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Heart failure (HF) is a chronic, progressive and debilitating illness affecting up to 45% of residents in long-term care (LTC) homes. Though potentially preventable, unplanned transfers of residents with HF to acute care are common, contributing to a growing burden on hospitals and often poor functional outcomes for the residents. This study aims to prevent unnecessary hospitalizations by understanding the challenges facing registered nurses and registered practical nurses caring for residents with heart failure, and adapting the Canadian Cardiovascular Society Recommendations on Heart Failure for LTC settings. Six focus groups were held in three long term care homes in Ontario to explore nurses' understanding of the clinical management of HF, their perception of the impact of the long term care home environment on HF management and the facilitators and barriers to providing specialized care. Findings indicated that nursing staff are generally aware of how to manage HF, however, organizational factors such as values, hierarchical decision-making process and limited human resources can impede resident care. Family members also may request hospital transfer. Consultation from physicians, pharmacists and nurse practitioners is valued but insufficient. Implications of these findings for integrated facility-wide HF care processes and communication strategies are offered.

■ O75

What Do We Know About Knowledge Translation Interventions in Residential Long-Term Care? A Scoping Review

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Background Recent emphasis on knowledge translation (KT) in health care is based on the premise that care quality improves when research is translated into practice. This study aims to identify the extent and nature of KT interventions in residential long-term care. Methods We searched Medline, CINAHL, the Cochrane Library, and EMBASE for systematic reviews containing the terms knowledge translation, research use, evidence-based practice, clinical practice guidelines, or diffusion of innovations. We searched tables and reference lists of included reviews for articles related to older adults. Articles pertaining to KT interventions in residential long-term care were selected from these. Data were analysed using quantitative content analysis. Results Sixty-one (3.6%) primary research articles from 53 systematic reviews were related to older adults. Thirty (49%) of the 61 articles reported studies conducted in residential long-term care facilities. The majority of these articles focused on professional and regulatory KT interventions. Organizational interventions (e.g. introducing equipment or modifying roles) were few and financial interventions were rare. Conclusion We identified a gap in the KT research pertaining to the care of older adults. Future research using organizational and financial KT interventions is warranted. The connection between gerontology and translation science is fertile ground for future research.

■ O76

Integrating Knowledge and Practice Through a Provincial Knowledge Network: The Seniors Health Research Transfer Network (SHRTN)

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Statement of the Objectives This paper shows how the Seniors Health Research Transfer Network (SHRTN) in Ontario promotes the integration of knowledge and practice in seniors health, with focus on the roles played by Knowledge Brokers and Communities of Practice. Method The paper draws on the results of a mixed-method evaluation program underway since 2005, particularly a multiple case study methodology that examines specific instances of knowledge exchange. Results SHRTN Knowledge Brokers and Communities of Practice promote the uptake of new innovations and approaches in frontline practices by facilitating the exchange of knowledge, enhancing the readiness of practices to adopt new approaches, and translating scientific knowledge into usable formats. The evaluation program allows SHRTN to encourage a spirit of inquiry and learning among network participants. Conclusions SHRTN fosters a process of social learning, allowing network members to create plans, implement actions, and evaluate results, and to experiment with innovative approaches that may lead to better outcomes. Funding Source Ontario Ministry of Health & Long Term Care.

■ O77

Les identités d'aidants au cours des trajectoires de personnes atteintes de démence de type Alzheimer

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Les systèmes de santé subissent déjà des tensions importantes et la situation risque de se complexifier avec le vieillissement des populations et l'augmentation des maladies chroniques. Des programmes de soins se développent afin de répondre aux besoins des familles et des personnes âgées atteintes de démence. C'est ainsi que viennent se combiner à l'approche traditionnelle médicale des considérations psychosociales mettant l'accent sur les aspects relationnels et subjectifs des acteurs impliqués dans les soins. L'objectif de notre étude est d'analyser l'effet de l'identité d'un aidant sur les relations négociées durant la trajectoire de soins. Nous proposons une analyse de cas révélant l'identité à partir de l'approche des réseaux sociaux et des représentations sociales. L'aidant est rencontré à trois reprises au cours d'une trajectoire qui se poursuit sur sept années. Les résultats montrent que les aidants s'inscrivent que très partiellement dans une logique de la prise en charge, telle que définie par le modèle médical, et tendraient avant tout de maintenir une continuité de vie en accord avec leur identité sociale. Les défis restent nombreux quant à l'intégration des considérations des modèles médical et social afin d'intégrer leurs connaissances mutuelles à l'intérieur d'un modèle élargi de la démence.

O78

Caregiver Perceptions of Medications for Dementia: Do They Make a Difference to Caregiver Burden and Quality of Life?

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While clinical assessments of the effects of cholinesterase inhibitors (ChEI) for the treatment of mild to moderate dementia abound, there is a dearth of studies on understanding caregivers' perceptions of these drugs. Caregivers, however, observe family members in an ongoing manner and are critical to care for persons with dementia. The relationship between caregiver perceptions of differential effects of these drugs and caregiver burden, anxiety, and self-esteem was examined among 400 caregivers. 4 new multi-item measures of perceived effect included: maintenance/slowing disease progression; maintenance/improvement in functioning; maintenance/improvement in engagement in the world; and less difficulty in social interaction. Of the 4, 2 (interaction with others and functioning) are significantly related to caregiver burden; those perceiving improvement in these areas are less burdened. None of the 4 scales are related to caregiver anxiety or self-esteem. The findings also reveal neither gender, nor income, nor education of the caregiver is related to perceived affects. These findings support the notion that burden and overall well-being are distinct concepts, that individuals can be burdened within the caregiver role while nevertheless experiencing satisfactory levels of overall well-being. Findings are discussed in terms of the consequences of these medications for caregivers, not only those prescribed ChEI.

O79

Catégorisation des aidants familiaux par les préposés aux bénéficiaires travaillant dans un CHSLD : le rôle central des conditions de travail

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L'étude pose la question de l'interaction entre les préposés aux bénéficiaires travaillant dans les CHSLD et les aidants familiaux sous l'angle du jugement que les préposés portent sur les commentaires critiques des aidants familiaux concernant la qualité du travail des professionnels, partageant le même espace de proximité vers la personne âgée dépendante. Nous avons réalisé vingt-trois entrevues semi-dirigées avec des préposés de deux CHSLD, avant d'analyser leurs représentations. Il s'est avéré que les préposés mettent en avant une vision bipolaire des aidants familiaux : les aidants critiques et les aidants compréhensifs. Les membres de la première catégorie, minoritaires, ne porteraient pas attention aux conditions de travail difficiles des préposés (horaires stricts, charge de travail, roulement de personnel). Ceux de la seconde catégorie, majoritaires, sont les acteurs qui portent un regard plaintif, non critique, envers la difficulté des tâches. Ainsi, nous constatons que la question des conditions de travail est centrale entre les deux acteurs concernant la reconnaissance de la qualité du travail des préposés.

O80

The Intersection of Caregiving and Employment Across the Life Course

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There is growing evidence of work-family conflict for those trying to balance paid work and care, conflict which can produce poor health, social, and economic outcomes. Our knowledge about these outcomes remains piecemeal and largely cross-sectional. Life course issues (caregiving trajectories and cumulative costs for family/friend caregivers) in particular have been ignored, despite evidence that caregiving and employment have multiple episodes, trajectories, and on-going and cumulative implications. In this study, funded by Human Resources and Skills Development Canada, we use data from Cycles 20 and 21 of Statistics Canada's GSS that allow us, for the first time, to examine how care and work trajectories intersect to affect the risk of employment-related economic consequences across time for caregivers. Factors explaining the occurrence, timing and duration of the "event" of a care-related work interruption (absenteeism, reducing work hours, job exit) include: caregivers' personal characteristics; job characteristics; and caregiving demands. Those at greatest risk include those caring for close kin and those with multiple disabilities, experiencing multiple and/or extended episodes of caregiving during the life course, and those with the least accumulated human capital. Findings will inform decision making around public and human resource management policy aimed at mitigating caregivers' employment consequences.

O81

Intergenerational Support to Older Canadians and Implications for the Future

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Adult children provide a significant amount of support to aging parents and these unpaid contributions are essential to enable social policies that promote care of older persons in their own homes. Without such intergenerational exchanges, the economic capacity of state involvement would be unsustainable. The goal of this paper is to advance understanding of the type, amount, and source of the assistance received by Canadians aged 65 and older. Using Statistics Canada 2002 General Social Survey, the amount of hours per week received by older Canadians (65 and older) because of a long term health problem or chronic illness was calculated from seven activities of daily living. Second, among those who received assistance, we calculated the amount this assistance received from spouses, children and other informal as well as the amount received from formal sources. In 2002, 12.5 million hours of assistance with activities of daily living are provided weekly and children comprise the highest proportion of hours provided to older people at about one third of the hourly assistance per week, over 4.3 million hours. Less than a quarter of this assistance is provided by formal sources. Further, the contribution of children is contingent among spousal presence.. Lower fertility among Canadian baby boomers translates into reduced availability of adult children to care for this cohort when they need support and eventually will lead to a greater reliance on formal systems of care from both the market and the state. However, these changes will only gradually increase until 2016 when an accelerated growth in the proportion of older people in the two groups of no surviving children will occur. These changes will create significant strain on the state and market resources and such policy implications are discussed in the paper.

■ O82

A Framework for the Economic Costs of Care

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There is increasing concern about the sustainability of family/friend care given population aging, rising rates of disability, and high levels of employment among caregivers. While much is known about social and health costs of care, costs related to employment and other expenses remain poorly understood. We present findings from phase 1 of a project funded by Human Resources and Skills Development Canada to document these costs and to increase conceptual clarity on cost domains of two key groups: family/friend caregivers and employers. A systematic review of recent Canadian and international literature on costs of care to adults was used to develop/validate a taxonomy with three domains of costs. 1. Employment-related costs: job loss or early retirement, reduced or restricted work hours, work absences, lost productivity, and opportunity costs as a result of foregoing training, a promotion, or overtime. 2. Out-of pocket expenditures: purchases of goods and services for the care recipient and caregiver, household adaptation and upkeep, money transfers, and transportation costs. 3. Costs of time spent caregiving: time spent by caregivers in care management, emotional support and monitoring, and in providing direct services to care receivers. Results are discussed in terms of differential experiences by gender and stakeholder group.

■ O83

Compliance With Dietary Guidance and Its Impact on Cognition Among Older Adults From the NuAge study

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A healthy diet may prevent cognitive decline. This study examined relationships between diet quality (DQ) and cognition among 1,401 older adults from the NuAge study, aged 67 to 84 years at recruitment. Cognition was assessed by the 3MS. Rate of decline was computed over 3 years' follow-up. Dietary data were collected at recruitment using a Food Frequency Questionnaire (FFQ). DQ, as the Canadian Healthy Eating Index (C-HEI, /100), was computed from the FFQ. Other variables were collected by questionnaire or direct measurement. Relationships were tested by sex. Diet quality was better in females (80.47±8.65 vs 78.04±9.11, $p<.0001$) as were C-HEI subscores ($.0001< p <.05$). In males, linear regression showed C-HEI was a positive correlate of cognitive status at recruitment (ß=0.07, $p=0.0002$) and protective of cognitive decline (ß=0.0012, $p=.03$). When explored in multivariate analyses, relationships between C-HEI and 3MS at baseline and over follow-up were lost due to confounding by sociodemographic, social, and health factors associated with DQ and 3MS. The study found evidence of links between diet quality and cognition. Older males with less education, and females with poor social engagement, signs of depression, and financial insecurity, may have a poor quality diet that could contribute to poor cognition. Funded by CIHR.

■ O84

Omega-3 Polyunsaturated Fatty Acids and Dementia: A Comprehensive Review

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One in three Canadians aged 85 and above are currently living with dementia. There have been some promising claims regarding potential benefits of omega-3 polyunsaturated fatty acids as therapies for dementia. There have also been suggestions of said fatty acids as biomarkers for dementia-risk populations. The purpose of this comprehensive literature review was to describe current omega-3 intervention therapy research along with research examining the correlation of blood omega-3s and dementia. Electronic databases (MEDLINE, EMBASE, CINAHL, PsycINFO, AMED, The Cochrane Library) were searched and nine studies were found to be relevant for the purpose of this review. Of these nine studies, three were identified as intervention trials while six were identified as exploratory studies. Currently, there is insufficient evidence of a benefit of omega-3 therapy for dementia, but there is evidence of a negative correlation of omega-3 levels and dementia suggesting that there is a relationship between the two. Further research is necessary before any clinical recommendations can be made.

■ O85

Applications of Life Nourishment Theory in Early Stage Dementia

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The Eating Together study is a longitudinal examination of the meaning and experience of mealtimes for people living with dementia and their family care partners. Using grounded theory methodology, a substantive theory was developed which explains how being connected with one another and honouring each other's identity are essential aspects of mealtimes throughout the evolving dementia journey. Using a case study approach, applications of this 'Life Nourishment Theory' will be presented focusing on two of the original 27 family dyads enrolled in the study. These two family dyads were married couples living in the community; in each family, one of the spouses had early stage Alzheimer disease. The case studies are based on interviews conducted with each dyad and with each person individually for three years annually, highlighting changes and challenges at mealtimes that were encountered over time. With a focus on meal preparation, eating together, cleanup, grocery shopping, and restaurant dining, practical ways in which these family members strengthened their connections with one another and honoured each other's identity over time will be demonstrated. Strategies from these case studies can help other community-dwelling families living with dementia to experience how mealtimes can provide much more than physical nourishment.

O86

Who's Coming to Dinner? Residents' Perceptions of Mealtime Social Experiences

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Mealtimes are reported to be an important aspect of the quality of care in facilities and potentially a socially rich environment, however little research has been conducted to date. The objective of this study was to explore the mealtime social experience of residents in a retirement home. Nineteen older adults volunteered for a qualitative interview focused on their mealtime experience; two interviewers used a semi-structured interview guide to elicit perceptions of individual residents. Thematic analysis was completed. In addition to food quality, communicating and socializing with others was reported to be a primary outcome of mealtimes. 'Being a good companion' was the overarching theme. Not only did residents speak of how to be a good companion, but also what a 'good' tablemate was like. This included being able to communicate one's thoughts and interact appropriately, while being accepting and considerate of others, including their habits, values and challenges with communication. Subthemes that supported being a good companion were 'finding ways to communicate', 'developing mealtime routines and roles', 'putting up with anything', and 'being trustworthy'. Commensality is a mandatory activity in facilities. This analysis has identified that not all tablemates are 'companions' and that the social experience is affected by this distinction.

O87

Relocation to a New Care Centre Changed Veterans' Attitudes About Meals: Life Is Short, Eat Dessert First! The Effects of Relocation on the Mealtime Experience for Long-Term Care Residents With Dementia

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The effect on mealtime behaviours was examined through a single-subject design when residents with dementia relocated from an old institution to a new home-like setting. Food and fluid intake was assessed at 2-months and 1-month prior to the move and 1-week and 2-months post-move. In total 12 meals were observed using a 67-item checklist. Residents' weight was assessed before and after the move. Thirteen residents were recruited and nine participated throughout the study. Results showed residents ate more dessert immediately after the move than during any other phase in the study. Six ate more dessert and three who had previously often rejected dessert, ate it immediately after the move. The dietetic literature suggests the residents may have been using sweet 'comfort' foods to ease stress. Intake of food and fluid stabilized by the fourth data collection. Six residents maintained or increased their weight, and two residents lost weight during the study. Mealtime behaviours improved in the new small dining rooms. Not only did participants stay longer at the table, residents were now able to do things like help themselves to more coffee and they were allowed to help staff move dishes to the kitchen counters.

O88

Personal and Environmental Factors Associated With Walking Behaviors Among City Dwellers in Montreal

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Background and Objectives: Regular participation in walking is one of the most promising strategies for overcoming the public health burden of physical inactivity, particularly for seniors. Knowledge of the factors influencing level of walking represents key information for actions. The present project has for objective to identify built environmental determinants that influence the walking behaviour of seniors living in an urban environment while controlling for personal characteristics. Method: A convenience sample of older adults (n=282) was recruited in 2005 trough community organizations located in Montreal, Quebec. Data were collected via an interviewer-administrated questionnaire assessing walking, variables at the neighbourhood level (e.g., housing and social environment, walking environment and transportation, and services and amenities) and at the individual-level (e.g., health status, socio-demographic characteristics). Logistic regression analyses were performed. Results: Distance from services, user-friendliness of walking environment, and perceived safety, were significantly associated with walking almost every day. Conclusions: The present research highlights the need to develop policies and programs targeting not only people, but also their physical environment. As a renewed interest on built environment and population health is emerging, it becomes crucial to reconnect the architectural / urbanisation perspective planning and public health field.

O89

Association Between the Food Environment and Fruit and Vegetable Consumption Among a Cohort of Urban-Dwelling Seniors

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Although adequate fruit and vegetable (F&V) intake can contribute to healthy aging, maintaining this habit can be a challenge. Indeed, having to shop near their home could limit older adults to a poor food shopping environment. This study examined the association between accessibility to different types of food stores and F&V consumption among seniors living in the Montreal area (N = 638). Individual-level data from the Quebec longitudinal study on nutrition and healthy aging (NuAge) were merged with geographic information system data (MEGAPHONE) on food store availability. Dietary data were obtained from a 78-item food frequency questionnaire. An accessibility index (AI) for F&V availability, expressed by a density ratio of grocery and food specialty stores to all types of food stores, was calculated within a 500m buffer zone around each participant's home. Linear regression analyses revealed that participants having AI scores in the highest quartile had a greater frequency of consumption of fruits but not vegetables (_=0.15; 95%CI: 0.06, 0.25). This association was reduced but remained statistically significant when controlling for health-related and sociodemographic variables (_=0.11; 95%CI:0.01, 0.21). A more varied food shopping environment near the home may contribute to healthy eating among seniors (CIHR #MOP 84549).

O90

Aging in a Gentrifying Neighbourhood: Perceptions and Impact of Changes on Older Long-Established Residents in La Petite-Patrie (Montréal)

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Social gerontology literature posits that the majority of older adults prefer to age-in-place because a familiar environment provides a sense of security and continuity in old age. However, this perspective neglects that environments can undergo change. For instance, gentrifying neighbourhoods, (i.e., « invasion » of labour class neighbourhood by middle or upper class population) can bring change in local shops and services, the overall neighbourhood ambience, and different socio-cultural practices related to newcomers. This gentrification could, for long-established residents, lead to "indirect displacement" – a sense of being out- of- place and some forms of social exclusion. This paper presents preliminary findings of research based on semi-structured interviews with 15 autonomous individuals aged from late 60s to late 80s and six key informants in a rapidly-gentrifying Montréal neighbourhood. This work is part of a larger ongoing study covering two Montréal neighbourhoods as well as two in Toulouse, France. Preliminary analysis indicates considerable variation among interviewees as to their sense of rootedness and connection in the neighbourhood and their appreciation of the changes they reported. If some changes are seen as positive, some express a sense of being marginalized with a serious loss in terms of places to socialize.

O91

Can We Get Old Here?: Aging and Community Built Environments in Edmonton's Summer and Winter Seasons

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Despite an increased focus on the impact that built environments have on health, there is a paucity of literature extending this focus to the experience of seniors. In Alberta, the population aged 65+ has tripled from 1972 to 2007. As this segment of the population continues to grow, there are pressures to support community design that enables seniors to age-in-place safely and independently. Winter cities like Edmonton face heightened barriers to ensuring accessible communities during this season. The objective of this research is to explore differing ways that features of the built environment support or hinder the mobility, independence and safety of Edmonton seniors in both summer and winter. The project employed a photovoice method during summer 2009 and winter 2010 with participants from a community seniors association in Edmonton. Findings include the identification of seasonally distinct barriers (such as drainage, waste management, snow clearing) within three consistent themes including: 1) attractive community spaces; 2) getting around using active and public transportation; and 3) the infrastructure, amenities and maintenance of city features. Solutions to these challenges require collaborative efforts across many sectors including health, planning, municipal maintenance and others who, in many places, have limited opportunities to discuss issues together.

O92

Housing for Vulnerable Older Canadians: An Application and Expansion of the Standards of Core Housing Need

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Preparing for the future housing needs of older adults is imperative in countries with an aging population, but little is known about these issues among vulnerable older adults. This study used a qualitative approach to identify key housing concerns among this group. A total of 84 vulnerable older adults including Aboriginal elders, those living with various types of disabilities, and ethnic minorities participated in 10 focus groups. The Canadian Mortgage and Housing Corporation's (CMHC) standards of core housing need (affordability, suitability, and adequacy) provided a framework for data analysis, along with the identification of additional key housing themes both across and within groups of vulnerable older adults. While the CMHC standards of core housing need proved to be important to the participants, and affordability in particular, the additional factors of cultural appropriateness, security, accessibility, and availability emerged. The results provide insight into preferred housing characteristics, regardless of the housing form. In addition, the results provide insight into how to support vulnerable older adults who choose to remain in their homes and communities and how to help ensure that appropriate housing is developed that meets the needs of this diverse population. SSHRC provided funding for this study.

O93

Stigma: A Barrier to (and Facilitator of!) Help-Seeking Among Adults With Age-Related Hearing Loss

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There are stigmas associated with many chronic health conditions that emerge late in life. People who present manifestations of hearing loss are often perceived by others to be cognitively diminished, less able and socially incompetent. In order to avoid being identified as a member of a stigmatized group, individuals with hearing loss may choose not to seek health services or fail to comply with recommended treatments. The purpose of this study was to better understand how stigma impacted upon the help-seeking activities of adults with an acquired hearing loss. Ten people who had hearing loss, and were members of peer-support groups participated in audio-recorded semi-structured interviews. Verbatim transcripts were analyzed using thematic analyses. Analyses revealed that lasting decisions about hearing loss management were made following "critical junctures", when the negative stress found in the respondent's social and physical environment far outweighed positive energy, or when the positive energy found in the respondent's environment far outweighed the negative stress. The time course development of these processes is described.

O94

Retirement Decisions of People With Disabilities: Voluntary or Involuntary?

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This research examines factors that influence voluntary and involuntary retirement for persons with disabilities in Canada, using the Participation and Activity Limitation Survey (PALS) 2006. Methods include the use of descriptive statistics and logistic regression analysis to determine the characteristics associated with involuntary retirement. This study found that those who retired involuntarily were more likely to have the following socio-demographic and socio-economic characteristics: age 55 or less, less than high-school education, live in Quebec, rent their home, and have relatively low income. They were also more likely to be worse off financially after retirement and to be receiving social assistance or a disability benefit. In terms of disability, the likelihood of retiring involuntarily was greater for those with poor health at retirement, the age of onset was over 55, higher level of severity, and multiple types of disability. For the discussion, a social inequalities framework will be used, where health selection into involuntary retirement depends on social location defined by age and education. Policy initiatives that reduce the effects of disability, and allow individuals to remain in or return to the labour force such as workplace accommodations will be discussed.

O95

Ageing with a Disability in Contemporary Sweden

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Later life of people who have lived with chronic conditions and disabilities for many years is an area which has, to date, been neglected by scholars. The same is true for the question of how an early onset of disability shapes life over time and the ageing process. Yet, disabled people today have improved chances of long lives. In a broad research program these issues were explored. The presentation will be based on results from the program. Four studies were conducted. The life course perspective was used both as theoretical orientation and as a methodological tool. The results pointed to the importance of the time concept and its different connotations – such as historical and biographical time – for the understanding of later life of the studied groups of disabled people. Central themes had to do with the ambiguous impact of reforms implemented in the disability area and the impact on later life of unstable disabilities. Other themes concerned the possibility of leading a “third-age life” with a disability and the constant worries about the future. Further research is needed in this field and there are important policy implications. The research was founded by The Swedish Research Council..

O96

Perceived Environment of Community-Dwelling Older Adults Having Different Levels of Disability: A Mixed Methods Study

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Dealing with disabilities in old age is a major challenge. The physical and social environment can help older adults to deal with this challenge. Objective: To explore the importance of physical and social environment and to identify which domains of the perceived quality of the environment of community-dwelling older adults differs according to disability's level. Design and Methods: A mixed method design was used with a convenience sample of 156 people aged 60 to 94 (mean: 73.7), living at home and recruited according to three levels of disability (none, slight to moderate and moderate to severe). Perceived environment was estimated with the Measure of the Quality of the Environment. Individual in-depth interviews were also conducted with a cluster of 18 participants (aged 63 to 92; 12 women) having various levels of disability. Results: As disability level increased, the physical environment was perceived as having more obstacles ($p<0.001$). The physical and social environment must be adapted to the person's needs, preferences and expectations. Possessions and social support are also important. Participants' perceptions differed only slightly according to their disability levels. * This research was partially funded by the Quebec Rehabilitation Research Network of the Fonds de la recherche en santé du Québec (FRSQ) and the Institute of Aging of the Canadian Institutes of Health Research (CIHR).

O97

Prevalence of Depression and Dementia Among Older Persons With Developmental Disabilities in Manitoba (Canada)

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Background: There is currently a lack of population-based information on prevalence of mental illnesses including depression and dementia among older persons with developmental disabilities (DDs) in Canada. Methods: In this study, we used unique identifiers and linked data from several administrative data sources housed at Manitoba Center for Health Policy (MCHP) to describe health status and health care utilization patterns of persons of all ages living with DDs in the province. We used age, sex and place of residence to match cases (i.e., those with DD) with a comparison group who did not have any of DD conditions. The comparison of health and health care utilization patterns between the two groups (i.e., cases and controls) was made using a number of health indicators including rates of mental illnesses and in particular, depression and dementia. Results: Manitobans with DD had significantly higher treatment prevalence rates of dementia and depression compared to the matched non-DD group. Conclusions: There are a significant number of persons living with DD and mental illnesses including depression and dementia. Further research is needed to explore access to appropriate care for this population. Funding Source: University of Manitoba Research Grant Program (URGP)

O98

Quand aînés handicapés et chercheures se solidarisent pour favoriser la participation sociale

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Le thème de la participation sociale est omniprésent dans les discours et les politiques sociales sur le vieillissement. Pour plusieurs aînés, cette notion est évocatrice de pratiques significatives les inscrivant dans un rapport citoyen au monde. Pour les aînés handicapés cependant, plusieurs défis spécifiques peuvent influencer ou compromettre la participation souhaitée, spécialement les questions d'accessibilité et de discrimination. La communication présente une démarche de coopération et de transfert de connaissances entre un groupe de chercheurs en gérontologie sociale et une association de personnes handicapées, tissée dans le cadre de groupes de discussion sur la participation sociale des aînés. Nous expliquerons comment chercheures et membres de l'association ont entrepris une collaboration fructueuse au-delà des préjugés existant de part et d'autre. Premièrement, le récit du processus permettra d'identifier des conditions favorables aux liens entre scientifiques et acteurs communautaire, notamment une perspective d'interculturalité facilitant l'établissement d'un dialogue créatif et productif. Deuxièmement, nous explorerons les résultats de cette initiative. Du côté scientifique, la démarche aura conduit à une approche plus respectueuse de la diversité des trajectoires de vie et de leurs déterminants individuels et structuraux. Du côté communautaire, la collaboration aura déclenché une mobilisation quant aux enjeux de la participation sociale des aînés handicapés.

O99

Accessing Self-Management Programs in British Columbia

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Background The growth of lay-led community self-management programs presents challenges to provincial implementation planning. The provincial target for 2010 is that 75% of all residents will have access (i.e., within 50 km) to self-management programs, however, standardized multi-session group programs do not appeal to everyone. Objectives There was a need to provide self-management options to communities while at the same time maintaining and supporting the expertise and involvement of current volunteers. As well, from an organizational perspective, there was a need to create and optimize synergy within the planning and coordinating infrastructure and to minimize costs. Method The innovation involves the implementation of a "menu" of self-management programs throughout the province. Rather than recruiting and training new leaders, a cross-training strategy is being used whereby current Leaders and Master Trainers complete cross-training workshops covering the different aspects of the new programs. To support this strategy, regional coordination entails responsibility for all programs supported by a central office and integrated (as much as possible) into regular care. Results Implementing a variety of self-management programs has been taking place for approximately two years. Process indicators of this change include greater interest in the target population, increased program registration, participation in more than one program, and greater ability to advertise and promote self-management programs. Innovations have been introduced at small levels often incorporating PDSA cycles to assist in evaluating and modifying the change, which in turn has assisted with subsequent innovations. Conclusions Key lessons include high interest and willingness of current and retired volunteers to undertake additional training and become involved in delivering other programs, relative ease in promoting different programs and greater ability to reach segments of our target population. Funding Source Financial support for self-management is provided by the BC Ministry of Health Services.

O100

Students' Perceptions on the Role of Personal Support Workers and Supportive Housing for Seniors

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Background: Personal Support Workers (PSWs) are important across all levels of healthcare. Despite the need for PSWs due to our increasing aging population, hiring and maintaining PSWs in supportive housing for seniors poses a challenge. Objectives: To understand perceptions of prospective PSWs, their level of awareness of supportive housing for seniors, employment site preference and wage expectations. Methods: A cross-sectional survey methodology was applied to 180 prospective PSW graduates from 6 community colleges in the Greater Toronto Area. Results: There was a substantial lack of awareness, low interest for employment in a supportive housing environment, which was coupled with high wage expectations. Conclusions: The decline in recruitment in the field of PSWs in supportive housing for seniors may be due to lack of knowledge in this specific field, along with high job and wage expectations. Recommendations include teaching sector awareness, which would align with Ontario's Aging at Home Strategy.

O101

Expanding the Circle of Care: Supporting Older Adults in the North Toward a Better Quality of Life

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With an aging population already faced with unique service and support provision challenges, northern BC residents initiated a series of community dialogues, research projects and a conference focused on aging well in the North – all seeking to identify the most urgent health needs of older adults. Building on the collective work already undertaken and organized as part of the BC Home and Community Care Research Network's Seniors At-Risk Social and Geographic Isolation project, a collaborative team including university-based researchers, social work graduate students, clinician investigators, health authority management, community organizations and service user representatives came together to develop a community-based IADL support service delivery model for seniors in three Northern communities. This paper will present how KTE was used to develop: 1) the multi-partnered IADL delivery model appropriate for northern and rural communities; 2) the evaluation design of the effectiveness of Health Authority partnered versus community stand alone IADL service models; and 3) how such models may become sustainable in communities with limited human and financial resources. The presentation will focus on process evaluation findings describing key features of multifaceted team development fully integrated with seniors' and community organizations that facilitated our work, challenged us and, ultimately, enabled our success.

■ O102

Investigating Implementation and Impact of Self-Management in First Nations Communities

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Statement of objectives Self-management programs have been implemented on a short-termed project basis in BC First Nations' communities since 1992. One effectiveness evaluation was completed in 1995 and subsequently a variety of process and implementation evaluations were conducted with the aim of improving implementation. Current information on program effectiveness was needed to inform planning and policy. The objective of this research project was to obtain up-to-date information on the effectiveness of Stanford self-management programs in First Nations communities that would inform policy and practice decisions. Methods In accordance with the principle of requesting input from those who know best, a total of 104 persons were consulted; in-person interviews with 42 persons and questionnaires completed by 62 persons. Only persons who had personal experience with the Chronic Disease Self-Management Program, either as a Leader or participant, participated in this study. Results People said they learned how to personally manage their own chronic conditions and help clients, use the symptom cycle, manage pain, set goals and action plans, problem solve and relax. They reported exercising more, eating healthier, using relaxation techniques and abstaining from alcohol. They emphasized the program was worth taking and should be offered on an on-going basis. They appreciated the simple and helpful format especially for people with low literacy and being able to adapt the program to meet the needs of people in their community. The quantitative study found that the amount of change that took place from the time before people took the program to six-months later was larger than the amount of change experienced by participants in the general population of BC. Conclusion The evaluation revealed that the program is feasible, viable and effective in small rural First Nations communities. As with all self-management programs in BC, sustainability in First Nations communities requires program integration and ongoing support. Funding Source This research project was funded through the Aboriginal Diabetes Initiative, Health Canada.

■ O103

Successful Aging Among Older Chinese Living Alone in China: Evidence From a Shanghai Neighborhood

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Successful aging among older Chinese living alone is seldom studied albeit China experiences a rapid growth of the elderly living alone recently. This research examined successful aging among the elderly Chinese living alone using the data obtained through a structured survey questionnaire, from a simply random sample of 228 Chinese of 60 years and older living alone in a Shanghai neighborhood. Successful aging was represented by successful aging in health and in participation. Self-rated general health, ADL, IADL, depression and life satisfaction determine successful aging in health. Successful aging in participation was measured by participation in employment, volunteer job, senior centers, senior university and attending groups. The findings revealed that 32.9% of participants had a successful aging in health and 24.6% were aging successfully in participation. Logistic regression analysis in a hierarchical fashion showed that the elderly who were younger and better social support were more likely to have a successful aging in health. Those living alone longer and having religion, better housing condition and better social support were more likely to have a successful aging in participation. Policies and programs to improve elder's social support and facilitate participation will help the older Chinese living alone aging well.

■ O104

Cultural Influences in the Physical and Mental Health Status of Chinese Aging Adults in the Canadian Context

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This presentation examines the effects of cultural values and cultural health beliefs on physical and mental health of older Chinese immigrants in Canada. Data were collected from a random sample of 1,537 Chinese immigrants aged 65 and over in seven Canadian cities. Physical health and mental health were represented by the PCS and MCS scores of the SF-36. Chinese cultural values were measured by a list of 11 statements related to the level of identification with Chinese cultural values. Health beliefs were measured by a list of 12 statements related to areas such as eating, health maintenance, and the use of traditional Chinese medicine. Hierarchical multiple regression was used with physical health and mental health as the dependent variables, respectively. Lower scores for physical health status were associated with individuals with higher scores for affiliation to Chinese culture and Chinese health beliefs. However, none of the cultural variables was significantly associated with mental health status. Ethno-cultural beliefs do not offer a protective function to the health of older Chinese-Canadian. The findings suggest there are incompatibilities between their Chinese cultural values and cultural-based health beliefs with the western cultural values and health beliefs imposed in the broader Canadian context. (SSHRC Funded)

■ O105

Perspectives of Quality Health Care Among Chinese Aging Immigrants From Mainland China

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Barriers to accessing health care are often reported in research on the aging immigration populations. This study examined the perspectives of aging Chinese immigrants from Mainland China toward quality health care. The study took place in Calgary with a purposive sample of 8 aging Chinese immigrants 60 years and older from Mainland China.

Semi-structured in-depth interviews were conducted to explore the unique cultural perspectives of the aging Chinese immigrants toward quality of health care. Good quality and effective health care should be timely, trustworthy, understandable, safe, effective, accessible, person-centered, and culturally-sensitive. Perception of quality of health care is shaped by the senior's perception toward the host country, previous health care culture and experience, and other's health care experience. Language, cultural and traditional beliefs, previous health culture and practices, a lack of information and assistance may contribute to the aging immigrants' systemic ineptitude and challenges in accessing health care services. The health care system needs to incorporate diverse cultural views and provide appropriate assistance for the aging immigrants in the delivery of health care.

■ O106

Elderhood and Dementia in Aboriginal Communities on Manitoulin Island, Ontario: Knowledge, Beliefs, Behaviours

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This research uses Alzheimer's disease and related dementias as a lens through which to pursue a broader ethnographic inquiry into aging, health and the role of the aged in seven First Nations communities on Manitoulin Island, Ontario. The health of Canadian Aboriginal seniors is poorly documented and rapid projected growth in the number of elderly individuals and a consequent increase in the prevalence of dementia in this population necessitate a better understanding of their health issues and care needs. This research documents the experience of dementia for Aboriginal people with rich contextual data gathered from interviews with traditional and mainstream healers, caregivers, families, and persons with dementia. Additionally, interviews with well elders elicit expectations for positive aging, as a baseline against which to compare the impacts of cognitive decline and memory loss. Understanding the complete framework within which dementia is identified, experienced and managed allows for a better understanding of how to enhance care for this population. The knowledge gathered in this research has a strong potential to be applied to the evaluation and development of policy, educational materials, prevention efforts and care interventions to improve the quality of life of patients, family caregivers and communities impacted by the condition.

■ O107

Racial and Ethnic Differences in Depression Among Older Black Adults

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Objective: The objective of the proposed research is to investigate the factors affecting depression among older Black Americans, and whether these factors differ for differ Black ethnic groups, specifically African Americans and Caribbean Blacks. Design and Methods: Data for this study will come from the National Study of American Lives dataset (Principal Investigator: James Jackson), a cross-sectional nationally representative probability survey of 3,570 African Americans, 891 non-Hispanic Whites, and 1,621 Blacks of Caribbean descent, ages 18 years and older, residing in the U.S. This study sample will consist only of English-Speaking Black Americans age 55 years and over (African Americans=837 and Caribbean Blacks= 271), with a mean age of 66.7 years. Logistic regression analysis examining relationships between model variables and the depression outcome followed by testing a structural equation model (SEM) examining the study hypotheses. STATA 11.0 will be used to compute and build the model variables, whereas M-Plus will be used for correlation, regression, and SEM analyses, to help manage missingness and the possible non-normal distribution of the outcomes. Results: Preliminary findings suggest there is a strong relationship between nativity, age at time of immigration, socioeconomic status marital status and stress on depression. Conclusion: The proposed study seeks to: a) further explain, clarify, and refine our conceptual understanding of the role ethnicity may play in influencing late-life depression; and b) inform policies for the future development of more appropriate interventions for an increasingly diverse population of Black older adults and their families

■ O108

Cross-Cultural Communication with Older Adults

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With changes in Canada's ethnic composition, service providers and their senior clients are more likely to come from different ethno-cultural backgrounds and to be engaged in a cross-cultural communication. As the literature in gerontology indicates their relationships and interactions are negatively affected by miscommunication caused by cultural differences. Generally speaking, scholars have recommended three approaches to curtail the risk of miscommunication in a cross-cultural interaction: learning about the other's culture, learning about one's own culture, and becoming aware of the cultural and emotional sources of misunderstandings. Although this paper does not deny the positive contributions of these approaches, it contends that they have ignored the crucial role of participants' interpretations in communication. Considering that in their first encounters the professionals and senior clients are strangers from different cultural backgrounds, this paper contends that their success in communication and building a working relationship hinges on their definition of each other's identity and the situation at hand. Using the insights of symbolic interaction approach and communicative action theory this paper illustrates the relevance of interpretation in successful communication between older adult clients and professionals from different cultural backgrounds.

■ O109

Aging Expectations Are Asociated With Preventive Health Care Practices

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Adults with low expectations regarding aging (ERA) are less likely to believe it is important to seek medical services for signs of illness; however, the influence that the ERA, and its sub-scales, have on actual preventive health care practices is unknown. Self-administered, cross-sectional, mail-in surveys were administered in the Greater Toronto Area. Multivariate logistic regression assessed the influence that ERA had on receiving physical exam (PE) in the previous two years. Of

249 community-dwelling participants, 67% were female, 28% completed high school or less, and the mean age was 70.8 years. 92% had received a PE and the mean overall ERA score was 46.3, though differences were observed among the sub-scales. Final regression analyses indicated an independent association between mental health ERA and PE (OR=1.06, CI=1.01-1.11) only, which drove the effect between overall ERA and PE (OR=1.05, CI=1.00-1.09). Results were adjusted for age, gender, ethnicity, education level, annual household income, employment status, reports of depression, pain, restriction of activities, and chronic disease. Findings support a significant positive association between ERA and preventive health care practices. Adults with lower ERA, namely mental health ERA, may have an increased risk of unmonitored decline with aging. Funding: SSHRC Doctoral Fellowship (BAM) and SSHRC Standard Research Grant (JB)

■ O110

Understanding Personal Health Decisions of Older Women: Results From a Pilot Study

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Women who age in poverty are more likely to cope with greater rates of illness and struggle with the associated costs of care. Previous studies are limited in what they reveal about the decision-making of older women who delay or give up other purchases to address their health needs. This pilot study reports on focus groups conducted in two BC communities (Vancouver and Prince George) exploring how women (65+ years of age) manage competing health and non-health needs within limited financial resources. Focus group sessions were independently transcribed and analysed using NVivo 8 then compared across the two sites. Findings indicate that participants, independent of living in a northern or southern BC urban setting, identified similar issues: (a) prioritizing needs based on urgency; (b) sacrificing social determinants of health over medical/clinical health; (c) placing others over self; (d) consequences of reduced social networks; and (e) knowledge and resource barriers. Study results and a multilevel framework to integrate key concepts that emerged from both the pilot and the literature will be presented and discussed in relation to future research directions. Potential benefits of using other study designs (e.g., in-depth interviews) in a larger research study will also be explored.

■ O111

Chronic Condition Prevention and Management in Seniors Across Canada

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Objective: Canadian survey data was used to investigate the prevalence and impact of chronic condition prevention and management in seniors by primary health care (PHC) providers and patients. Design: The 2008 Canadian Survey of Experiences with PHC was completed by a sample of adults 18 years and older in 10 provinces and three territories who lived in private households (sample size ~ 11,500). Analyses were conducted on seniors (age 65 years and older) for pan-Canadian and provincial estimates. Results: Results show that 76% of Canadian seniors reported having been diagnosed with at least one of 11 select chronic conditions. The most commonly reported chronic condition was high blood pressure (47%) followed by arthritis (27%). Thirty-two percent of seniors with at least three chronic conditions reported working with their doctor to make a treatment plan at least some of the time, and 55% reported discussing treatment goals with their doctor in the past 12 months. Conclusions: This study provides valuable insights into the prevalence and management of select chronic conditions in seniors in PHC settings. Data from the study shows there is room for improvement in promoting and supporting self-management activities of seniors.

■ O112

Using Computer-Internet Technology to Deliver Intervention Programs to Improve Self Management of Chronic Disease

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Purpose: The aim of this pilot study was to examine chronically ill older adults' responses to using technology to access health care services. Methodology: Eighteen older adults with a variety of chronic conditions (6 per group) were invited to participate. Using a simplified computer training manual participants were trained to access the project Caring for Me [CFM]© Web site that includes, a peer group e-mail link, a chat forum, a videoconferencing link, and posted educational materials. The intervention consists of ten weekly online group meetings facilitated by a professional clinician. An intervention training manual was used to insure reliable adherence to protocol. Pre-post interviews with participants provided feedback on their use of technology to access health support services and associated health benefits. Results: Participants responded positively to using technology to access a health service. Participants reported reduction in stress, reduction in feelings of isolation, improved efficacy for self-care and an improved outlook on living with chronic disease. Conclusions: Based on the results of the feasibility study we are currently evaluating online video conferencing educational support programs for homogeneous groups of adults with chronic disease.

■ O113

Health Impact on Older Adults of the Cardiovascular Health Awareness Program (CHAP)

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Studies on prevention of chronic disease among older adults show it is "never too late" to improve function. We conducted a community cluster-randomized trial to evaluate the effectiveness of a Cardiovascular Health Awareness Program (CHAP). Thirty-nine mid-sized communities in Ontario were stratified by location and population size and were randomized to receive CHAP (n=20, mean population aged ≥ 65 years=3,394) or no intervention (n=19, mean ≥ 65 years = 3,830). In CHAP communities, residents aged ≥ 65 years were invited to attend cardiovascular risk assessment sessions held at pharmacies and delivered by trained peer-volunteers. Risk profiles were provided to participants, their family physicians and pharmacist. The primary endpoint was a composite of hospital admissions for stroke, acute myocardial infarction and congestive heart failure among residents aged ≥ 65 years according to hospital discharge data. Analysis was by intention to treat. Adjusting for hospital admission rates in the year prior to intervention, CHAP was associated with a 9% relative reduction in the composite endpoint (rate ratio 0.91 [95% CI 0.86–0.97], p=0.002). A collaborative, multi-pronged community-based health promotion program, targeted at older adults can lead to an important reduction in cardiovascular morbidity. Next steps include sustaining CHAP and expansion throughout Canada.

■ O114

Canadian Uncorrected Refractive Error Study

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Purpose: Visual impairment in older populations increases the likelihood of nursing home placements, falls and hip fractures, increased use of community services and increased risk of death. Uncorrected refractive errors (e.g. myopia, hyperopia and astigmatism) are the leading causes of reversible visual impairment in the world. The primary purpose of this cross-sectional study in Brantford, Ontario was to measure the prevalence of uncorrected refractive error in a representative sample of the adult population. Methods: The target population included all people 40 years and older in the City of Brantford. Presenting distance and near visual acuities were measured. Best corrected visual acuities were determined for all participants who had a presenting distance visual acuity of less than 6/7.5 in either eye. Funding for the pilot study was provided by the CNIB Research Grants and Fellowships Program, Essilor Canada, Canadian Association of Optometrists and COETF, New Brunswick Association of Optometrists, Quebec Association of Optometrists (Fondation Quebecoise pour la sante visuelle), Alberta Association of Optometrists, and the Saskatchewan Association of Optometrists. In kind contributions were also provided by the CCLR, CNIB and equipment loaned from Innova Medical Ophthalmics. Results: The study included 768 residents 39 to 94 years of age; 55.7% were female. One hundred and twenty-six participants or 16.4% (95% CI, 13.7% to 19.5%) were found to have presenting distance visual acuity less than 6/7.5 in their better seeing eye (75 female, 51 male). Nearly 3% of the sample had a presenting distance visual acuity in the better eye that was less than 6/12, (95% CI, 1.7% to 4.43%). Best corrected visual acuities improved by 1 to 5 lines for 85 of these 126 study participants (67.5%). A large number of people with uncorrected refractive error were 65 years of age and older (39 out of 85, 45.9%) Implications: There is a high prevalence of uncorrected refractive error in the City of Brantford. This finding is similar to what has been found in studies in the United States, the United Kingdom and Australia. The majority of people with decreased distance visual acuity can be corrected with new glasses. Encouraging all adults to have regular eye examinations and use appropriate eyeglasses should be a part of healthy aging.

■ O115

A Childless Old Age: The Experiences and Expectations of Support Amongst Older People Without Children

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Background: Childless people are seen as ‘at risk’ of inadequate support as they age, given the reliance on family support for ageing populations. But this assumption has not been explored with childless older people themselves. Objectives: To learn from the experiences of support of childless older people, given that rates of childlessness are increasing (up to 25% by 2040). Methods: Semi-structured interviews explored participants’ accounts of support given and received, their journeys to childlessness, and the impacts of growing older. A purposive sample of around 40 childless older people (average age 80), of diverse partner status, sexual orientation, socioeconomic and health status contributed. Narrative analysis was conducted within a framework of positioning theory. Results: ‘Support’ is a complex concept, ranging from ‘self-support’ to a sophisticated ‘web of contacts’ built up over a lifetime. Childless people give more support than they receive, ‘loneliness’ cannot be assumed when someone lives alone, and childlessness is a complex journey, not a simply defined state. Categories of support (emotional, instrumental, social etc) used in survey research to date are problematic and fail to capture the delicately negotiated exchanges involved. Conclusions: The ‘childless elderly’ have been positioned by stereotypes of childlessness, ageing, and assumptions around support required for ‘successful’ ageing. A more nuanced understanding belies simplistic assumptions of loneliness and lack.

■ O116

Following in the Footsteps of Elliot Lake: The Transition from Primary Resource Industry Town to Retirement Town in Northern Ontario

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The purpose of this study was to examine the experiences of aging-in-place in a rural, northern context where communities are in a state of economic instability or transition. Using a focused ethnography approach, this research focuses on a case study of one community, Birchdale Grove (pseudonym) in northern Ontario. A total of 84 people were interviewed, including 27 health service providers, 37 older adults, 4 informal caregivers, and 16 other community members, including business owners, town council, and volunteers. In a community where half the population had left with the closure of primary resource industry, a rapidly aging population was changing the dynamics of the town. A specific economic development strategy had been implemented by the town to attract recent retirees from southern Ontario to migrate to the community. One of the strengths of this close-knit community was its warm, welcoming atmosphere and strong social networks. While the influx of newcomers and out-migration of others impacted social networks, newcomers described the town as friendly and welcoming, and the newcomers appeared to establish strong social networks as well. The uniqueness of Birchdale Grove demonstrates the success of integrating seniors into the town. While the development of social networks and cohesiveness was not a specific strategy implemented by the town, it provides a sense of the informal characteristics of a community that enhance quality of life for seniors. Funding gratefully received from SSHRC.

O117

Learning and Career Development Theory: Interpreting the Volunteer Activities of Retirees

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The purpose of this study is to understand whether volunteering during retirement represents an extension of one's career in the paid workforce, or whether it represents something new, such as the pursuit of lifelong learning. This research is interdisciplinary and exploratory, integrating research on aging, volunteering, learning and adult career development. This study investigated the following research questions: 1) Are retirees using the skills that they developed during their paid work experiences in their volunteer activities?; and 2) Are they pursuing lifelong learning goals through their volunteer activities? A broad invitation to take part in this study was sent out to nonprofit organizations across the country and data was gathered from 219 Canadian retirees on their volunteer activities. Chi-square tests were significant across all skill sets, indicating a relationship between previous paid work skills and volunteer skills. Further, 75% of retirees had learning goals, with a range of goals described by respondents. Canada has never had so many people on the cusp of retirement and retirees' role in society will become more critical. If they choose to volunteer, they not only gain physical and mental health benefits, but they have great potential to impact their community.

O118

A Pilot Study of Health Impacts of a Community-Engaged Arts Program for Older Adults

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The purpose of this research was to evaluate the physical, emotional, and social health impacts of a community-engaged arts program for seniors. Over a three-year period, the Arts Health and Seniors (AHS) Program sponsored groups of seniors who attended weekly workshops with artists at a local community centre. They developed the skills to produce a collective art piece or performance that was presented at the end of each year. 51 seniors participated, reflecting a diversity of age and social backgrounds. Most were women with no previous arts experience. A volunteer sample (n=24) completed health outcome measures on two occasions, once in year one of the program, and again at the end of year three. Paired t-tests were used to analyse the data. Results showed that AHS participants experienced statistically significant improvement in perceived overall health, experience of pain, and sense of community, all with a moderate to strong effect size. While there was a trend toward improvement in morale and depression, these changes were not significant. These findings are supported by previous research showing that seniors' involvement in the arts can result in improved physical well-being and social inclusion. While results should be interpreted carefully given the design limitations of this evaluation, further evaluation is warranted.

O119

Leisure Connections: Supporting People With Early Dementia Through a Social Activity Group

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Background: People who have recently been diagnosed with dementia continue to have social needs but often experience changes in their social networks. The community resources that are available are focused on coping with disease progression or providing respite to caregivers. There are few programs that address people's social needs as they navigate through the early stages of their disease. A pilot program, known as Leisure Connections, provided social activity to a group of eleven people with early dementia. Objective: This study was conducted to determine the impact of Leisure Connections on the lives of participants and their families. Methods: Qualitative methods were used, including over 40 hours of observation, and semi-structured interviews with six participants, two family members and two staff members. A thematic analysis was completed. Findings: Findings indicate that the program provided an environment that addressed the social needs of participants. The participants discussed how they felt during program including 1) belonging to the group, 2) having a place where there was no pressure, 3) having something unexpected to look forward to, and 4) being a valuable contribution to the group. Conclusion: These findings demonstrate that groups such as this support social connections and well-being for those with early dementia.

O120

Readiness to engage in help-seeking behaviours to reduce stress and burnout: validation of the urica scale among dementia family caregivers

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Despite negative mental and physical health consequences associated with caring for older family members with dementia, services aimed at reducing caregiver stress are underutilized. This study examined caregivers' readiness to engage in help-seeking endeavors by assessing the psychometric properties of a widely used measure of change readiness. Participants (n = 102) completed the University of Rhode Island Change Assessment (URICA) scale and measures of distress, coping, social support, help-seeking attitudes, service familiarity, and service use. The URICA demonstrated good reliability and moderate criterion validity. Confirmatory factor analysis suggested a marginal fit to the intended four-factor structure, although exploratory factor analysis supported retention of four factors. The URICA, in combination with service familiarity and help-seeking attitudes, did a remarkably good job of predicting help-seeking, even after controlling for demographics, social support, and distress. Furthermore, completers of a group intervention had significantly higher change readiness scores than dropouts among a clinical caregiver sample (n = 26). These results indicate that the URICA can assess differential help-seeking profiles among dementia caregivers. Incorporating measures of caregivers' readiness to seek help in the planning phase of treatment represents an important new direction for improving their access to mental health services, and enhancing treatment outcomes.

O121

Le rôle des intervenants dans le processus décisionnel des proches-aidants concernant l'hébergement d'un proche atteint de déficits cognitifs

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Pour les proches-aidants, prendre la décision d'héberger un proche atteint de déficits cognitifs est l'un des processus les plus stressants de leur trajectoire. Dans ce contexte, il y a lieu de se questionner sur l'implication des intervenants dans ce processus. Ce projet visait à explorer le processus décisionnel des proches-aidants en lien avec l'hébergement et à identifier le rôle des intervenants en tant qu'acteurs sociaux. Une méthode de théorisation ancrée a été retenue; dix-huit proches-aidants ayant formulé le désir d'héberger leur proche ont été interviewés tous les six mois sur une période moyenne de 20 mois. Les résultats soulignent que les intervenants jouent un rôle dans l'initiation de la réflexion concernant l'hébergement. Ils favorisent l'évolution de la réflexion en rencontrant la famille, en explicitant les motifs menant à l'hébergement et en présentant les différentes options possibles. Les proches-aidants perçoivent donc un apport des intervenants au sein du processus décisionnel en lien avec l'hébergement d'un proche. Toutefois, l'implication des intervenants varie d'une situation à l'autre et en fonction des modalités et du style d'intervention de l'intervenant. Les résultats offrent des pistes pour le développement d'outils cliniques qui pourraient favoriser de façon plus systématique le soutien des proches-aidants dans ce difficile processus.

O122

Hebergement du conjoint : une experience de tres grande douleur morale

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Hébergement du conjoint : une expérience de très grande douleur morale. L'analyse de l'expérience des épouses qui vivent l'hébergement de leur conjoint atteint de problèmes cognitifs montre un sentiment dominant, la culpabilité. Les épouses se sentent coupables de ne pouvoir garder leur conjoint jusqu'à la fin parce que, d'une part, elles sont épuisées par la prise de soin, et d'autre part, elles deviennent elles-mêmes malades. La prise en charge du conjoint suscite d'énormes tensions; le conjoint vient parfois à être violent au point de créer des difficultés au sein du couple. L'hébergement en résidence pour personnes âgées leur apparaît donc la seule issue possible. Elles le font à contrecœur. La culpabilité mène les épouses à justifier constamment le placement du conjoint. En centre d'hébergement, elles s'éloignent peu à peu des soins à donner, elles ne veulent qu'aucune manœuvre de réadaptation ou de réanimation soit pratiquée sur leur conjoint. Elles parlent de leur conjoint comme un mort en devenir. Il aurait dû mourir dans leur bras avant l'hébergement. C'est une souffrance morale de le voir dépérir sans pouvoir faire quoi que ce soit.

O123

Do Spouse Caregivers of Older Adults With Dementia Have Impaired Attention?

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In contrast to substantial evidence of physical and mental health risks associated with caring for older adults with dementia, relatively little is known about caregivers' cognitive abilities. A handful of recent studies have demonstrated that caregivers are more likely than controls to exhibit impairments on either single tests or neuropsychological batteries assessing various cognitive domains. Although these studies suggest that attention is negatively affected in caregivers, research has not yet examined attention in this population in a comprehensive manner. We therefore assessed 17 caregivers of older adults with dementia and 17 matched controls with measures of mood, stress, health, and a 60-minute battery of tests of selective, divided, and sustained auditory and visual attention. Results of this study revealed that on the majority of attention tasks caregiver and control participants performed similarly. However, on the Ruff 2 & 7 test of sustained and selective visual attention, caregivers performed significantly more slowly and less accurately than controls. Although this study suggests that attention may be affected to a lesser degree among caregivers in comparison to other cognitive domains such as memory, it adds to a growing body of literature pointing to cognitive deficits associated with caring for older adults with dementia.

O124

Clinically Significant Effects of Group Cognitive Behavioral Therapy on Spouse Caregivers' Mental Health and Cognitive Functioning

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Numerous recent reviews and meta-analyses have reported that interventions for caregivers of older adults with dementia have small to medium effects that are domain specific and that often lack clinical significance. These studies have also highlighted methodological limitations that have likely contributed to the modest intervention effects. The objectives of our study are to examine whether an intervention that addresses many of these limitations can result in clinically meaningful outcomes, and to extend the outcome literature by including caregiver cognitive outcomes. Twelve spouse caregivers with DSM-IV mood, anxiety, or adjustment disorders completed 13 weeks of group cognitive behavioral therapy. Prior to treatment, immediately following it, and three months later caregivers completed an outcome battery measuring symptoms of depression, anxiety, caregiver stress, and neuropsychological functioning. In addition to examining statistically significant change from pre to follow-up assessment, we examined clinically significant change via: (a) effect sizes, (b) remission of diagnoses, (c) movement across clinical cut-scores, (d) improvement in neuropsychological function of at least 0.5 standard deviations after controlling for practice effects, and (e) reliable change index calculations. Results indicated that each participant exhibited at least one indicator of clinically significant change with the most consistent effects on mood and cognition.

O125

I'm More Than a Daughter, I'm a Caregiver!: Reappropriating the Term Caregiver

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Caregivers born after WWII are part of the generation that has challenged traditional family relations and the sexual division of labour. This paper examines how these challenges play out in caregiving relationships. It is based on a study undertaken in Quebec with baby-boomer caregivers. We met with forty caregivers for 11/2-hour qualitative interviews to discuss their values, experiences, and expectations around caregiving. Results indicate that women, in particular, no longer identify themselves mainly in terms of family. For most, caregiving is not their only or even their dominant identity. They are actively trying to maintain multiple identities: worker, wife, mother, friend, social activist, etc., alongside that of caregiver. They are also participating in the very North-American process of indivualization, leading to what we call the "denaturalisation" of care. Notably, these women call themselves "caregivers" and not simply wives, daughters or mothers, denoting that the work of caregiving is no longer part of "normal" family responsibilities. They thus set limits to their caring commitments and have high expectations as to services and public support, while still adhering to norms of family responsibility for elder care. Funded by SSHRCC and CIHR.

O126

Pathways to a Diagnosis Among Anglo-Canadians: Exploring the Pre-Diagnosis Period of Alzheimer's Disease and Related Dementias

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Increasing evidence suggests that early diagnosis and management of dementia-related symptoms may improve the quality of life of patients and their families. However, individuals may wait between one to three years from the onset of symptoms before receiving a diagnosis. To explore the perceptions and experiences of problem recognition and obtaining a diagnosis, six Anglo-Canadians with dementia (4 men, 2 women) and seven of their caregivers (2 men, 5 women) were recruited from the Alzheimer's Society of Calgary to participate in semi-structured interviews using an analytic inductive approach to interpretation. Individuals with dementia in our sample first reported noticing memory difficulties, but initial symptoms were perceived as ambiguous and attributed to concurrent health problems. The diagnostic process was typically characterized by multiple visits and interactions with health professionals, and a diagnosis was provided as more severe cognitive deficits emerged. Findings also suggest that the role of caregivers evolved with time. Caregivers initially served as a source of encouragement to seek help, but they eventually became actively involved over concerns about illness management. A better understanding of the pre-diagnosis period, and the dynamic interactions between people's beliefs and attributions about symptoms, may elucidate some of the barriers to an earlier diagnosis.

O127

Self and Other: The Importance of Social Interaction and Social Relationships in Mediating the Meaning of Early-Stage Alzheimer's Disease

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Various factors influence how individuals experience illness. Especially important, however, is the reaction of others whose response mediates the meaning of the illness for the persons who are ill and the impact it will have on their lives and selves. Adopting a symbolic interactionist perspective, and drawing on data obtained from in-depth interviews conducted with nine individuals living with early-stage Alzheimer's disease, this paper examines how others' reactions to and treatment of persons who have Alzheimer's disease can affect their ability to normalize, preserve identity, and live meaningful lives. Reporting on what persons with Alzheimer's say about others' treatment of them and, importantly, how they want others to treat them, the kinds of interactions that can either potentially hinder or enable the efforts of persons with Alzheimer's disease to live meaningful lives are examined. The practical implications of the findings as they pertain to the realms of healthcare provision and everyday life are also discussed.

O128

Development of an Evaluative Component of the Physical Environment Within Dementia Care Mapping

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Dementia Care Mapping (DCM) is an established, standardized tool used to evaluate the quality of care and quality of life for people with dementia in residential care facilities. The tool is conceptually grounded in Kitwood's person-centred care approach that advocates the maintenance of personhood in persons with dementia in the face of cognitive decline. It is increasingly recognized that the physical environment is an important contributor to the psychosocial, behavioral, and health outcomes of individuals with dementia in institutional settings. However, a key limitation of DCM is that it does not contextualize observed resident behaviors with the features and aspects of the surrounding physical environment. The objective of this study was to develop and pilot test an evaluative component for the physical environment (DCM-ENV) to be integrated within the existing DCM tool. DCM-ENV strengthens DCM by grounding residents' behaviors and quality of care indicators in the built environment of the setting, and identifying areas for positive environmental modifications. Pilot-testing took place in six residential care facilities in Metro Vancouver and revealed good validity and reliability. Funding for this study was provided through a Catalyst Grant from CIHR.

O129

Exploring Experiences of Everyday Activity and Social Interaction in Dementia

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Activity is known to support health and well-being of older adults. However, the extent to which it plays a similar role for people with dementia is less well understood. This study investigated how people with dementia perceive their everyday activities and social interactions, focusing especially on the relationship between this involvement and their sense of self and well-being. This interpretive study included 30 participants with mild to moderate dementia who were interviewed and observed in their home and neighbourhood environments on repeated occasions over a 9-24 month period. Family members were also interviewed. Field notes and transcribed interviews were analysed using established methods of interpretation. The emerging thematic structure demonstrates the important meaning of activity and social interaction for people with dementia, while revealing the tensions that emerge from shifting patterns of involvement as people do less over time. Findings also demonstrate the important role of creative and physical activity in shaping how people understand and feel about themselves, particularly in the context of family and community. This study illustrates how involvement in activity and social interaction contributes to supporting personhood and quality of life for people with dementia. Findings suggest directions for further research and development of community-based supports.

O130

The Social Dynamics of Special Care Units: Exploring Informal Social Interaction Among People With Dementia

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Despite research recognizing the importance of socialization as contributing to overall well-being and quality of life for institutionalized seniors with dementia, little research has been conducted to comprehensively examine the social dynamics within dementia care settings. Accordingly, the objective of this study was to explore the nature of informal social interactions (the spontaneous and naturally occurring interactions occurring outside of planned recreational activities) among people with dementia residing in two Vancouver area special care units. An ethnographic approach was employed, which included in-depth interviews with facility staff members and a series of resident observations. Findings from this investigation revealed that although residents with dementia spent a majority of their time not interacting with anyone, when they did engage with others, the behaviours expressed were varied and included several types of informal social interactions: 1) active verbal communications, 2) brief verbal communications, 3) touching, 4) gesturing, 5) glancing, 6) attention seeking, and 7) other non-verbal communications. These findings highlight the diversity and complexity in social patterns expressed by people with dementia, as well as underscores the importance of developing policies within special care units which recognize and promote informal social interaction within such settings.

O131

Methodological Challenges in Developing Indices of Physical Capacity in Healthy Elderly People From the NuAge Study

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Aging is associated with a decrease in physical capacity but many measures of muscle strength and function exist that are interrelated. Objectives: To develop patterns of physical capacity measures among the population of the Quebec Longitudinal Study NuAge and to associate with subjects' characteristics. Methods: A principal component analysis (PCA) was used to create global indices of physical capacity. Characteristics on muscle mass index (kg/ height in m2), %body fat, physical activity, smoking and #chronic diseases were related to indices of physical capacity using multiple regression analysis. Results: The PCA for the whole population generated 2 indices with the importance of muscle strength emphasized in index 1 [quadriceps (factor loading (FL) = 0.826), biceps (FL = 0.901), and handgrip (FL = 0.754)] and the mobility emphasized in index 2 (timed-up-and-go (FL = -0.872), walking speed (FL = 0.868) and leg balance (FL = 0.539). Whereas all of the characteristics impacted on index 1 (explaining 46.2% of its variance), chronic diseases and physical activity were not related to index 2 (the remaining characteristics explaining 13.8% of its variance). Further analyses will define influencing variables on individual measures of physical capacity. Conclusion: This project deals with the methodological issues that we encounter with multiple physical performance measures.

O132

Handgrip Strength for Frail Older Persons: Comparison of Results Between a Dynamometer and Two Vigorimeters

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Objectives: We needed to measure handgrip strength (HS) for a frail population, and choose between the Jamar (dynamometer), the Martin and the Baseline (vigorimeters) to do so. Methods: They were calibrated prior to use. HS measures were done according to the ASHT norms. With the vigorimeters, the medium or the large bulb was used according to palm circumference. For the Jamar, the second notch was used for everyone. Our sample was composed of twenty-four (24) persons in three age groups (65-74, 75-84, 85 plus), and an equal number of men and women. HS was measured for each hand three times. Results: The two vigorimeters had comparable results. Their HS distribution, of Gausssian type, was unique and included both men and women. For the Jamar we obtained two distinct distributions, one for women and another for men. Conclusion: It is important to be aware that vigorimeters measure pressure and dynamometers measure force and the muscular dynamic involved during the process is not the same. The results should be compared with caution. Vigorimeter results facilitate data analysis because two different populations do not have to be considered. The vigorimeter is easier for frail persons with upper extremities problems to manipulate. CIHR funds

O133

Use of a Bayesian Spatial Modelling Approach to Analyze Cases of Seniors' Falls in the Wellington-Dufferin-Guelph Health Region

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This was a collaborative research effort between the University of Waterloo and the Wellington-Dufferin-Guelph (WDG) health unit to examine spatial health data on seniors' falls in the WDG health region by using Bayesian spatial modelling. The objectives of this project were to determine areas with excess relative risk of seniors' falls, to determine risk factors of seniors' falls, to inform the WDG health unit for potential policy and planning considerations, and ultimately to improve seniors' health. Cases of falls among seniors in the WDG health region between 2002 and 2006 were geocoded to the dissemination area (DA) level. Generalized linear models that contain spatial random effects were used with a Bayesian approach to analyze the geocoded data and different social covariates from the 2006 Canadian Census at the DA level. These models minimized the problem of incorrect identification of risk factors, improved model fit, and produced reliable results. Covariates associated with seniors' falls and areas with excessive risk of seniors' falls were identified. This study presents another approach to analyze spatial data related to seniors' health and hopes to spark further interest in using unconventional statistical methods to analyze health data to improve the health of seniors and the population.

O134

Benefits of Home Physiotherapy in Patients Following Hip Fracture: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Objectives: To assess the benefits of home physiotherapy (PT) versus institution-based PT or no PT on patient-reported quality of life (QOL), balance, lower extremity muscle strength, and walking speed in patients following hip fracture. Methods: Research methods described by the Cochrane Collaboration were adopted for the review. Two reviewers searched five different databases to identify relevant randomized controlled trials (RCTs). Final list of studies were extracted using predefined inclusion criteria. Risk of bias was assessed by both reviewers. The agreement between the two reviewers was assessed by examining unweighted kappa (_). Standardized mean differences (SMD) were extracted and compared for the outcome variables of QOL, balance, lower extremity muscle strength, and walking speed. The statistical significance was considered at $p \leq 0.05$. Results: Five studies were included in the review. _ ranged from 0.81-0.86. Overall, the included studies had a very high risk of bias which affected our confidence in results. At three months time, the patient-reported QOL was better and other outcomes were similar to the comparison groups in patients receiving home PT following hip fracture. Conclusions: Our review indicated low quality evidence favouring home PT in patients following hip fracture and recommended high quality RCTs in the area.

O135

Physical Activity and Physical Function in Older Adults With Dementia in Long-Term Care

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Introduction: Physiologic effects of aging combined with abnormal cognitive decline often lead to decreased functional independence among older adults with dementia. Those who reside in long-term care (LTC) are even more prone to this as they are typically at a more advanced stage of dementia and require more care and assistance with activities of daily living relating to self-care. A small existing body of literature exists suggests that regular physical activity may be effective at maintaining/improving physical function in this population. Methods: Fifty-two residents of a Western Canadian LTC facility with an existing clinical diagnosis of dementia were randomly assigned to either a three-times weekly group walking program, or a control condition involving only weekly social visits with a student volunteer. Functional indicators to be assessed at baseline, six, and twelve weeks are timed up-and-go, functional reach, and six-minute walk. Mixed-model ANOVA will be used to assess within and between group differences. Results: Data is currently being collected with results to be shared at this conference. Implications: Positive results from this study would show the potential of a relatively simple physical activity intervention to improve function, independence and quality of life among elders with dementia residing in LTC.

O136

La prévention des chutes chez une clientèle atteinte de la Maladie d'Alzheimer : une revue des écrits scientifiques et la proposition d'un modèle logique

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Cette communication a pour objectif de présenter les données probantes sur la prévention des chutes d'une clientèle atteinte de la Maladie d'Alzheimer. Une recension élargie (scoping study) des écrits scientifiques et de la littérature grise a été réalisée en interrogeant les bases de données pertinentes. Les mots clés utilisés se regroupent sous trois concepts : 1) personne âgée, 2) Maladie d'Alzheimer, troubles cognitifs et 3) prévention des chutes. Les résultats ont permis d'identifier, spécifiquement pour cette clientèle, les facteurs de risques et les interventions de prévention des chutes ayant fait l'objet d'études. Les facteurs de risque se divisent en trois catégories : 1) intrinsèques, 2) extrinsèques et 3) fonctionnels. Les interventions recensés, quant-à-elles, sont soit simples isolées ou multifactorielles. D'un côté, les interventions isolées touchent un seul facteur de risque et leur efficacité est mitigée. D'un autre côté, les interventions multifactorielles ciblent plus d'un facteur de risque et sont appliquées de préférence par une équipe interdisciplinaire. Les données probantes suggèrent que, pour être efficaces, les interventions de prévention des chutes des personnes âgées atteintes de la maladie d'Alzheimer doivent être multifactorielles et réalisées par une équipe interdisciplinaire. Ces résultats permettent de proposer un modèle logique initial qui sera présenté.

■ O137

Do Formal and Informal Help Have Only One Type of Interface?

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Introduction: The interface between formal and informal supports has been described in terms of theoretical models of complementary, substitution, supplementary or independent role. Whether they are associated with availability of sources of help and extent of disability is not clear. Methods: Using a sample of 3014 elderly persons living in a metropolitan and an urban area, types of empirical interfaces between formal and informal sources of care were obtained, and their associations with the interface models ascertained. Results: Five types of empirical interface were defined in terms of two criteria: first, support was needed for a single ADL or IADL, or for multiples ADL and IADL; second, one dominant formal or informal source of care, or multiple formal, informal or mixed sources of care. The theoretical models were associated with specific types of empirical interface. For example, complementary was observed among elderly persons with a dominant informal source of care for a single ADL or IADL. Conclusion: Theoretical models of interface between informal and formal sources of care coexist within a community, but they are associated with niches defined in terms of needs for help in ADL and IADL and of dominance of formal or informal sources of care.

■ O138

Do We Mean What We Say? Comparing Person-Centered Care and Relationship-Centered Care in Theory and Practice

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Person-centred care has received significant emphasis in recent years and advocates placing the person at the centre of all care decisions, focusing on strengths and abilities rather than weaknesses and disabilities. Relationship-centred care and a partnership approach to care has emerged more recently and expands the concept of person-centred care, emphasizing not only the inclusion of the person, but also the family and any other people who support the person in coping with his/her disability. The current research was undertaken to explore how person-centred and relationship-centred care were being put into practice. Based on individual interviews with 15 therapeutic recreation (TR) practitioners in Ontario and Quebec, the philosophy of the institution was compared with the current practice that was reported by the TR practitioners. Findings indicate that institutions have acknowledged the importance of person and relationship-centred care, as evident in their mission and philosophy statements. Although TR appears to be optimally positioned to engage in both person-centred and relationship-centred care, there continues to be significant discrepancies, however, between the philosophies of the institutions and the practices in place at these institutions.

■ O139

Paid Companions: A Private Home Care Service

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The restructuring of Canadian health care over the past decade has ushered in opportunities for growth in private home care services - paid companions representing one of these commodifed care options. Operating either independently or through private health care agencies, paid companions resemble surrogate family members or friends, who perform a variety of services for the elderly who can afford to pay for private home care. Objectives: To date, paid companions represent a particularly unrecognized and unresearched type of caregiver in our society. This paper presents findings from research on paid companions and their clients conducted in Victoria, BC in 2009-2010. The data is drawn from 28 in-person qualitative interviews. Sample size: n=14 paid companions; n=8 elderly clients (living independently); and n=6 private home care agency administrators. Results: The largest demand for companions is in dementia care - in facilities, retirement homes and private residences. Independent elderly individuals use companion services in order to remain at home. Results from this research suggest that paid companion services will continue to grow in the future. This research was supported by the Social Science and Humanities Research Council of Canada, BCNAR, Sara Spencer Foundation, and the BC Ministry of Labour and Citizen's Services.

■ O140

L'illogisme à l'oeuvre: les frais modérateurs pour les services médicaux

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Le gouvernement du Québec a proposé l'instauration de frais d'utilisation des services médicaux, sujet à une condition de revenus et à un plafond des contributions. La logique des frais d'utilisation est examinée sur un échantillon de 1139 personnes âgées fragiles de Montréal vivant en ménage privé. Ces personnes sont de grandes utilisatrices de services médicaux. Premièrement, 53% des services médicaux sont le fait de patients hospitalisés. Deuxièmement, 25% des répondants sont responsables de 60% des services médicaux et 33% des visites sont attribuables aux personnes à faible revenu. Une application stricte des critères d'exclusion ne maintiendrait les frais que sur 5% à 10% de l'ensemble des services médicaux. Une politique de frais d'utilisation se confronte à un ensemble de faits imparables, soit la concentration dense des services médicales sur une petite proportion de personnes; sur l'association de l''intensité de leur utilisation à leur état de santé; sur les critères d'exclusion des paiements en fonction des revenus et des plafonds de contribution. Mais, si les critères d'exclusion ne s'appliquent pas en toute rigueur, les frais pénalisent les personnes les plus malades. Sinon, reste comme contributeurs potentiels celles qui savent maintenir leur état de santé sans recourir trop lourdement aux services médicaux.

O141

Behavioural Support Systems: An Emerging Model of System-Wide Supports for Persons With Responsive Behaviours - A National and Ontario Perspective

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The Behvioural Support Systems Project was launched in Ontario with the support of the Ministry of Health and Long-term Care to design a framework for more effective supports to persons with 'responsive' or challenging behaviours who live in the community or long term care homes. The project has broadened to include a two-part national consultation, in partnership with CIHR and the Canadian Dementia Knowledge Exchange Network. This session will describe the framework designed for Ontario, as based on evidence from the literature, other jursidictions, persons with lived experience, epidemiological and economic data. Next steps, inlcuding pilot projects will be described. Implications for other provinces will also be noted.

O142

Nurses Caring for Elderly Relatives: Navigating Professional and Personal Caregiving Boundaries

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Objective: The aim of this mixed methods study was to examine how and to what degree double duty caregiving (DDC) affects the health of female and male nurses caring for elderly relatives. Method: A feminist constructivist grounded theory approach was used to increase our knowledge about the health experiences of DDCs and how contextual factors shape these experiences. Repeated in-depth telephone interviews were conducted with 50 nurses in Ontario, Nova Scotia and British Columbia. Data was analyzed using the constant comparison methods, modifying the emerging theory of DDC. Findings: Data analysis revealed that nurses experienced ill health when professional and personal boundaries blurred and eventually eroded. The process of navigating boundaries and its two sub-processes, setting limits and repositioning, is the focus of this presentation. These strategies were implemented to varying degrees according to the care expectations and resources available to the participants, which ultimately influenced their physical, mental and social health. Conclusions: There is an urgent need for further research that draws links between professional and personal caregiving. Determining if one group of DDCs is more at risk of poor health will inform evidence-based practice and policy concerning health professionals caring for elderly relatives.

O143

Primary Care Providers' Awareness of Community Support Services for Older Adults

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Research has shown that older adults identify their primary health care providers as a key source of information about community support services (CSSs). These services assist people to maintain their independence while living in their own homes. The purpose of this case study is to examine the awareness of physicians and interprofessional health care providers about CSSs. Face-to-face interviews were conducted with seventeen family physicians and sixteen interprofessional health care providers (i.e., nurses, social workers, mental health counselors) working in four different models of primary health care in Ontario (Family Health Teams, Family Health Organizations, Fee-for-Service Practices, and Community Health Centres). Participants were presented with a vignette describing a situation where an older adult with poor health is unable to perform instrumental activities of daily living such as shopping, housework and yard work. Overall, awareness of appropriate CSSs was low, with physicians having lower levels of awareness than interprofessional health care providers. Findings also suggest that physicians working in Family Health Teams and Family Health Organizations consistently turn to interprofessional health care providers within their practice to link older adults to appropriate CSSs. Funded by the Canadian Institutes of Health Research.

O144

Health Care Providers' Views on Supporting Older People With Dementia To Live Alone

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The objective of this pilot study was to describe health care providers' views on factors affecting the ability of older people with dementia to live alone. Using a qualitative descriptive design, participants from nursing, social work, and medicine were recruited from acute, community, and long-term care settings in southwestern Ontario, Canada. Data were collected through 16 audio-taped, face-to-face, semi-structured interviews. Data were analyzed using the conventional content analysis method. Member checking was used to confirm the findings. The overall theme describing how people with dementia can live alone was "Having a supportive care network." The primary barriers to achieving a supportive network were "Issues with service accessibility, costs, and gaps." A "combination of involved family, care providers, and a timely array of services" enabled older persons with dementia to continue living alone in their homes. Study participants recommended "Improved service quality" and "Regular monitoring" as additional supports for these older people. These findings describe some characteristics of a care network that may support older people with dementia to safely continue living alone for as long as they are able. The findings may contribute to strengthening existing, and developing future, models of community care management for such older people. Funded by a Junior Grant, Internal Research Grants Program, University of Windsor.

O145

Provider Satisfaction Within the Protective Community Residences (PCR)

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In Western Newfoundland, new protective care residences (PCR) were built to provide a living environment specially designed for older adults with mild to moderate dementia. This represented a new model of care and support for this population in the province. One of the methods of evaluation following the relocation of residents to the PCR was provider satisfaction focus groups. The purpose of this qualitative study was to determine staff's overall satisfaction with the PCR in four key areas: the new environment; quality of care and safety; appropriateness of admissions to the residences; and leadership support. Three focus groups were scheduled and all staff was invited to attend. All participants who volunteered were included in the study. Group discussions were facilitated by a member of the researcher team and were tape-recorded to facilitate transcription and analysis of the data. A second member of the team attended the focus group sessions and recorded notes during the sessions. Following transcription of the sessions, two members of the research team analyzed the data, first individually, then together, to determine key themes. Data analysis is ongoing and final results of this thematic analysis will be presented during this session and will include successes of the PCR project as well as lessons learned.

O146

Moving From a Traditional Long-Term Care Facility to a New Cottage-Design Facility: Consequences and Implications for the Care Staff

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There is a rising trend to build or renovate residential care facilities as smaller, home-like buildings in order to provide an environment better suited for a social model of care. This study conducted in rural Alberta examines the consequences of relocation from a traditional long-term care facility to a new facility with 5 cottages of 12 residents each, from the perspective of the care staff. In-depth taped interviews were conducted with 65 staff members prior to the move, 44 of whom were re-interviewed 12 months after the move. Particular attention is given to their assessment of the design of the new building, changes in the staff roles and responsibilities, and staff morale/satisfaction. The care staff identified some areas for improvement in the design of the new building, including the location of the professional nursing staff's office and lack of a staff room. Staffing changes caused discontent among some staff, primarily in regards to the HCAs becoming multi-skilled, a lack of RN/LPN visibility, and staff schedules. Staff morale was low at 4 months after the move, but showed some improvements by 12 months. The implications of this study for future practice/design and research are identified.

O147

Family and Staff Perceptions of the Transition Experience to Long-Term Care

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Drawing on the conceptual model of the long-term care (LTC) transition experience developed by Flynn Reuss, Dupuis, and Whitfield (2005), this study compared the transition experience for family members and staff recently involved in a move from community to a LTC facility. Self-administered questionnaires were distributed through 34 LTC facilities in southeastern Ontario to staff and to family members who had moved a relative to the facility within the previous 18 months. A total of 753 questionnaires were returned (325 family members, 428 staff) on which participants reported their perceptions on key components of the transition model: preparation for move, ease of move, control over decisions, communication throughout the process, and support from others. While all of the components were perceived generally favourably by the participants, family members and staff were significantly different in their perceptions on all components. Family members felt in greater control, better prepared, and had better communication throughout the process, whereas staff felt they received more support and perceived the move for residents as easier. The results point to key differences between families and staff in their perceptions of the transition and highlight the need to ensure all components are addressed in practice for everyone involved.

O148

Is it Really Just the Luck of the Draw? An Examination of the Accessibility of Palliative Home Care Service in Ontario Using the interRAI Palliative Care Instrument

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While the benefits of hospice palliative care are well recognized, numerous barriers exist that may limit the access of terminally ill Canadians to palliative home care services. To ensure more equitable access for all Canadians, it is important to understand who utilizes palliative home care services and to identify individuals who are underrepresented. This descriptive epidemiological study characterizes terminally ill individuals who use palliative home care services in Ontario. Data were collected as part of normal clinical practice for 5963 terminally ill individuals receiving palliative home care services in Ontario. Assessments were conducted between January 2006 and December 2009 using the interRAI Palliative Care (interRAI-PC) instrument. The interRAI-PC is a standardized tool that assesses the strengths, preferences, and needs of palliative care clients residing in the community, as well as facility based settings. This instrument includes health, demographic and service utilization items. A description of socio-demographic variables including age, gender, location, and prognosis will be provided. Cross-sectional analyses of clinical characteristics are discussed including the prevalence of cancer and non cancer disease diagnoses, symptoms, functional ability, cognitive impairment and mood. Comparisons between the prevalence of terminally ill individuals who received palliative home care and were assessed using the interRAI-PC and those who died without utilizing palliative home care services assessed using the interRAI-Home Care assessment instrument will be provided.

P1

Comparaison de l'âgisme entre trois groupes d'étudiantes de premier cycle

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Introduction : La qualité des soins et des services qu'offriront les futurs professionnels aux personnes âgées pourrait être influencée par leurs attitudes envers cette clientèle. Ainsi, cette étude a pour objectif de déterminer et de comparer les attitudes envers les personnes âgées chez des étudiantes de premier cycle. Méthode : Les attitudes d'étudiantes de psychologie (n=122), de médecine (n=50) et de sciences de l'administration (n=72) ont été mesurées à l'aide du différenciateur sémantique du vieillissement (ASD) et de l'échelle d'âgisme modifiée de Fraboni (FSA-R). La version abrégée de l'Inventaire de désirabilité sociale (BIDR) a permis de contrôler la désirabilité sociale. Résultats : Les résultats obtenus à certains facteurs du FSA-R et de l'ASD indiquent que les étudiantes de psychologie ont des attitudes plus positives envers les personnes âgées que les étudiantes de sciences de l'administration. Néanmoins, les étudiantes de psychologie sont celles qui sont moins motivées et qui estiment peu probables de travailler auprès de cette clientèle. Conclusion : Cette étude permet de constater la présence de différences entre les attitudes des étudiantes en fonction du programme d'étude. Bien que les attitudes semblent positives, il importe de préparer et de sensibiliser les futurs professionnels au travail auprès d'une clientèle âgée.

P2

A New Image of Aging: The Zoomers, Baby-Boomers With a Zip

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The Canadian Association for Retired Persons has changed its magazine from Carp Magazine to Zoomer and in the process has tried to market itself to a younger readership. The cover of the new magazine suggests its readers are now "men and women 45 and up" from its past readers of people 50 years and older. What is now evident from the new magazine is the creation of a "new aging" based on individualistic and consumerist values. This paper looks at how the magazine promotes this new identity and emerging social meanings related to aging. This paper is based on a content analysis of the first year of the "new" magazine and the current findings suggest the magazine is encouraging baby boomers, or zoomers, to remain forever middle-aged, successful, beautiful, and youthful – boomers with a zip! The magazine also promotes an upper-class, urban, Central Canadian ideology.

P3

Infiltration des cellules immunitaires dans le tissu adipeux lors de l'obésité et du vieillissement

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Le recrutement et l'infiltration des cellules immunitaires jouent un rôle délétère important au niveau de la fonction du tissu adipeux (TA). Les lymphocytes B sont recrutés à une étape précoce de ces évènements et jouent un rôle dans la prévention de l'infiltration des macrophages. Objectif : Déterminer l'impact de l'obésité et du vieillissement sur la modulation de l'infiltration des lymphocytes B dans le TA. Méthodes et résultats : Les niveaux d'expression, mesurés par PCR en temps réel, des marqueurs des lymphocytes B CD19 et CD20, sont drastiquement diminués dans le TA viscéral (TAV) et sous-cutané de modèles murins d'obésité génétique et induite par la diète. À l'inverse, ces marqueurs sont augmentés significativement lors du vieillissement dans le TAV de souris et humain. De plus, l'absence de gènes régulant les fonctions des lymphocytes B dans les fibroblastes embryonnaires de souris et dans les nématodes, entraîne une augmentation de l'adipogenèse et une diminution de la longévité. Conclusion : Les lymphocytes B pourraient jouer un rôle protecteur dans la biologie du TA et ainsi moduler la longévité. Étude financée par les IRSC

P4

Rôles de la déacétylase Sirt1 dans le contrôle transcriptionnel des macrophages impliqués dans la sténose aortique

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La sténose aortique (SA) est influencée par le vieillissement et il n'existe présentement aucun médicament pour guérir ou ralentir ses effets. L'objectif principal de ce projet est de déterminer si le cofacteur nucléaire Sirt1 contrôle l'expression de résistine, une hormone pro-inflammatoire sécrétée par les macrophages et associée au degré de calcification valvulaire et au degré d'inflammation chez les patients âgés souffrant de SA. La lignée de macrophages humains U-937 traités au lipopolysaccharide (LPS) à été utilisée pour mimer les macrophages impliqués dans la SA. Des immunoprécipitations de la chromatine (ChIP) ont été réalisés ainsi que des infections rétrovirales permettant la surexpression de Sirt1 dans sa forme fonctionnelle et mutée. L'expression de certains gènes d'intérêt a été mesurée par PCR en temps réel. Dans notre modèle, le LPS augmente l'expression de résistine et diminue celle de Sirt1. La surexpression de la protéine Sirt1 fonctionnelle inhibe l'expression de résistine tandis que la surexpression de la protéine mutée démontre un profil d'expression génique pro-inflammatoire. Par ChIP, il est observé que Sirt1 se lie au promoteur de la résistine; cette liaison est diminuée par l'inflammation. Nos résultats suggèrent que Sirt1 contrôle la transcription de résistine, une interaction qui est perdue en présence d'inflammation.

P5

Réponse métabolique à un programme d'entraînement en résistance de femmes ménopausées obèses mais sans complications métaboliques (MHO) comparativement à des femmes ménopausées obèses à risque de complications métaboliques : données préliminaires

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Objectif : Observer, en l'absence de restriction calorique, les effets d'un entraînement en résistance de 4 mois chez des femmes post-ménopausées obèses à risque et MHO. Méthodologie : 16 femmes post-ménopausées, obèses et sédentaires ont été recrutées. Les MHO (n = 8) et les sujets à risque (n = 8) ont été divisés en fonction des critères de Karelis et al. (2005). Le profil métabolique (lipidique, insulinémique, inflammatoire), la composition corporelle (masse maigre, masse grasse par DXA) et la force musculaire (leg press, chest press et dynanomètre) ont été évalués. Un test de Mann-Whitney (delta du changement) et de Wilcoxon ont été utilisés pour comparer les données entre les groupes suite au programme d'exercice. Résultats : Suite à l'entrainement aucune différence significative pour la composition corporelle et le profil métabolique n'a été observé quelque soit le groupe. D'autre part, excepté pour la force, aucun changement (delta) significatif n'est observé entre nos groupes suite à l'entraînement. Discussion : Dans l'ensemble nos résultats démontrent que le profil métabolique et corporel des MHO et des femmes en surpoids ou obèses ne se détériore pas après un entraînement en résistance de 4 mois. Ainsi, d'autres entrainements physiques devraient être considérés.

P6

Relation entre l'apport en protéine et la dynapénie en fonction du mode d'expression de la force chez la femme postménopausée

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Objectif : Vérifier la relation entre l'apport en protéine et la dynapénie en fonction du mode d'expression de la force. Méthodologie : 73 femmes postménopausées ont été recrutées. Composition corporelle, masse maigre (MM), masse musculaire protéique (MP), force de préhension et apports alimentaires ont été mesurés. La dynapénie est définie dépendamment des modes d'expression de la force utilisés: force de préhension en kg, en kg/PC, en kg/MP et en kg/MM. Résultats : Nous observons une corrélation significative entre les apports protéiques (g/PC) avec la force de préhension (kg; kg/PC; kg/MP; kg/MM) mais elle est plus importante lorsque la force est exprimée en kg/PC et en kg/MM. Nos résultats montrent une différence significative entre nos groupes (non dynapénique, dynapénique de type I et de type II) au niveau de l'apport en protéine (g/PC) lorsque ces derniers sont divisés selon la force en kg/PC ou kg/MM. Nos résultats ne sont pas influencés par l'âge ou la masse musculaire en pourcentage puisqu'il n'y a aucune différence entre nos groupes. Conclusion : Le mode d'identification des dynapéniques semble avoir une influence sur nos conclusions et l'apport protéique semble être un facteur du développement de la dynapénie. De futures études longitudinales et prospectives sont nécessaires pour confirmer nos résultats.

P7

Résistance à l'insuline et maladie d'Alzheimer : une étude pilote

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La résistance à l'insuline (RI) est un état où une mauvaise utilisation de l'insuline par les cellules oblige à une hypersécrétion de cette hormone afin de maintenir la glycémie. Selon des études épidémiologiques, il existerait une association entre la RI et une prévalence augmentée de démence de type Alzheimer (DTA). Dans notre étude (en cours), nous comparons les niveaux de RI dans des groupes 1- de sujets contrôles âgés, 2- de sujets avec trouble cognitif léger et 3- de DTA légère. Notre hypothèse est que la RI est un facteur de risque de la DTA, démontrable par une relation linéaire entre le niveau de RI et la sévérité des troubles cognitifs (sujets normaux < TCL < DTA). La RI est potentiellement traitable et peut être présente longtemps avant l'apparition du diabète. Si nous démontrons que la RI est un facteur de risque dépistable de la DTA avant le développement de la maladie (i.e. un biomarqueur), ce facteur de risque pourrait être facilement dépisté et traité. Ce serait un outil de prévention supplémentaire de la DTA. Selon nos résultats préliminaires, il y aurait une élévation significative des niveaux de RI chez les sujets avec DTA comparativement aux sujets contrôles et MCI. Il n'y a pas, pour le moment, de différence significative entre les sujets contrôles et MCI. Les hypothèses soulevées sont l'hétérogénéité du concept de TCL, ainsi que le nombre restreint de sujets en cours d'étude.

P8

Biomaterial Strategies to Improve the Viability of Islet Transplantation for the Treatment of Diabetes

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Diabetes mellitus is a disease of increasing incidence in today's population. During aging, diabetic patients have high risks of vastly diverse complications including cardiovascular, nephropathy, and retinopathy to name a few. Maintaining normoglycemia in a constant fashion is the best way to prevent such complications. Islet transplantation is the most promising technique in continuously maintaining normoglycemia. However, a shortage of insulin producing islets of Langerhans for transplantation and loss of islet function post transplantation makes the technique unviable for the general population. We present our current results on attempts to produce insulin producing islet-like aggregates from a progenitor cell source using extracellular matrix modified materials to help provide a possible future unlimited islet of Langerhans tissue source for transplantation. Furthermore we show how such materials provide insulin producing cells and tissues with much better response to glucose stimulation in attempt to maintain better islet function post transplantation.

P9

Développement d'un outil de diagnostic clinique pour l'évaluation de l'activation plaquettaire à partir d'échantillons de sang complet

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Les maladies cardiovasculaires sont la première cause de mortalité en Amérique du Nord, et sont notamment corrélées avec le vieillissement de la population. Il a été démontré qu'une activation excessive des plaquettes sanguines annonçait l'apparition de ces évènements cardiaques. Pourtant, aucun outil de mesure clinique ne permet actuellement d'évaluer de façon fiable et efficace cette activation plaquettaire, en cause la très grande réactivité des plaquettes à toute manipulation ex vivo. Nous avons développé un outil de diagnostic permettant de mesurer cette activation plaquettaire. Cet outil consiste en un biosenseur qui détecte spécifiquement les plaquettes sanguines activées présentes dans un spécimen sanguin. Le biosenseur est placé dans une chambre d'analyse permettant la circulation du sang en conditions in vivo. Cet outil, après avoir été validé sur des patients sains, est actuellement en cours de validation clinique sur des patients atteints de syndrome coronarien aigu, au Centre Hospitalier Universitaire de Sherbrooke, avec la participation de plusieurs cliniciens. De plus, une collaboration avec HémaQuébec a été engagée afin d'évaluer la qualité de leur banque de sang.

P10

The NICE Pain Assessment Pocket Tool: Comprehensive Pain Monitoring for Patients and Caregivers

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Pain is a common health issue at the end-of-life and is particularly frequent among the elderly. Despite its prevalence, it is often underdetected and undertreated, though. The availability of reliable, validated assessment tools is important to ensure that pain is recognized, assessed, treated and monitored effectively. Following a systematic literature review, the National Initiative for the Care of the Elderly's (NICE) End-of-Life Issues Theme Team has identified some of the best pain assessment instruments available for usage with both communicative and non-communicative patients and defined specific parameters for performing a complete pain assessment. Five (5) different pain tools have been assembled into one comprehensive pocket tool (NICE Pain Assessment Pocket Tool) that caregivers and patients can use to assess and monitor pain. The presentation will: - describe the development process of the NICE Pain Assessment Pocket Tool; - introduce the audience to the tool; - report on the pilot study and the tool's impact on overall pain management practice in a clinical setting; and - discuss the challenges of tool implementation and continuous improvement/lessons learned. Evidence to date points to overall benefits of a structured framework for pain recognition, assessment and treatment for both the target population and their caregivers. Core funding for the NICE Network is provided through a grant from the Networks of Centres of Excellence (NCE).

P11

Paramètres de la résignation à une qualité de sommeil s'amoindrissant avec l'âge

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Une des manières de faire face à une qualité diminuée de sommeil avec l'âge consiste à se résigner et à en accepter simplement le fait. Afin de modéliser ce phénomène de la résignation, trois questions du Pittsburgh Sleep Quality Index (PSQI) ont été retenues, soit celles concernant les difficultés à initier ou maintenir le sommeil ainsi que la perception de la qualité globale du sommeil. Les personnes rapportant avoir le plus de difficultés avec leur sommeil mais qui ne s'en plaignent pas peuvent être considérées comme étant résignées, alors que celles éprouvant les mêmes difficultés et qui s'en plaignent beaucoup continuent à percevoir leur situation comme étant problématique. L'âge moyen (74,7 ans ÉT: 6,3) du groupe des résignés ($n = 517$) est significativement plus grand d'environ deux ans que celui du groupe des non-résignés (72,9 ans ÉT: 5,5; $n = 240$)($p < 0,001$). De plus, un an plus tard, près du tiers des sujets non-résignés étaient devenus résignés, alors que seulement le sixième des sujets auparavant résignés ne l'étaient plus. Ainsi l'acceptation de conditions amoindries de sommeil pourrait être un phénomène s'actualisant sur une fenêtre temporelle d'environ deux ans et pourrait n'être que partiellement réversible.

P12

Morphologie du plancher pelvien chez les femmes âgées continentes et incontinentes urinaires : une étude d'IRM.

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But : Cette étude vise à comparer la morphologie des muscles du plancher pelvien (mPP) chez les femmes âgées continentes et incontinentes urinaires mixte (IUM) en imagerie par résonance magnétique (IRM) sous trois conditions: repos, contraction maximale volontaire (CMV) et Valsalva. Méthode : Une séance d'IRM 3T fut effectuée pour chaque participante. Les mesures furent prises sur les images sagittales, dans chacune des conditions. Résultats : Trente-huit femmes ont participé au projet : 14 continentes et 24 IUM ; les groupes étaient similaires en âge, IMC et nombre d'accouchements. Au repos, les femmes IUM ont une ligne M plus longue et une jonction uréthrovésicale (UV) plus courte que les femmes continentes. À la CMV, les femmes IUM présentent un moins grand raccourcissement de la ligne M et de la hauteur de l'approximation de la jonction UV. Aucune différence entre les groupes n'apparaît lors de la manœuvre de Valsalva. Conclusion : Les différences morphologiques qui ressortent de cette étude tendent à démontrer que les femmes âgées IUM ont un support plus faible de leurs organes pelviens et sont moins capables de produire une contraction efficace comparées à leur contrepartie continente. Ceci supporte le rationale du traitement d'exercices des mPP chez les femmes âgées IUM.

P13

Treatment With Cholinesterase Inhibitors is Associated With an Increase in the Risk of Urinary Incontinence

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Objective: To assess whether treatment with cholinesterase inhibitors (ChEIs) is associated with the risk of developing urinary incontinence (UI) among older patients with dementia. Methods: A retrospective cohort study was performed using data from the Dutch PHARMO Record Linkage System from 1998 to 2008. PHARMO includes drug dispensing histories for more than two million residents. We identified all patients aged 50 years or more without history of UI for at least 6 months who received a first ChEI prescription in the study period, had a drug exposure history of at least 12 months and at least one subsequent prescription of any drug after ChEI treatment initiation. UI was defined as a first dispensing of a urinary spasmolytic drug or absorbent incontinence material for at least 30 days. Cox proportional hazard models with time-varying covariates, age as the time scale, delayed entry and multivariate adjustment, including comedications possibly associated with UI, were used to assess whether the risk of developing UI was increased during exposure to ChEI treatment. Results: Among 3154 study subjects there were 657 cases of UI during a mean follow-up of 5.1 yrs before a first ChEI exposure and 499 cases during and after ChEI treatment, within a mean follow-up of 2.0 years. Among the 2497 subjects without UI at the initiation of ChEI treatment, the fully adjusted hazard ratio for UI was 4.74 (95% CI: 3.96-5.68) during ChEI treatment, when compared to treatment free periods. Conclusions: Although age and prostate medication appear to be major risk factors for UI, exposure to ChEIs more than quadrupled this risk among older patients in the Netherlands.

P14

Vocalization Therapy for People With Parkinson's Disease

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People with Parkinson's disease (PD) develop voice and speech problems that disrupt communication and reduce quality of life, and that become more severe as the disease progresses. Social withdrawal and career changes often result. The Lee Silverman Voice Treatment ®, an intensive vocalization therapy, has been shown to be an effective treatment, but is hard to access in urban settings and impossible to find in rural settings. Easier access to effective vocalization therapy would increase the number of people served and would allow for early intervention. A group program that combines vocalization therapy from a speech-language-voice pathologist and voice lessons from a singing teacher was developed and tested on 32 people with idiopathic PD. Preliminary results from the research will be presented. Group singing integrates therapy into a normal life activity in the community, thus increasing opportunities for socialization, successful group contribution and emotional support from peers. It also exploits the choral and Lombard effects, and takes advantage of the economic savings of group therapy. The many benefits of vocalization therapy (enhanced immune system, reduced stress, enhanced mood, improved swallowing, improved voice, etc.) transfer to other populations and could be included in a proactive wellness program for healthy aging adults.

P15

In Older Women, Does Pelvic Floor Muscle Function Differ Between Those Who Are Continent and Those With Mixed Urinary Incontinence?

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Using dynamometry, this study compared the functioning of the pelvic floor muscles (PFMs) between continent and mixed urinary incontinent (MUI) older women. Eighty-nine continent and MUI women, aged 60 and over, participated in the study. Urinary incontinence was defined as a weekly average of one or more episodes of involuntary urine loss during the preceding 3-months. The type of UI (mixed) was established by the self-diagnostic item on the Urogenital Distress Inventory. Subjects underwent a 30-minute dynamometric examination of their PFMs with a trained evaluator. The dynamometric parameters of the MUI group were compared to those of the continent group using Independent Samples t-Tests. Participants included 23 continent women and 66 with MUI. There were no differences between the groups in terms of age, body mass index and parity. The study's results showed significant differences between the two groups for the following measurements: passive forces at rest ($p = 0.045$), maximum strength during a 10-second PFM voluntary contraction ($p = 0.021$), and number of rapid contractions during a rapid, repetitive PFM contraction ($p = 0.008$). Pelvic floor muscle function is impaired in older MUI women. Thus, PFM exercise programs should aim to improve impaired PFM function.

P16 *(Abstract withdrawn / Abrégé retiré)*

Vision Loss in Old Age in Burkina Faso

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Purpose: To describe the prevalence, risk factors, and impact of visual difficulty in a population-based cohort of adults in Burkina Faso. Methods: Population-based data were used from the World Health Survey done in Burkina Faso in 2002-2003 (n=4,822 adults ages 18+). A multi-stage stratified random cluster sampling strategy was used. Participants answered a face-to-face interviewer-administered questionnaire that was administered in one of three local languages with independent back-translation of key terms. Near vision was assessed by self-report of difficulty. Effect modification by age was assessed. Results: 5%, 22%, and 48% of those <50, 50-64, and ≥65 years old reported near visual difficulty ($P<0.001$). Only 5% of people wore glasses or contact lenses. Women and those with greater education were also more likely to report near visual difficulty ($P<0.05$). Near visual difficulty was associated with a higher odds of difficulty with mobility (OR=2.15, 95% CI 1.68, 2.75), learning a new task (OR=2.04, 95% CI 1.64, 2.55), self-care (OR=1.90, 95% CI 1.47, 2.47), and sadness (OR=2.85, 95% CI 2.26, 3.60). Some statistically significant effect modification by age was noted. Conclusion: The prevalence of visual difficulty was high in Burkina Faso, especially in older adults, while the use of eyeglasses was rare.

P17

Factors Related to Survival of 75 Year Old Men to Their 85th Birthday: The Manitoba Follow-up Study

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A cohort of 3,983 young men has been followed since 1948 with routine contact and medical examinations to prospectively document incident disease. Over 60 years of follow-up, 2,413 of the cohort lived to celebrate their 75th birthday. Among these survivors, 1057(44%) died before their 85th birthday. Our objective is to examine how medical events and chronic disease risk factors known at age 75 relate to survival to age 85 years. Cox proportional hazard models were used to examine the effects of ischemic heart disease, cancer, stroke, diabetes, peripheral arterial disease, hypertension as well as obesity, and reported alcohol abuse on total mortality. All were significantly and independently related to mortality, with risk ratios ranging from 1.20 (95%CI 1.00,1.44) for obesity to 1.62 (95%CI 1.31, 2.00) for alcohol abuse. Joint independence of these factors in a multivariate model implies that each is important, and their effects on mortality are cumulative. The cumulative probability of survival from age 75 to 85 among men with none of these factors was 67%, 54% for any 1 factor, 49% for 2 factors, and 32% if ≥3 factors were present. These common factors are important in assessing 10 year survival from age 75 to 85 years.

P18

Nombre de capillaires péri-fovéolaires en fonction de l'âge dans l'oeil humain en santé

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Introduction: Une seule étude in vivo (Ibrahim et coll) a examiné le nombre de capillaires péri-fovéolaires (CPF) en fonction de l'âge dans l'oeil humain et indiqué une perte de 0,3 CPF par décennie entre les âges de 55 à 74 ans. Notre objectif était de réévaluer le nombre de CPF au sein d'une cohorte de sujets représentant une gamme d'âges beaucoup plus large. Méthodes: 86 sujets en santé (20 à 80 ans) ont participé. Une caméra à haute résolution a été utilisée pour capturer les images de fond d'oeil de chaque sujet. Deux cercles concentriques centrés sur la fovéa ont été utilisés afin de délimiter la zone où les CPF ont été comptés. Résultats: Le nombre moyen de CPF chez les 91 sujets était de 13,4 ± 0,2. Une régression linéaire sur l'ensemble des données a indiqué que le nombre de CPF ne variait pas avec l'âge (p= 0,5465). Conclusions: Nos données révèlent que l'oeil sain ne présente pas de perte de CPF avec l'âge. La différence entre nos résultats et ceux d'Ibrahim pourrait être attribuée au fait que, contrairement à eux, tous nos sujets avaient une bonne santé cardiovasculaire, vérifiée cliniquement, et qu'ils étaient tous non-fumeurs. Subventions: IRSC, FCI, CRSNG.

P19

Quantification du diamètre des artères et veines de la rétine en fonction de l'âge

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Introduction: Les changements subtils de calibre des vaisseaux rétiniens ne peuvent pas être détectés lors d'un examen clinique de routine. Notre objectif était d'évaluer le calibre des vaisseaux rétiniens en fonction du niveau de pression sanguine systémique (PSS) et de l'âge. Méthodes: Des photographies de fond d'oeil de 91 sujets en santé et âgés de 20 à 80 ans ont été prises. Le diamètre des artères et veines principales de la rétine temporale a été mesuré, à partir de la tête du nerf optique, sur une distance ~2,700µm. La PSS, la pression intraoculaire (PIO) et la pression de perfusion oculaire (PPO) ont été déterminées. Tous les paramètres mesurés ont été évalués en fonction de l'âge. Résultats: La pression systolique (p= 0,001) et diastolique (p= 0,05) a augmenté avec l'âge, mais pas la PIO (p= 0.319), faisant en sorte que la PPO a elle aussi augmenté (p= 0,006) avec l'âge. Le diamètre des artères (p= 0,005) mais pas celui des veines (p= 0,151) a diminué avec l'âge. Conclusions: La diminution du calibre des artères rétiniennes avec l'âge dans l'oeil en santé pourrait servir à contrer les effets d'une augmentation de PPO, ce qui est interprété comme une forme de régulation vasculaire. Subventions: IRSC, FCI, CRSNG

P20

La vision dans la prise en charge clinique du patient chuteur

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Objectifs: Vérifier si la vision est évaluée de façon systématique chez la personne âgée ayant été admise en unités de courte durée gériatrique (UCDG) suite à une chute. Méthodes: Les données pertinentes des dossiers cliniques de 80 personnes âgées (âge moyen: 82,3 ± 6,2 ans) admises en UCDG suite à une chute et de 80 témoins sans histoire de chute (81,4 ± 6,5 ans) ayant été admis durant la même période ont été extraites. Résultats: La plupart des chutes étaient de nature non-accidentelle (n= 74) et d'origine multifactorielle (n= 64). L'histoire médicale indiquait que les chuteurs avaient davantage de pathologies oculaires (p< 0,05) que les témoins. Les chuteurs ont été référés pour un examen visuel plus souvent que les témoins (p< 0,05). Conclusions: Nos résultats indiquent que même si les patients ayant chuté sont référés plus souvent que les témoins pour un examen visuel, leur vision n'est pas évaluée de façon systématique malgré les recommandations des Sociétés américaine et britannique de gériatrie. Ces données indiquent que les professionnels des soins de la vision devraient travailler davantage avec l'équipe médicale afin d'améliorer l'évaluation globale des personnes âgées ayant une histoire de chutes. Subventions: IUGM-CAREC; IRSC

P21

La masse maigre, la masse grasse et la sensibilité à l'insuline chez les femmes post-ménopausées obèses après une perte de poids: une étude MONET

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Introduction Des études récentes indiquent qu'une masse musculaire importante pourrait nuire à l'action de l'insuline chez certains individus. Chez les obèses, une diminution de la masse grasse (MG) améliore la sensibilité à l'insuline (SI). Objectif Étudier les associations entre la masse maigre (MM), la MG et la SI. Méthodes 88 femmes post-ménopausées (PM), non-diabétiques et obèses (57,6 +/- 4,6 ans) réparties selon la SI pré-intervention de perte de poids: sensibles à l'insuline (OSI) [glucose perfusé ≥ 12,6 mg/min
•kg de MM] et résistantes à l'insuline (ORI) [glucose perfusé < 12,6 mg/min
•kg de MM]. La MM et le pourcentage de MG ont été mesurés par DXA, la masse grasse viscérale (MGV) par CT scan et la SI par un clamp euglycémique–hyperinsulinémique. Résultats Pour les OSI, une association significative a été observée entre _%MG et _SI (r=-0,61; p<0.05; n=13). Chez les ORI, des corrélations significatives ont été observées entre _SI et _%MG, _MGV et _SI, et _MM et _SI ajustée pour MM (r= -0,266; -0,266 et -0,271 respectivement; p<0.05; n=75). Conclusion Nos résultats suggèrent que les diminutions de la MM, du %MG et de la MGV induits par une perte de poids permettraient d'améliorer la SI chez les femmes PM ORI.

P22

How Do Older Adults Adapt to Changes in Their Mobility?

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Mobility limitations increase with age, affecting older adults' daily living and threatening their ability to age in place. Baltes and Baltes' Theory of Selective Optimization with Compensation (SOC), a developmental model of adaptation for successful aging, was used to guide this secondary analysis study of the mobility adaptations used by community-dwelling older adults. The primary qualitative descriptive study used in-depth interviews to understand weakness and aging from the perspective of older adults (n=15). The use of adaptation strategies to preserve mobility in countering a self-identity of being weak was a recurring theme that prompted a secondary analysis using the SOC model. Findings revealed that older adults used the adaptive strategies of selection, optimization and compensation, singularly and in combination, across the spectrum of mobility behaviors. Optimization was used to the greatest extent followed by compensation and selection appearing with about equal frequency. Multiple factors influenced older adults' mobility adaptations; factors such as mobility goals and desire for control exerted influence across adaptation types while other factors influenced specific mobility adaptations. The SOC model offers a framework for profiling older adults' agency and motivations in meeting mobility challenges and provides the basis for targeted interventions to maximize their mobility.

P23

Assessing the Travel Behaviour Challenges of an Ageing Population Using 20 years of Travel Surveys/ Identification des défis reliés à la mobilité changeante d'une population vieillissante

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With the increasing proportion of elderly people in our communities, it is important to assure an improved fit between their travel needs and the various transportation services. This research benefits from the availability of large-scale travel surveys conducted in the Greater Montreal Area over a 20 year period (5 surveys from 1987 to 2008). With their 5% sampling rate, they allow to conduct cohort-based analysis and examine the evolution of travel behaviours trough space and time. This research aims to analyse this evolution and identify related transportation planning challenges. Current results show that elderly people tend to disperse over space at a higher rate than the rest of the people, now locating in neighbourhoods where transit services are less efficient. Analysis also show that nowadays elderly have higher access to cars; the number of car trips is also higher as well as kilometres travelled. There is also a decrease of non-mobility. The changing behaviours of elderly have impacts both at the individual (incapacity to drive, physical limitation) and collective level (necessity to adapt transit service, develop specific routes, safety problems). This research will help identify the significant changes occurring and their impacts on transportation planning.

P24

A Tale of Seniors' Mobility in Two Cities: Glimpses into How Networked Selves Consider Their Changing (Auto)mobility, Coping Strategies and Reconfigurations in Mississauga (Ontario, Canada) and Århus

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With age comes the potential for issues which make driving a challenge or no longer safe or physically possible, thereby shrinking motility (Kaufmann 2002). This brings seniors to a point where they may have to make decisions such as self-regulating their driving activity, deciding to stop driving all together, having the decision made for them and possibly changing their home setting. At the same time seniors may be implementing 'mobile with' arrangements (Jensen 2010) where seniors lean on the motility of someone else to address needs. In tandem or alternatively seniors may be utilizing 'mobile other' arrangements where seniors rely on others altering their mobility to address needs and compensate for their relative immobility. The paper will present glimpses into the findings of qualitative research conducted with seniors in Mississauga and Århus during the Spring of 2010. In addition, the paper and presentation will relate these findings to a proposed theoretical frame for examining later life (auto)mobility in jeopardy, that has been developed utilizing concepts from the 'mobility turn', together with notions of the 'networked self', extensions of the self and knowledge from the fields of gerontology, geography, planning, sociology, disabilities and science and technology studies.

P25

FEV1 Predicts Muscle Strength in Healthy Postmenopausal Women

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Introduction: The loss of muscle strength with normal aging (dynapenia) has been shown to be a predictor of decline in mobility and mortality. Several markers have shown to be linked with muscle strength. The aim of this study was to determine the best clinical predictors of muscle strength in healthy postmenopausal women. Methods: Seventy-four postmenopausal women were recruited. A stepwise multiple linear regression analysis was performed to identify predictors of muscle strength. Independent variables considered in the model for muscle strength were BMI, WC, FM, SM, FEV1, VO2peak, number of steps and protein intake. Results: FEV1 explained 30% of the variance in muscle strength expressed in kg ($p \leq 0{,}001$). Daily protein intake and FEV1 explained 42% of the variance of strength expressed in kg/BW ($p \leq 0{,}001$). SM and FEV1 explained 28% of the variance of muscle strength expressed in kg/SM ($p = 0{,}001$). Protein intake and FEV1 explained 22% of the variance of muscle strength expressed in kg/LBM ($p = 0{,}043$). Conclusion: Independently of the unit used, FEV1 was systematically one of the two factors predicting muscle strength. FEV1 could be a good predictor of muscle strength. FEV1 should be considered to detect dynapenic women and prevent frailty.

P26

Evolution of Subjective Memory Complaint in Individuals With Mild Cognitive Impairment

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Subjective memory complaint is central to the defining criteria of mild cognitive impairment (MCI). However, there is no consensus in the literature as to its nature and evolution. The present study was designed to measure the evolution of subjective complaint in a group of persons with MCI using the Self-Evaluation Questionnaire (QAM), the French version of Multifactorial Memory Questionnaire and the Cognitive Failure Questionnaire, three questionnaires that were used to reflect different aspects of memory complaint. 36 persons with MCI and 42 healthy older adults were used as participants. They completed the three questionnaires at study entry and 12 months later. Results indicate that individuals with MCI report more memory complaints than controls. This difference is maintained after the 12-month follow-up but there is no significant increase in the magnitude of the complaint. Scores on each of the three questionnaires are significantly correlated, which suggests that those questionnaires may reflect a single construct. These results suggest that persons with MCI report more memory complaints than healthy older controls. Subjective complaint is an important parameter in characterizing MCI. IRSC.

P27

Cognitive Impairment in Independent Elderly Patients Treated for Minor Injury in the Emergency Department

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The objective was to document cognitive functioning in independent elders treated in the emergency department (ED) for minor injuries (e.g.,fractures, lacerations) and discharged back to the community. The sample was composed of 180 persons 65 years and older, independent in ADLs admitted to the ED of three trauma centres (Montreal, Ottawa, Québec) for minor injury and discharged home within 48 hours. Cognition was evaluated by research nurses within 72 hours with the Montreal Cognitive Assessment (MoCA), and at 3 and 6 months post-ED visit. Mean MoCA scores were respectively 22.6(SD=4.3; n=180), 24.6(SD=4.1; n=105), and 23.5(SD=4.3; n=54). The proportions of individuals scoring below the cut-off for mild cognitive impairment (<26) were 71.1%, 50.9% and 50.0% respectively. The improvement in MoCA scores from the ED visit to the 3 and 6 months follow-ups was statistically significant ($p<.001$) thereby suggesting that cognitive measures are sensitive to the short-term effects of injury. Nonetheless, this data suggests that at least half of independent elders discharged home after a minor injury have some level of impairment in cognition. Although good recovery is expected for most patients, minor trauma may represent either a cause or a sentinel event for detecting underlying functional or cognitive decline. Funded by CIHR.

P28

Auto-évaluation de la conduite, test sur route et niveau de fonctionnement cognitif chez les âgés

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Le vieillissement, qu'il soit normal ou pathologique, a une incidence importante sur la sécurité routière. Si certains automobilistes âgés ont recours à des stratégies d'adaptation pour compenser le déclin cognitif lié à l'âge et ainsi éviter les effets négatifs sur la conduite, il semble qu'une auto-évaluation adéquate des capacités à conduire soit cruciale pour que les ajustements à la conduite puissent être instaurés. Or, cette auto-critique peut être déficiente chez les personnes présentant une démence. L'objectif de l'étude est de comparer la performance de conduite et l'auto-évaluation d'automobilistes âgés en fonction de leur niveau de fonctionnement cognitif. Trois groupes ont été comparés (sans trouble cognitif (N=18), troubles cognitifs légers (N=13), démence (N=10)) au moyen d'un test sur route et de mesures d'auto-évaluation des capacités à conduire. Les résultats ne montrent pas de différence entre les groupes sur l'auto-évaluation des capacités à conduire, pas plus que sur le résultat au test sur route. Dans cette étude, le niveau de fonctionnement cognitif ne semble donc pas influencer la performance routière ou l'auto-évaluation des capacités à conduire. Les résultats sont discutés à la lumière des limites de l'étude (outils utilisés et taille de l'échantillon). (Subventionné par Société Alzheimer Canada)

P29

A MEG Study of Residual Semantic Processing in a Case of Semantic Dementia

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Semantic memory concerns general world knowledge, including the meaning of words and concepts. Recent theoretical models suggest the anterior temporal lobes (ATL) as a key anatomical region underlying the processing of semantic information at an abstract and amodal level. This model is based largely on the observation of predominant atrophy of the ATLs in semantic dementia (SD), a neurodegenerative condition known to wipe out semantic memory. Despite the well-documented pattern of semantic decline and atrophy in this condition, little is known about the brain regions that are associated with preserved semantic abilities in SD. In the current study, we asked one SD patient and healthy age-matched controls to take part in a magnetoencephalography (MEG) study during which they completed a semantic decision task. In spite of similar performance at the behavioural level, MEG analyses revealed significant differences between the SD patient and controls in cortical activation related to semantic processing in the left ATL and in the right centroparietal region. More specifically, the left ATL was hypo activated while the right centroparietal region was hyper activated. These differences may reflect the fact that other regions part of a semantic network may help compensate ATL atrophy in SD when general semantic processing is still possible.

P30

Canadian Dementia Cohort Study - Preliminary Results

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Decision-makers from health authorities in Calgary, Edmonton and Ottawa have teamed up with researchers and clinicians to conduct a multi-centered, three-year cohort study into care for dementia, patient and caregiver's quality of life, and their experiences during periods of significant transition such as first external support requirement for IADL or ADL, driving cessation, or relocation. Study participants include seniors who have received a diagnosis of Alzheimer's disease, vascular dementia or mixed dementia, not living in nursing home; and their primary caregivers. 300 patient and caregiver dyads (100 from each city) will be recruited. Participants are contacted by telephone every month to identify the presence of transitions, upon which an interview is carried out to investigate participants' experiences and attitudes towards it. Every six months, validated questionnaires investigating cognitive, physical, emotional and social functioning will be conducted. This presentation will describe early data from the cohort - current accrual at 49 dyads. The mean age of patient is 79.2 years and of caregiver is 63.3 years. There are 41% male patients and 34% male caregivers. At baseline, the patient's mean scores of QoL-AD, CSDD, MoCA and DAD is 39.3, 4.3, 17.4 and 75% respectively, and the caregiver's mean CBI score is 19.1. There are no significant differences in participants' characteristics and scores among three cities.

P31

The Impact of Semantic Dementia on Everyday Living: Two Case Studies

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It is generally accepted that semantic dementia (SD), a degenerative disease characterized by loss of knowledge about the world, has little impact on activities of daily living (ADLs) within the first years of progression. However, few studies have explored the impact of SD on ADLs. This study compares the functional profile of two SD subjects to ten normal controls (NC), tested in their home on the "preparing a hot meal" task of the "IADL Profile" [Bottari et al., 2009, Brain Injury, 23, 322-335]. Subjects were informed that they had unknowingly invited two guests for lunch and that they should prepare to receive them. Their performance was analysed considering four operations related to problem solving: formulate a goal, plan, carry out, and verify attainment of goal. Level of independence was rated for each of these operations (4-independent, 3-independent with difficulty, 2-assistance, 0-dependent). SD patients had significant difficulties (SD mean scores: 1.4 and 1.5; NC average mean score: 3.5; $ps < .01$) and needed assistance for planning, executing and verifying attainment of the task goal. These results suggest that SD has more impact on ADLs than what is currently recognized and could lead to the development of interventions targeted to this population.

P32

Antécédents aux comportements agressifs physiques (CAP) chez les personnes âgées démentes

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La présence de troubles de comportements, dont l'agressivité, est monnaie courante chez les personnes âgées démentes en CHSLD. La présente recherche a pour objectif de déterminer la contribution de l'environnement physique et social dans l'apparition des comportements agressifs physiques (CAP) des patients atteints de démence. Pendant 4 semaines, 15 résidents d'un CHSLD ont été observés en temps réel pour un total de 18 heures. Les résidents ont émis 330 CAP. Les observations ont été soumises à des analyses séquentielles. Les résultats ont démontré que 8 des 20 variables étudiées ont une relation positive significative avec les CAP, notamment l'assistance lors des AVQ, lors des repas, le fait d'entrer dans un lieu peu fréquenté par le résident, la présence de stimuli verbaux et la cessation de ceux-ci, le fait d'être touché ou de cesser d'être touché et la fin d'un CAP. Ces résultats soutiennent le rôle de l'environnement dans la manifestation des CAP. Dans le but d'améliorer la qualité de vie des personnes souffrant de démence et de créer un environnement de travail plus sain pour les soignants, des recherches davantage spécifiques et complètes seront nécessaires.

P33

Substitute Consent for Dementia Research: Opinions of Older Canadians

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In dementia research, potential participants often lack the capacity to provide informed consent. We elicited the opinions of older Canadians regarding a proxy deciding about their participation in research. A postal questionnaire was sent to a random sample of older adults from four provinces. Hypothetical scenarios involved four types of proxies (non-assigned, designated in a healthcare advance directive with or without instructions regarding research participation, and legally authorized). A fifth scenario asked the respondent to imagine him/herself unable to make decisions with no one assigned to make these decisions. For each scenario, opinions regarding substitute consent were gathered for studies with different risk-benefit ratios. Two percent of the respondents felt a proxy should never decide. For studies involving little or no risk and potential personal benefits, almost 90% of the respondents felt comfortable with substitute consent by a designated or legally authorized proxy while 80% were at ease with a non-assigned proxy. For studies involving serious risks with greater potential personal benefits, 11 - 23% felt comfortable with proxy consent. A large majority of older Canadians feel at ease with proxy consent in many situations. Their opinion varies more with the risk-benefit ratio than with the type of proxy.

P34

Perspective of Vascular Dementia in Patients With Moderate Cognitive Impairment

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Introduction: Frequency of poststroke dementia is high and stroke considerably increases the risk of dementia. Poststroke dementia and poststroke cognitive impairment are important causes of cognitive decline in the elderly. The risk factors for dementia related to stroke are still incompletely understood. The goal of the present study was to examine a series of putative risk factors of poststroke dementia, especially those factors associated with cerebrovascular disease. Methods: 128 patietns with Poststroke vascular dementia, 46 man and 82 female, with mean age 64,9±4,6 years (range: 50-79 years) have been studied. The control group was 125 patients with poststroke moderate cognitive impairment, 70 female and 55 men, with mean age62,4±3,9 years (range: 50-79 years). Baseline medical, neurological, neuropsychiatric assessments and MRI-investigation were done for all patients. Results: Arterial hypertension was significant risk factor for patients aged from 50-79. A coronary heart disease and hyperlipidemia were significant risk factors for patients aged from 50-59; coronary heart disease, diabetes mellitus were significant risk factors for aged from 60-69, hyperlipidemia was significant risk factor for aged from 70-79. In accordance with MRI-results, the stroke-related factors were cerebral infarction in left hemisphere, frontal and temporo-occipital infarction, thalamic, basal ganglion; cerebral white-matter lesions. The control examination was performed for group patients with poststroke cognitive impairment after 3-years. So, during 3-years in 26 patients (20,8%) with moderate cognitive impairment the MMSE summary point was less than 24 point, consequently, the mild dementia was diagnosed for these patients and arterial hypertension, coronary heart disease, hyperlipidemia and diabetes mellitus were significant risk factors for these patients with dementia. Conclusion: Cognitive decline is common after stroke. Better knowledge of the risk factors for poststroke vascular dementia should increase the effectiveness of preventive strategies in patients with poststroke cognitive impairment in order to avoid of dementia progression.

P35

Type 2 Diabetes and Hypertension Contribute to Greater Decline in Global Cognitive Function Over 4 Years in Older Adults With the Metabolic Syndrome: The NuAbe Study

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Background: Increasing Canadian prevalence of the metabolic syndrome (MeS) may associate with greater prevalence of cognitive disorders as each MeS component is an independent risk factor for cognitive decline and dementia. Objectives: We assessed the association between MeS, or its components, and global cognitive function over four years in a cohort of cognitively intact elderly men and women (N=1,553) aged 67-84. We further assessed whether age modified these associations. Methods: The presence of MeS and its components was assessed at baseline through self-report, medication usage, and physiologic measures. The Modified Mini-Mental State (3MS) exam was administered annually over four years. Results: Controlling for all covariates (ps>0.1), having MeS was not associated with greater rates of 3MS decline (p=0.11). Nevertheless, having a greater number of MeS components (p=0.061), particularly hypertension (p=0.002) and type 2 diabetes (T2DM; p=0.018) all associated with greater 3MS decline in those with the MeS. These associations were confined to the youngest participants (67-72yrs at baseline) and not observed in the older age groups (73-77 and 78-84). Conclusions: The presence of hypertension and T2DM associate with greater rates of global cognitive decline, particularly in younger seniors with metabolic syndrome. (Funding: CIHR).

P36

The Driving and Dementia Toolkit for Persons With Dementia and Caregivers

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Background: Dementia negatively affects the ability to drive safely, self-regulate driving behaviours, plan for the eventual driving cessation, and cope with the consequences. Family caregivers often play a key role in identifying safety risks, reinforcing driving decisions, and meeting the transportation needs of persons with dementia (PWD). Objective: This poster presentation describes an evidence-based and comprehensive Toolkit for PWD and their caregivers. It is a companion toolkit to the “Driving and Dementia Toolkit for Health Professionals”. Methods: The Toolkit was developed by an interdisciplinary team of professionals, based on comprehensive review of the literature, focus groups with patients and caregivers, as well as the authors’ collaborative research. Results: The poster identifies the educational, decisional and instrumental support needs of PWD who drive and their caregivers. Some of the themes covered in the workbook are as follows: a) what is the impact of dementia on driving safety and what are the warning signs, b) how to make the right decisions, c) what emotions to expect and how to respond, d) how to build social support to meet the transportation needs of the PWD. Conclusion: This Toolkit is a valuable resource for PWD and their caregivers.

■ P37

Influence du vieillissement sur la réorganisation cérébrale dans la compréhension du discours : apport de l'imagerie optique

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Au cours du vieillissement, des modifications dans la compréhension du discours ont été rapportées et diverses études suggèrent une réorganisation cérébrale. Cette étude a pour but d'évaluer l'influence de l'âge lors d'une tâche de compréhension du discours à l'aide de l'imagerie optique. Comme première hypothèse, en divisant la compréhension du discours en niveaux, il est attendu que les participants jeunes auront plus de bonnes réponses au niveau des micropropositions et des macropropositions que les participants âgés, mais des performances équivalentes au niveau du modèle de situation. Deuxièmement, il est attendu que les réseaux neuronaux utilisés lors de la compréhension du discours subiront une réorganisation cérébrale lors du vieillissement. Trente-deux participants ont pris part à cette étude : 16 jeunes adultes et 16 adultes âgés. Alors que les participants étaient sous enregistrement en imagerie optique au niveau du cortex préfrontal (CPF), ils ont lu des courtes histoires chacune suivie d'une phrase et devaient décider si elle était en accord ou non avec la précédente histoire. Les résultats ne montrent aucune différence entre les groupes au niveau de l'exactitude des réponses, contrairement à la littérature. Le CPF a davantage été activé par les adultes âgés comparativement aux jeunes adultes, témoignant d'une réorganisation cérébrale.

■ P38

Predicting Trajectory of Cognitive Change in Patients With Mild Cognitive Impairment

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This study sought to identify individual items/subtests of the MMSE and demographic variables at baseline that predict the trajectory of cognitive change among patients with Mild Cognitive Impairment (MCI). 187 MCI patients were evaluated serially with the Mini-Mental State Exam (MMSE) for up to 3.5 years. Group-based trajectory analysis identified five trajectories with distinct cognitive change patterns: High-stable (6.4%); Mild-impaired-stable (53.9%); Intermediate-impaired-slow-decline (23.8%); Low-slow-decline (11.6%); Intermediate-impaired-fast-decline (4.2%). Multinomial logistic regression identified baseline variables (age, the MMSE score, date of the MMSE and its subtest of orientation to time, attention) were significant predictors for different trajectories of cognitive decline. Binary logistic regression was conducted to differentiate two combined groups: "Decline" and "Stable" groups following trajectories of cognitive decline or stability. Results indicated that baseline variables (age, the MMSE score, orientation to time, attention) were associated with further cognitive decline. An equation including these variables had high predictive accuracy for predicting cognitive decline (AUC, sensitivity, specificity, positive and negative predictive value of 84%, 86%, 70%, 63% and 90%, respectively). Identification of varying trajectories of cognitive change in MCI and predictors of cognitive decline from easily obtained clinical information can help tailor early interventions aimed at delaying the onset or slowing the progression of dementia.

■ P39

Compliance to Antidepressants Among Quebec Elderly Population

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Objectives: Patient behavior regarding antidepressant treatment had become an important concern since their action was found to be compliance-dependent. This study aimed to develop a measure of compliance and to assess factors associated with better compliance in the elderly population. Method: Data came from a representative sample (n=2494) of Quebec's community-dwelling elderly population who participated in a survey on mental health and health services use (ESA survey). Individual data on antidepressant use was obtained from the Quebec's pharmaceutical services register. A wash-out period of 180 days was used to identify new users. Results: Near 17% of respondents used antidepressant during the study. Four models were developed to describe antidepressant compliance among new users. These models were evaluating a mean compliance between 53% and 55%. Gender was the strongest factor associated to better compliance. Conclusion: Results from this study can help to better understand the adherence problematic in the elderly population and its associated methodological challenges. From a clinical perspective, it can help to better identify strategies to improve compliance to antidepressants. This study was supported by the Canadian Institutes of Health Research (CIHR), the Fonds de la Recherche en Santé du Québec (FRSQ) and the Conseil du Médicament du Québec.

■ P40

Journey Through a Rural Health System After Hip Fracture: A Qualitative Study of Hand Off to Hand Off

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A hip fracture marks the beginning of a sudden and unplanned journey through the health care system for many older adults, often with deleterious outcomes. Hip fracture care is evolving in Ontario, with a new provincial model of care being implemented. Patients typically experience transitions through several care environments during the course of their recovery, as their care is handed off by numerous health care professionals. While health care providers strive to make the journey smooth and seamless, it can become fragmented and chaotic if gaps in communication and information flow occur. This study examined care transitions and the associated care hand offs experienced by older patients following a hip fracture in rural south western Ontario, Canada. Through an ethnographic approach, semi-structured interviews, observation and document review were completed with patients, family caregivers and health care providers at each stage of the recovery journey. Findings showed that the discharge destination, level of recovery and available family support affected how care hand offs were planned and completed by health care providers and experienced by patients and family caregivers. Moreover, rural patients on this journey may not have access to the variety of rehabilitative care environments available in more urban settings.

P41

Brain Infarcts and Cognitive Function in Alzheimer's Disease: A Systematic Review

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The contribution of cardiovascular disease to the development of Alzheimer's disease (AD) is increasingly recognized. Brain infarcts (pathologic evidence of strokes) are an important type of vascular pathology that may accelerate the progression of dementia in individuals with AD. Objectives: The main objective was to assess how the presence of brain infarcts in AD affects dementia severity and cognitive function. Significant characteristics of brain infarcts (location, size, and volume) were also examined. Methods: Systematic literature review using the PubMed database. Results: Brain infarcts increased the odds of dementia in addition to the likelihood of AD pathology. Cognitive domains, such as episodic memory, semantic memory, working memory, and verbal fluency, were more significantly affected in individuals with AD when brain infarcts were also present. Infarcts were commonly located in the basal ganglia, thalamus, or deep white matter in individuals with AD. Conclusions: In addition to increasing the risk of developing AD, brain infarcts play an important role in cognitive decline among individuals who have already developed AD. Strategies to prevent strokes (including those that are clinically silent) are important additions to interventions to reduce the risk of developing AD and to slow cognitive decline in individuals with AD.

P42

Early-Life Influences on the Development of Alzheimer Disease: A Systematic Review

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Background: Alzheimer disease (AD) is a current and future public health concern. Evidence suggests that the origins of AD precede its clinical onset by decades, implying early-life influences may play a role in AD etiology. This review focused on the impact of experiences in early life on the risk of developing clinical AD (i.e., AD symptoms) and AD neuropathology in late life. Methods: Systematic literature review using PubMed and PsycINFO databases. Results: Low educational attainment, low household socioeconomic status, manual paternal occupation, rural residence, and poor linguistic ability were all early-life factors significantly associated with the development of clinical AD. The effects of some factors were modified by other variables, such as the genetic risk factor, apolipoprotein E4. Poor linguistic ability and early-life lead exposure were associated with the development of AD neuropathology. Conclusions: Early-life risk factors significantly influence the development of AD. Discriminating risk factors for development of clinical AD from those for AD neuropathology can clarify predictors of brain reserve (i.e., AD neuropathology in the absence of clinical AD). Recognition of the contribution of early-life factors to late-life disease can provide clues to the etiology of AD and support for early-life interventions to reduce future late-life disease.

P43

Family Caregivers' Contribution to Knowledge Exchange During Transitions Following a Patient's Hip Fracture

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Despite the frequency of patient transitions between and within healthcare settings following hip surgery, little is known about how to guarantee that the right personal health information is collected and made easily available, and interpretable, for those who need it. This presentation will reveal the contribution that family caregivers make to the knowledge exchange between patients, health care providers, and caregivers at transition points in their care journey. An ethnographic approach that included semi-structured interviews, participant observations, and document reviews was utilized to examine the transfer and exchange of knowledge with 10 caregivers in acute care, at discharge, in home, and long term care settings. Thematic analysis revealed that caregivers contribute experiential knowledge about the patient. Even more benefit was seen in situations where caregivers had a good understanding of the health care system. Those without caregivers were at a noticeable disadvantage. The findings reveal the importance of meaningful involvement of caregivers as equal partners in care and targeting those without family caregivers as they are most vulnerable to not having their care needs addressed and slipping through the cracks.

P44

Understanding the Role of Health System Navigators for Older Persons With Chronic Diseases

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Transitions between various health care services are potential points for fragmented care, and can be confusing and complex for patients and formal and informal caregivers. These challenges are compounded for older adults with chronic disease, as they receive care from multiple health care providers in multiple care settings. Patient navigation has been suggested as an innovative strategy to address these challenges. While a number of patient navigation models have been developed, there is a lack of consensus regarding the desired characteristics of this role. We conducted a systematic review to describe existing patient navigator models relevant to chronic disease management for older adults and to investigate the potential impact of each model. Relevant literature was identified using three electronic databases - PubMed, CINAHL, and the Cochrane database. Two independent reviewers abstracted data using a standardized form that focused on study methods and the components and effectiveness of each model. This review provides some evidence that integrated and coordinated care guided by a patient navigator model is beneficial for older adults. There is a need to further clarify and standardize the definition of patient navigation, as well as a need for additional research to assess the effectiveness of different approaches.

■ P45 *(Abstract withdrawn / Abrégé retiré)*

The Clinical and Economic Impact Attributable to the Inappropriate Prescription of Benzodiazepines in the Elderly Living in the Community

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Aim: The purpose of this study is to describe health service use and related costs associated with potentially inappropriate prescriptions (PIP) of benzodiazepines (BZD) in the elderly. Method: The cohort consisted of respondents of the ESA study (n=2798) (Étude sur la santé des aînés, 2006), a representative sample of Quebec's community-dwelling elderly (>65 years of age). Multivariate regression analyses were carried out to assess the influence of PIP of BZD on health service use and costs in the elderly controlling for various individual factors and heath care system factors. Results: 32% of participants reported using BZD in the past year and 53.3% had PIP. Factors associated with PIP included: age, availability of health services, number of prescribers and pharmacies. Higher outpatient costs (_ =232.87, CI95%: 137.67-328.07) and hospitalization costs (_ =1108.89, CI95%: 424.25-1793.53) were observed for participants with the presence of PIP of BZD. Conclusion: Using both administrative and survey data, this study provides new data that will help decision makers better understand the clinical and economical impact associated with the inappropriate prescriptions of BZD. These PIP are associated with increased health service use which translate into higher health care costs.

■ P46

Eye Disease and Life Space in Older Adults

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Purpose : To evaluate the mobility of older patients with age-related macular degeneration (AMD), glaucoma, or Fuch's corneal dystrophy compared to a control group with good vision. Methods: 200 patients ages 65 and older were recruited from Hôpital Maisonneuve-Rosemont (Montreal) in one of four groups: glaucoma (n=66), AMD (n=46), Fuchs (n=37) and controls (n=51). AMD and Fuch's patients had to have visual acuity worse than 6/12 in the better eye, while glaucoma patients had to have bilateral disease and visual field mean deviation worse than -10dB in the worse eye. Participants answered questions on life space using the Life Space Assessment. The composite life space score ranges from 0-120. Linear regression was used to adjust for age, gender, cognitive status, depression, and comorbidity. Results : All 3 groups with eye disease had worse life space than controls after adjustment for other demographic and health factors (AMD patients, _= -16.6, P=0.001; Fuch's patients, _= -11.0, P=0.017; glaucoma patients, _= -9.3, P=0.019). Conclusion : Our results suggest that eye diseases restrain the mobility of older people. Given the importance of mobility to independence, it is important to further explore the impact of mobility loss on this population and to consider potential interventions.

■ P47

Exercise Interventions as Fall Prevention in Saskatchewan Long-Term Care Facilities

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Introduction: Exercise programs have been shown to be effective at reducing fall risk and incidence for older adults, and evidence suggests that these programs should be included as part of multifactorial fall prevention initiatives. However, the extent to which exercise programs have been integrated into the daily care of long-term care (LTC) residents is mostly unknown. Methods: Seventy-nine directors of care of Saskatchewan LTC facilities, representing 11 regional health authorities, were interviewed by phone as part of a broader study on falls prevention. Results: Sixty-five facilities (82.3%) reported current use of exercise-based interventions. Most exercise programs focussed on the improvement of functional mobility and strength. However, only 27 (41.5%) reported that the primary goal of these interventions was to reduce falls, and most (69.0%) had not assessed whether or not fall incidence had decreased as a result. Conclusion: Alhough exercise programs were common in LTC facilities, they were not used to their full potential as a fall prevention tool. Development of further policy and education regarding the importance of exercise to fall prevention as well as evaluation of the efficacy of existing programs may be crucial to maximizing benefits of exercise for this population.

■ P48

Using a Performance Measurement Scale to Assess the Quality of Care Transitions for MSK Rehabilitation Patients

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Care transitions are a high-risk period for care quality and patient safety (Coleman, 2003; Forster et al., 2003; Picker Institute 1999; van Walraven et al., 2004). Patients who have complex care needs and undergo treatment from multiple care settings may be at a greater risk for poor care transitions (Coleman et al., 2004). Using quantitative performance measurement scales is one method to assess the quality of care transitions and identify areas for improvement. The current study evaluated the practicality and usefulness of the Care Transitions Measure (CTM; Coleman et al., 2005), among a high-risk, medically complex population of older adults with musculoskeletal disorders, following discharge from an inpatient rehabilitation unit. The CTM proved to be feasible to administer over the telephone, however the range of response options was a concern for many participants as they felt a dichotomous response option would be more meaningful than the current four point Likert scale. The results reflected that most participants were satisfied with their transition quality; however some areas in need of improvement were identified. This research supports efforts to improve processes for care transitions, and to continue to refine methods for assessing their quality. Recommendations and challenges are discussed-Funded by CIHR.

P49

Contribution to the Validation of an Adapted Screening Tool for Community Nurses: The RFEM

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Community visiting nurses practicing in Ontario presently do not have a valid and reliable tool to detect elder mistreatment risk, a first step in the prevention of this growing phenomenon. The purpose of this study was to adapt and contribute to the validation of a screening tool, the « expanded Indicators of Abuse » (Cohen et al., 2006) using experts in elder mistreatment and nurses caring for community dwelling elders and their natural caregivers in northeastern Ontario. The two psychometric properties evaluated were content validity and inter-rater reliability. Firstly, three rounds of Delphi review led to the deletion of 5 of the original e-IOA items and the addition of 10 new items resulting in a 95 item instrument. Overall, 61% of the original items were revised for clarity, representativeness and comprehensiveness. The adaptation is now entitled the "Risk Factors of Elder Mistreatment" screening tool (RFEM). Secondly, the study of inter-rater reliability by community nurses resulted in elevated agreement for 67 of the 95 (71%) sub indicators based on the Kendall coefficient of concordance W. Despite limitations which include a small sample and a paper scenario design, this study contributes to professional practice of community nurses and their isolated elderly clients.

P50

Decision Making for the Receipt of Influenza Vaccination in Community-Dwelling Older Adults

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The seasonal influenza vaccine is recommended for all individuals 65 years and over in Canada. In Canada, between August 2009 and March 2010 there have been 38,980 cases of influenza confirmed. Approximately 20% of older adults in Canada fail to get vaccinated. The objective of this study was to explore the factors that influence community dwelling older adults in deciding to accept or refuse the seasonal influenza vaccine. The Health Belief Model, Theory of Planned Behaviour and Life Course Theory were three theoretical frameworks which guided the study. We conducted six focus groups among 35 community dwelling older adults in London, Ontario. Participants were individuals over 65 years of age, fluent in English, without cognitive impairment and living independently in the community. Some participants had received the vaccine previously whereas others had not. The poster reports preliminary results about facilitators and barriers that influence decision making of older adults on influenza vaccine receipt, with special focus on the beliefs and dispositions that impacted the decision-making process.

P51

Using Orem's Self-Care Model of Nursing to Guide the Provision of Care for Persons With Alzheimer's Disease

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Using Orem's Self-Care Model of Nursing to Guide the Provision of Care for Persons with Alzheimer's Disease By: Lindsay L. Sykes,1 Meghan Sweeney,1 Karen Sangalang,1 Kevin Tan,1 Sarah Romero ,1 and Carole-Lynne Le Navenec MN, PhD,2 . 1 Student Nurses, Faculty of Nursing, University of Calgary, Calgary, AB T2N 1N4 2 Associate Professor, Faculty of Nursing, University of Calgary, Calgary, AB T2N1N4 Abstract The purpose of this paper is to provide an overview of how the authors applied Dorothea Orem's Self-care conceptual framework to the nursing care process of a hypothetical client (whose pseudonym is Ally) who was diagnosed as having Alzheimer's disease. The authors found that Orem's conceptual model was an effective, and relatively easy to use framework for providing quality nursing care and for enhancing the quality of life for this client. Keywords: Persons with Alzheimer's disease; Nursing care, Orem's self-care deficit theory Lindsay L. Sykes, BN student c/o Dr C. Le Navenec, Faculty of Nursing, PF 2260 University of Calgary 2500 University Dr NW, Calgary, AB, T2N 1N4 Tel: (403) 220-6269, Fax: (403) 284-4803 Email: Lindsay Sykes llsykes@ucalgary.ca Conflict of Interest: None to declare. Word Count: Abstract:82; PART ONE :2239 Number of Appendix: 2

P52

Terminology and Definitions of Aging in Canada: A Literature Review / Terminologie et définitions du vieillissement au Canada : revue de littérature

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The objective of this literature review was to identify the terminology and definitions of aging used in the Canadian context. Selected government publications and scholarly peer-reviewed articles, retrieved via Google search engine, PubMed and Cinhal databases between September 2009 and March 2010, were identified related to terms and definitions of aging used in Canada. As a result, 5 key terms of aging were identified across Canadian literature: (1) Healthy aging, mostly used and defined in government publications and some research articles; (2) Successful aging, mostly investigated by researchers based on either aging conceptual frameworks or perceptions and views from seniors; (3) Aging well, briefly defined in one government publication, while associated factors or indicators of aging well were focused on in research; (4) Positive aging, briefly acknowledged and defined in government publications; (5) Active aging, only acknowledged but not defined in one government publication. In conclusion, various terms and definitions of aging are used in the Canadian context. Consequently, there is a need for a consistent terminology of aging to facilitate dialogue among all stakeholders, as well as, to foster a meaningful integration of knowledge, practice, and policy and program planning in the field of Aging.

P53

Does Pain Affect the Quality of Life for Older Adults With Disability in Canada?

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Pain has the ability to snatch one's "Golden Years" by decreasing an individual's quality of life and limiting functional ability. As life expectancy increases the prevalence of pain and chronic pain also increases. Currently 25.4 percent of older adults in Canada experience chronic pain or discomfort which increases to 28.7 percent among those 75 years and over (Statistics Canada, 2001). The overall aim of this research is to assess if the presence of pain has a negative impact of the quality of life among the older adult disabled population in Canada. Data came from the Participation and Activity Limitations Survey (PALS) 2006 (n=38,839 ;age ≥ 15 years; response rate 73.9%). Only those individuals 55 years of age ≥ will be evaluated in the current research for statistical power and to be in accordance with prior research (n=12,189; response rate 65.1%). The respondents included in PALS 2006 were those reported "yes" to one of the two disability filter questions on the 2006 Census of Population questionnaire. PALS 2006 began with a disability identification module with two disability filter questions and a series of detailed questions regarding activity limitations. The results found that the prevalence of pain is common. Following adjusting for sociodemographic factors and severity of disability, pain was associated with poor quality of life. The presence of pain has been shown to affect aspects of daily living and the ability to be independent. Therefore, there is clear link between pain and disability.

P54

Social Interactions and Wellbeing in the Oldest Old - Lessons Learned From Daily Life Assessments

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Introduction: Social relationships are closely linked with wellbeing and health throughout the lifespan, but the underlying mechanisms are not well understood. This study compares the role of age and future time-perspective in predicting the number and quality of daily social interactions and emotional experiences as older adults engage in their typical daily life routines. Methods: We use one-week time-sampling data from a subsample (N=82) of the Berlin Aging Study with an average age of 82 years (range = 72 - 97 years). Results: First analyses show that age and future time-perspective are only moderately correlated in the present sample (r = .29) suggesting that they capture overlapping but different pieces of information. Importantly, participants who were older tended to engage in fewer daily social activities whereas participants who perceived their future to be limited reported more daily life conflicts. Interestingly, the number of social activities was unrelated to daily emotional experiences. Daily social conflicts, in contrast, were associated with elevated concurrent negative affect and lower positive affect. Conclusion: Findings are in line with the lifespan developmental literature, which suggests that age and future time perspective play a different role in regulating social relationships and wellbeing in old age.

P55

Exploring the Nature of Adult Stepchild – Older Adult Stepfather Relationships in Canadian Families

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This small qualitative study (N=4) aimed to provide insight into the lived experiences of stepfamilies across the life course, in a caregiving context. The study found that the ways, and timing, in which a family transitions into a stepfamily is important to the type of later-life relationship that develops between stepchildren and and their stepparents. Related to the decision to care is the quality of the step-relationship, as reflected by the degree to which the adult stepchild sees their older stepparent as a good person with favourable personality traits. Perhaps most importantly, the findings were able to work toward illuminating the ways in which later-life caregiving relationships interact with a variety of other family relationships, both those which are currently existing and those which have been truncated. In sum, findings from this exploratory study have indicated that stepchildren do face unique challenges related to caregiving for their older stepfathers. However they have also developed unique ways of counteracting such situations, and have established methods to make sense of their experiences and families in a society that tends to either ignore or label stepfamilies in negative terms.

P56

Évaluation des effets de la formation de la Fédération québécoise du loisir en institution dans les résidences privées pour les personnes âgées.

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La qualité de vie en milieu d'hébergement est une question préoccupante. Une formation a été développée par la Fédération québécoise de loisir en institution pour soutenir la qualité de vie par la création d'un environnement favorable au loisir et à l'activité physique. Cette étude vise à évaluer les effets de cette formation. Les objectifs étaient: 1) identifier les éléments retenus; 2) identifier les changements apportés ou planifiés; 3) identifier les facteurs facilitant ou limitant la mise en place de changements. Un devis à mesure unique a été utilisé. La population à l'étude était les propriétaires de petites et moyennes résidences privées ayant suivi la formation en Mauricie ou en Montérégie. Huit propriétaires ont été choisis par choix raisonné selon la région et la grosseur de l'établissement. Des entrevues semi-structurées centrées ont été conduites. Elles étaient enregistrées et le verbatim transcrit La méthode d'analyse qualitative de Miles et Huberman (2003) a été utilisée. Les résultas mis en relief les changements apportés ou planifiés en plus de documenter les éléments pouvant faciliter ou limiter la mise en œuvre de tels changements. Cette recherche apporte des connaissances pour le développement d'interventions en vue de l'amélioration de la qualité de vie des milieux d'hébergement.

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Contributions of Older Adults: Stakeholder Perspectives

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Although many different researchers refer to contributions in their research regarding older adults, the concept is never clearly defined. A working definition of contribution that includes the specialized knowledge of researchers, as well as the experiences of stakeholder groups, will enhance our understanding of the role contributions play in older adults' lives, and our communities, economy, and society. Using focus group data from four stakeholder groups (older adults, caregivers to older adults, practitioners, and policy makers), the concept of contribution was explored. Transcripts from group interviews were content analysed, and then further content analysis was conducted across focus groups to further abstract the data. Themes that emerged across groups were: balance (caring for yourself to care for others, reciprocity, voluntary vs. involuntary contributions); creating betterment (giving something of yourself to benefit another person or group, doing what you can to help others); community involvement (belonging to a group increases or creates individual contributions); and that contributions are automatic (they have always been there, part of how society functions). This thesis project is based on data collected from focus groups conducted in 2006, as part of HCIC (Hidden Costs/Invisible Contributions) research program which was funded largely by the Social Sciences and Humanities Research Council.

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Predicting the Housing Preferences and Expectations of Older Canadians With Unmet Housing Needs

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Nova Scotia has the second highest proportion of older adults and the second highest proportion of individuals living in core housing need in Canada, as defined by the Canadian Mortgage and Housing Corporation. This study was designed to understand what dwelling, health and mobility, financial, and demographic characteristics are influencing the future housing preferences and expectations of older adults who experience, or who are at risk of experiencing unmet housing needs and which, if any, factors predict the congruence of their future housing decisions. Preliminary findings from the secondary analysis of the Atlantic Seniors Housing Research Alliance's survey (n=1704) indicate that the incidence of core housing need may be higher among older adults in Atlantic Canada than originally reported by CMHC. The study also tests the prevalence of two additional housing need criteria, accessibility/function, and safety to inform a new definition of core housing need specific to older adults. The study investigates the housing decisions of older adults to determine what enables them to make congruent housing choices for their future. The project demonstrates that there is a need to reevaluate the current definition of core housing need for older adults to capture the true gaps between needs and environment.

P59

The Experiences and Friendship Networks of Older Gay Men in Rural Canada

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In the last decade, the experiences of lesbian, gay, bisexual and transgender (LGBT) seniors have started to gain significant recognition as a legitimate topic of research. Still, the majority of LGBT research to date focuses on younger demographics or those living in large metropolitan centres, with little to no published academic work representing LGBT seniors in rural Canada. As the first wave of Baby Boomers begins turning 65 in the next few years, the number of people considered LGBT seniors in Canada will increase substantially. LGBT seniors face unique challenges as they often experience multiple forms of compounding discrimination including ageism, homophobia and heterosexism. While friendship networks have been recognized as fundamental to the social needs of LGBT persons who may experience ostracism from their biological families, they are thought to be of particular importance to LGBT seniors given their highly marginalized status. This project aims to explore the friendship networks and experiences of older gay men in rural Canada using open-ended, person-centred interviews and narrative analysis. Since very little is known about the health and social service needs of this population, the exploratory nature of this objective may prove useful in outlining specific areas of future research.

P60

A Model for Organizational Change in Long Term Care to Improve Implementation of Palliative Care Delivery

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The poster will illustrate a comparative case study of two long term care homes in Northern Ontario. A Community capacity development model will be applied to assess and predict each home's capacity to change in order to provide a higher quality of palliative care. Each home will be treated as an individual case. Data were collected over the fall and winter 2009-10 using participatory action methodology. The organizational capacity assessment uses the following data: surveys, interviews, and focus groups with residents, families and LTC Staff (personal support workers, Registered Nurses, administrators etc.). The data analysis will assess each home's current antecedent conditions for change and determine the assets and barriers concerning organizational change specific to the development and delivery of palliative care programs. The conceptual frameworks for analysis will include the Palliative Care Capacity Development Model created by Dr. Mary Lou Kelley and the Square of Care and Organization outlined by the Canadian Hospice Palliative Care Association which outlines the processes and domains of holistic palliative care. This thesis research will be a sub-study arising from Dr. Mary Lou Kelley's SSHRC-funded Community University Research Alliance (CURA) grant named "Improving Quality of Life of People Dying in Long Term Care."

P61

Unpacking the Phenomenon of Social Isolation Through the Unique Experiences of Autonomous Older Adults Living in Social Housing

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Policies and programs aimed at combating social isolation for community residing older adults are commonplace. Strikingly, these policies and programs are based on a body of literature that largely excludes the voices of older adults. Understanding how older adults perceive, experience and respond to social isolation is important if current policies and programs aim to better meet their needs. This qualitative phenomenological study sought to fill this gap in the literature by exploring how six older adults perceived and managed their social isolation. All participants resided in a rent-geared-to income complex in Montreal and all were identified as socially isolated by their service providers. The study revealed that older adults actively protect themselves from social isolation by engaging in purposeful activities within their homes and housing communities, and by engaging in low-risk social interactions. Policy and practice implications emerging from these findings include the significance of critically examining notions of aging well and the potential importance of fostering safe common spaces within housing facilities.

P62

Silent Partners in Care: Assessing Care Transitions for Caregivers of Hip Fracture and Stroke Patients

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Transitions between care settings often involve a sudden shift in care provision from the formal health care team to an informal caregiver. These care transitions can be especially challenging for informal caregivers of older patients – these caregivers are often older themselves and may have their own health concerns. While quantitative performance measurement scales exist to assess the success of transitions from a patient perspective, there is a lack of research focusing on the needs of informal caregivers during transitional care following a medical crisis. To gain a better understanding of the role and needs of informal caregivers in these situations, semi-structured interviews were conducted with home care case managers and with informal caregivers of hip fracture or stroke patients discharged from hospital to home. Using grounded theory analysis, a candidate list of items for a novel caregiver measure of transitional care was developed and compared to existing frameworks. Considerable agreement in several domains of caregiver needs was found, including needs for emotional, informational, financial, and direct care support. Assessing the needs of caregivers in conjunction with patient needs may help to develop strategies to improve care coordination across the continuum of care.

P63

Recommendations of Family Medicine Residents and Family Physicians on Dementia Education

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Dementia diagnosis and management is increasing in importance in primary care and in the training of future family physicians. However, there has been relatively little research on the development of dementia medical education. An evaluation of a dementia education program for family medicine residents was conducted in Kitchener, Ontario. As part of the evaluation, five family medicine residents were individually interviewed regarding suggestions for improving dementia education. This was complemented by a focus group conducted with five family physicians that had been identified as leaders in dementia care by an independent research project. The aim of the focus group was to generate recommendations for the improvement of dementia education for family medicine residents. Data from the interviews and focus group were transcribed verbatim and analyzed for common themes. The themes which emerged were: dementia as an undertrained area in medical education; providing trainees with broader experiences beyond traditional primary care; the importance of early exposure to positive experiences; and the incorporation of interprofessional experiences. The recommendations derived from this research may be of interest to dementia and geriatric educators and can serve to strengthen the training provided to future family physicians.

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Alzheimer Caregivers: Exploration of Hardiness and Personhood as Key Variables Impacting the Caregiving Experience

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Introduction: Heterogeneity of caregiver circumstances, experiences, resources and responses to the demands of caregiving requires the attention of healthcare providers. Hypothesis: Exploration of personal hardiness and perception of personhood may enhance healthcare provider understanding of variables impacting the experience and outcomes for both the caregiver and the individual with Alzheimer's disease. Objectives: Improved understanding of variables that may influence the experience may facilitate improved clinical evaluation, intervention, outcomes and quality of life for the dyad. Methods: Qualitative study utilizing a phenomenological approach. Purposeful sampling to recruit participants. Semi-structured interview will be tape recorded and transcribed. DeGroot's Interpretative Theoretic Model Construction will provide the framework to explore, analyze, classify and explain conceptual relationships arising from data collection. Interview questions will be reviewed by an expert panel to confirm face validity with original hardiness and personhood instruments. Themes and conceptual relationships arising from the data analysis will be confirmed by an expert panel. Potential Significance: Increased understanding of these variables may fuel health care providers to include hardiness and personhood in assessment protocol, thereby the flag opportunity to provide caregiver education and support thus potentially improve the caregiving experience and outcome. Funding Source: Royal Bank - Alzhiemer Research Funding

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Perspectives on Cognitive Components Predictive of Occupational Competence in Dementia: A Delphi Survey of Canadian OTs

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Introduction: Occupational therapy in dementia care often involves assessment to predict competence to perform occupations necessary for safe and independent community living (occupational competence). Considering the cognitive changes that occur with dementia, the construct of cognitive competence is a key consideration, yet there is a gap in the literature examining the relationship between cognitive competence and occupational competence. Objectives: To develop a consensus statement of Canadian occupational therapists regarding the components of cognitive competence that are most essential to predict occupational competence in people with dementia. Methods: A Delphi survey of three rounds was administered in English and French electronically to 118 Canadian OTs with at least 2 years experience in dementia care. Results: The consensus statement outlines the cognitive components the sample defined as essential to determine cognitive competence to predict occupational competence, identifying a diverse range of cognitive skills ranging from memory and attention to safety awareness and mental flexibility. Conclusions: This contributes to evidence on which to base practice regarding the assessment of occupational competence of people with dementia and provides a framework to evaluate the validity of existing measures. The use of the Delphi method provided an opportunity for knowledge exchange amongst OTs with expertise in dementia care. Acknowledgement: CIHR IA-St. Joseph's Health Care, London', Fellowship in Aging, Veterans and Dementia.

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Is Cortisol a Predictor of Progression to Alzheimer's Disease in Individuals With Mild Cognitive Impairment?

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Patients with Alzheimer's disease (AD) secrete more cortisol (a stress hormone) than healthy elderly individuals. People with Mild Cognitive Impairment (MCI), who also secrete more cortisol than healthy elderly individuals, are at an increased risk for developing AD. However, since not all MCI individuals progress to AD, determining which persons will develop AD becomes an important objective. The specific goal of this study was to evaluate whether cortisol levels measured in MCI contribute to a predictive model of AD. Salivary samples were collected one day in May at cohort entry in 59 MCI recruited at the memory clinic of the Jewish General Hospital. All participants were followed-up annually until 2006 to distinguish MCI progressors (MCIp) from non-progressors (MCInp). A prediction model was built using a backward stepwise logistic regression. The final model comprised age, APOe4 status, hippocampal volume and cortisol [AUC (95% CI) = 0.86 (0.76-0.96)]. Hippocampal volume measurement was the only independent variable that predicted progression to AD ($p<0.05$). Lower cortisol, though not an independent factor ($p=0.08$), contributed significantly to the model [AUC without cortisol (95% CI) = 0.77 (0.62-0.91)]. It is therefore possible that cortisol is an indirect measure of an explicative variable not measured in this study.

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Successful Aging: Multi-Causal Influences of Functionality

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Objectives:The search for reliable early indicators of age-related functional decline represents a critical avenue in aging research. Chronological age is a commonly used developmental index; however it offers little insight into the causal mechanisms underlying age-related changes in functional ability. In contrast, biological age (BioAge), as measured using biological and physiological indicators, represents a promising means of operationalizing developmental time as it highlights potential causal influences underlying late-life changes in functioning. Methods: In the present study, 331 community-dwelling individuals (aged 64-93 years), were followed for 6 years. Results: We show that limitations in cognitive and physiological functioning are both related to an increased difficulty in performing activities of daily living. In addition, we investigate how markers of BioAge (e.g. pulmonary and vascular health), and cognition (i.e., crystallized and fluid intelligence) predict other functional outcomes (e.g., health status, social connection, instrumental activities of daily living). Conclusion: We conclude that more complex and multidisciplinary models are essential to better understand why some individuals age more successfully than others, and to determine the multi-causal influences guiding age-related change. This research could help inform public health policies targeted toward those at risk for age-related functional impairments. Funding: CIHR and the Alzheimer Society of Canada

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Apport de vitamine K chez les personnes âgées en santé (Étude NuAge) : une analyse de la composition de la variance

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Contexte: Bien que la vitamine K fasse l'objet d'un nombre croissant d'études épidémiologiques en regard de son rôle sur la santé des personnes vieillissantes, les facteurs qui contribuent à la variation des apports de vitamine K demeurent méconnus. Méthode: Deux séries de trois rappels alimentaires de 24-h ont été analysées chez 939 participants de 67-82 ans de la cohorte québécoise NuAge. La structure de la variance des apports de vitamine K de même que les facteurs intraindividuels qui y sont associés ont été étudiés à l'aide d'une modélisation multiniveau. Résultats: Chez une même personne, l'apport de vitamine K varie grandement d'un jour à l'autre; la variance intra-individuelle étant trois fois supérieure à la variance interindividuelle. L'apport de vitamine K est plus élevé du lundi au vendredi en comparaison à la fin de semaine. De même, l'apport est plus élevé de mai à octobre, un effet saisonnier qui s'estompe chez les individus ayant une consommation élevée de vitamine K. Perspectives: Ces nouveaux résultats seront utiles à la planification d'études épidémiologiques et contribueront à la compréhension des habitudes alimentaires des personnes âgées en regard de la vitamine K. L'étude a été financée par les Instituts de recherche en santé du Canada.

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A Systematic Review of Interventions to Improve Oral Health of Elderly in Long-Term Care

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Mouthcare contributes to oral health for elderly residents of long-term care (LTC), however mouthcare is often inadequate and in some cases, non-existent. Given increasing evidence of associations between oral diseases and respiratory disease, heart disease, and diabetes, mouthcare takes on greater importance. This systematic review aimed to identify which interventions were most effective for improving oral health for residents of LTC facilities. A comprehensive search strategy was applied to ten electronic databases. Hand searching was conducted. 673 abstracts were screened, and 43 studies retrieved for further review. Four randomized controlled trials met inclusion criteria. Quality assessment indicated one study was high quality, two were moderate, and one was weak. Three studies investigated educational interventions, and one studied an occupational therapy intervention. Two similar educational interventions were effective; the other, which used a pyramidal or train-the-trainer approach, was not. The occupational therapy intervention to increase functional ability for self-care had limited effectiveness. This review suggests some support for educational interventions to improve the oral health of elderly residents of long-term care. Only one of the four studies was high quality, thus these findings need to be interpreted with caution. Further research is needed.

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Concentrations plasmatiques des organochlorés chez les personnes âgées du Canada

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La présente étude vise à décrire pour la première fois les concentrations plasmatiques des polychlorobiphényles (PCB) et pesticides organochlorés chez les 65 ans et plus à partir de la banque de sang de l'Étude sur la santé et le vieillissement au Canada (1991/92-2001/02) sur les déterminants de la démence. Ainsi, 27 organochlorés ont été dosés dans 2023 échantillons dont 1979 (64% de femmes) étaient disponibles à des fins d'analyses descriptives. Les médianes du PCB 153 et du p,p'-dichlorodiphenyldichloroethane (p,p'-DDE) sont respectivement de 71 ng/g lipide (Q1-Q3, 47-103) et 565 ng/g lipide (282-1904) chez les hommes, et de 75 ng/g lipide (52-110) et 828 ng/g lipide (399-1566) chez les femmes. Ces médianes sont plus élevées chez les 85 ans et plus comparativement aux groupes plus jeunes. Les médianes en milieu urbain et rural sont sensiblement égales dans le cas du PCB 153. En milieu urbain, le p'p'-DDE présente une médiane plus élevée. Le ratio p,p'-DDT/p,p'-DDE de 0.02 suggère l'absence d'une exposition au p,p'-DDT dans les années précédant les prélèvements. Ces mesures seront comparées à celles de l'Enquête nationale américaine de santé et de nutrition (NHANES) et feront l'objet d'une analyse du risque associé aux atteintes cognitives et à la démence. Financement : Fonds de la Recherche en Santé du Québec (FRSQ), Canadian Institutes of Health Research (CIHR), Alzheimer Society of Canada (ASC) et Canadian Dementia Knowledge Translation (CDKT).

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Les facteurs explicatifs de l'observance thérapeutique chez les sujets diabétiques âgés au Québec

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Objectifs: - Évaluer l'observance thérapeutique chez les aînés ayant le diabète et de problèmes mentaux au Québec. Méthodologie. Il s'agit d'une étude longitudinale. Les données proviendront des participants à l'Enquête de Santé des Aînés (es) ESA réalisée entre l'année 2005 et 2008 auprès la population québécoise francophone âgé de 65 ans et plus et vivant à domicile. Critères d'inclusion : tous les individus assurés par la RAMQ ayant une ordonnance de médicament oral pour le diabète et ayant une période de suivi de 2 ans à partir de la date index (date de la première prescription). Mesure d'observation thérapeutique : mesure d'acquisition continue du médicament (catégorisé en quatre périodes de 6 mois chacun). Facteurs prédisposant : l'âge, le sexe, le revenu et le statut marital ; facteurs facilitant : le lieu de résidence et le soutien social ; Statut de santé : santé mentale et physique (mesuré par l'index de comorbidité de Charlson). Stratégie de l'analyse: un modèle d'analyse de changement de l'observance thérapeutique (« latent growth curve analysis ») a été réalisé avec le logiciel LISREL 8.0 Résultats préliminaires: démontrent une diminution de l'observance thérapeutique dans les deux ans de suivi. Source de financement : FRSQ et IRSC

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Strategies Employed by Health Professionals to Manage Conflict in Day-To-Day Dementia Care

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Persons with dementia make up a significant proportion of long-term care populations in North America. Behavioural and psychological symptoms of dementia (BPSD), including calling out, wandering, and repeated questioning, are common in this population. BPSD are often disruptive or unsafe; however, attempts to manage these behaviours sometimes result in conflict or escalation of the behaviour. Several interventions, including improved pain management and individualized activity scheduling, have been proposed to prevent BPSD, and studies of these interventions show promising results. We were interested in identifying a range of preventive strategies employed regularly by health professionals to manage BPSD and to minimize conflict with residents who have dementia. To learn more, we examined transcripts from a series of focus groups and interviews with long-term care facility staff. Using thematic content analysis, we identified seven strategies used to prevent BPSD (e.g., ensuring that a patient has adequate pain control) and six additional strategies used to prevent conflict (e.g., leaving the room when a patient refuses care, and inquiring again later). We discuss these strategies with references to theoretical models and clinical approaches relevant to person-centered care. Saskatchewan Health Research Foundation provided funding for this study. Paulette Hunter is supported through funding from Canadian Institutes of Health Research.

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Effects of Dietary Interventions on the Anterior Pituitary and Hypothalamic Transcriptome

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Introduction: Several theories have been proposed to explain the aging process including the free radical, DNA damage, telomeres shortening and neuroendocrine hypothesis. Long-term moderate caloric restriction (CR) is recognized as a powerful intervention to prevent or delay the decline of physiological functions, such as somatopause, and the appearance of age-related diseases. The quality of dietary protein could also influence these parameters. Objective: This study was designed to examine the effects of long term dietary interventions on the regulation of mRNA levels in two important structures controlling the somatotroph axis: the anterior pituitary and the hypothalamus. Methods and materials: The Gene chip rat genome 230 2.0 array (Affymetrix) was used to study the effects of aging, CR and/or substitution of casein for soy, as the source of dietary protein. Gene expression profiling was performed in the anterior pituitary and hypothalamus of 20-month-old male rats, fed ad-libitum (AL) with casein or soy compared with age-matched animals submitted to a CR (casein or soy) since 8 months of age and 2 month-old AL casein-fed rats. Results: In the anterior pituitary, 377 genes were significantly regulated by aging (> 1.5- fold change, p <0.05). They were mainly involved in transcription, G-protein coupled receptor-intracellular signaling, cell cycle, oxidation/reduction, apoptosis, DNA repair, adhesion and proliferation. Major effects of CR were observed for a set of 58 genes. Several of them were up-regulated by aging and down-regulated by CR suggesting a beneficial effect of CR on age-related gene expression. Moreover, 14 genes regulated by aging were normalized by CR. In the hypothalamus, 73 genes were affected by aging and important effects of CR were seen for 12 genes. The highest categories were related to intracellular signaling, cell adhesion, apoptosis and exocytosis. In contrast, substitution of casein for soy induced a very modest gene regulation in both tissues. Conclusion: These results should help to identify some mechanisms underlying the beneficial effects of CR on the hypothalamo-pituitary axis and design new dietary or pharmacological interventions to favor healthy aging. Supported by CIHR, Fonds de la Recherche en Santé du Québec and the Quebec Network for Research on Aging.

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Rasch Analyses of the Activities-Specific Balance Confidence Scale With Individuals With Lower Limb Amputations

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Balance confidence is the confidence individuals have in performing daily activities without losing their balance. Studies show it influences social role participation, therefore, accurate measurement of balance confidence is important to many patient populations. The Activities-specific Balance Confidence (ABC) scale was completed by 448 individuals, >50 years, with a major lower-limb amputation, had a prosthesis >6 months, recruited from two outpatient amputee clinics in Ontario, Canada. ABC scores were converted to a simpler five-option response format for use with older adults. Rasch analyses were then used to estimate the difficulty of items relative to both the balance confidence continuum and respondents' confidence levels, and estimate the standard error of measurement and reliability at each point along the confidence continuum. Results indicated that the respondents' balance confidence levels were low, and the ABC-scale lacks content assessing high levels of confidence and has the most content representation assessing low confidence. The scale was found to measure lower confidence levels with higher reliability (0.94 vs 75) and less error (0.27 vs 0.40) than higher levels of confidence. The scale would benefit by adding content to assess high levels of confidence, however, it is a reliable and valid measure of balance confidence to use with older individuals with a lower-limb amputation.

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Using Hermeneutic Phenomenology to Investigate Factors Responsible for the Attainment of Advanced Longevity as Perceived by Centenarians

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Longevity and successful aging have been historically coveted desires. From the "Fountain of Youth" to the "legend of Shangri-La" people have been fascinated by the quest for immortality for centuries. This research investigated factors associated with the attainment of advanced longevity from the perspective of actual centenarians. The hermeneutic phenomenological study design flows directly from the research question and goal of this project which is to investigate what important factors are perceived by centenarians as central to their attainment of advanced longevity. Written transcripts and audio and video interviews were collected from twenty centenarians ranging in age from 100 to 122. The four themes elucidated and described included: 1) Lifestyle choices, 2) Community and Environment, 3) Goal Setting and Attainment, and 4) Attitude towards life. No consensus was found between themes from this qualitative analysis and the four major themes elucidated in a literature review from quantitative data sources: 1) Biological factors, 2) Family Components, 3) Survival from Extrinsic Elements, and 4) Delaying, Escaping, or Surviving Age-Associated Illnesses. Future research should include further qualitative analysis utilizing primary interviews of centenarians and mixed methods studies designed to bridge the gap between the current qualitative and quantitative research findings.

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A Cross-Sectional Comparison of Physical Activity Behaviours in Older Adults Who Do and Do Not Use a Wheelchair and the Associated Impacts on Perceived Health

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Physical activity (PA) as a health promotion modality is underused and may have health benefits for older adult wheelchair users. Currently, there is no documentation for this population. PA behaviours of older adult wheelchair users were compared to non-wheelchair users and the associated risk factors for poorer perceived health were examined. The Canadian Community Health Survey cycle 3.1 data from 6194 adults aged 65 years and older was used. PA behaviour was assessed through sums of frequencies of PA and leisure-time PA, while a single question provided insight on perceived health. Other variables included wheelchair use (n=133), age, sex, marital status, body mass index, education, tobacco use, and alcohol consumption. Logistic regression analyses suggested that wheelchair use was a risk factor for decreased PA and leisure-time PA (OR=11.21 and 8.6 respectively, $p<0.001$). 32% of wheelchair users reported good-excellent perceived health, of which, 3% and 25% participated in PA and leisure-time PA respectively. Wheelchair use (OR=2.55,$p<0.001$) was a risk factor for poorer perceived health, while PA (OR=0.56,$p<0.001$) and leisure-time PA (OR= 0.54,$p<0.001$) were protective factors for better perceived health. This study highlights the need for PA promotion for older adult wheelchair users. This may lead to improvement in perceived health.

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Prevalence and Predictive Factors of Wheelchair Seating Need Among Long Term Residents

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Long term care residents are at risk for a poorly fitted wheelchair. A comprehensive wheelchair assessment can effectively promote wheeled mobility and function while reducing the risk of adverse effects such as pressure ulcers in older adults. Existing studies are limited because they usually sample from a single nursing home without a systematic measure to capture need, and virtually no studies investigate predictive variables. A descriptive cross-sectional study was conducted with 265 residents from 11 nursing homes in metropolitan Vancouver to estimate the prevalence and identify predictors of need for seating intervention. A battery of measures related to health, mobility, and function consistent with the Human, Activities and Assistive Technology (HAAT) conceptual model was administered. The overall prevalence of need for assessment was 58.2% (CI 46.5 – 69.9). Stepwise regression analysis identified three predictive variables accounting for 15.6% of variability in need: lower scores on the Functional Independence Measure Motor subscale (r2 = .061); higher rating of pain interfering with activities (r2 = .053); and lower occupational therapist-to-resident ratio in the facility (r2 = .041). The need for comprehensive seating assessment is substantial and variables related to human, activity, and contextual factors, particularly occupational therapy staffing, were important in predicting need.

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A Meta-Analysis of Experimental Aging Self-Stereotype Priming Effects

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Evidence has shown that aging self-stereotypes influence several health, illness, and behavioural outcomes in later life; however, a direct comparison of the effects of positive versus negative aging self-stereotypes has not yet been made. PsycINFO was used to search for articles that resulted in 105 articles, of which seven were applicable. From these articles, means, standard errors, and other relevant data were extracted for 52 dependent measures: 27 were manipulated with negative age primes and 25 with positive age primes. Independent samples ANOVA tests were used. Results showed that effects of negative priming were almost three times larger than that of positive priming ($F(1, 43) = 7.17$, $p = .01$). This effect was not moderated by prime awareness (implicit/explicit) or discipline of study (memory/motor/physiological/social). For effect variability, a two-way interaction between prime awareness and prime valence (positive/negative) was found ($F(1,9) = 6.81$, $p = .03$). Specifically, negative implicit and positive explicit primes displayed less variation than positive implicit and negative explicit primes, respectfully. Findings show that compared to positive aging self-stereotyping, negative aging self-stereotyping has a stronger influence on important outcomes in later life; however, positive explicit age self-stereotyping appears to result in more specific stereotyped outcomes. Funding: SSHRC Doctoral Fellowship

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Cognition and Audition: The Influence of Working Memory on Listening Effort

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Objective: Research has shown that measures which tap a combination of processing and storage capacity of working memory predict reading and listening comprehension. Our purpose is 1) to determine to what extent capacity (span size) vs. processing (alpha recall) contributes to the individual differences in listening effort, and 2) to determine if the relationship between working memory measures and listening effort changes with age. Listening effort involves the attention and cognitive resources required to understand speech. Method: We used a dual task paradigm to objectively evaluate the listening effort of 25 young and 25 older adults with normal hearing ability. The primary task involved a closed-set sentence-recognition test and the secondary task involved a vibro-tactile pattern recognition test. Working memory was assessed using an oral and reading version of the Alpha Span. Results: Using sequential regression analyses, beyond age, significant proportions of variance in listening effort were accounted for by capacity (i.e., oral span size) for young adults and processing (i.e., reading version of alpha recall) for older adults. Conclusions: Our results suggest older adults expend more listening effort than young adults. In turn, age influences how domain specific working memory measures of capacity and processing relate to listening effort.

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Functional Mechanisms Underlying Executive Function in Younger and Older Adults: An EEG Coherence Study

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The neuronal mechanisms underlying executive functions (EF) are not well understood with less known about how EF are affected by normal aging. This study used electroencephalogram coherence to examine the neural correlates that support EF as a function of age. Twenty young adults (YA) and 20 older adults (OA) completed computer-based executive tasks while electrical brain activity was measured with coherence calculated between electrodes. A neuropsychological battery was also administered testing executive and non-executive abilities. Preliminary analyses (YA n = 10; OA n = 10) revealed several group differences in neuropsychological performance. OA performed similarly to YA on behavioural measures but with slower reaction times. Results showed larger coherence between frontoparietal electrodes while performing EF tasks versus control conditions with no group differences. Correlations were found between coherence and neuropsychological measures but none were found between coherence and behavioural performance. Results add support for the distributed network theory emphasizing functional neuronal connections in supporting EF. No support for the compensatory mechanism was found.

■ P81

Les antécédents environnementaux associés aux comportements agressifs physiques observés chez des résidents âgés atteints de démence en CHSLD

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Une brève description des objectifs visés L'apparition de comportements agressifs physiques (CAP) chez les personnes souffrantes de démence est le facteur le plus associé à leur entrée en institution spécialisée. La présente recherche a pour but de déterminer, parmi certaines conditions environnementales, celles qui présentent la probabilité la plus significative de précéder des CAP chez des résidents âgés atteints de démence. La méthode suivie L'échantillon était composé de 14 résidents ayant un diagnostic de démence probable. Ils ont été observés pendant 20 périodes de 55 minutes, pour un total de 18 heures au cours de quatre semaines. 189 CAP, d'une moyenne de 19 secondes, ont été observés, pour un total de 60 minutes des 257 heures totales d'observation. Les résultats obtenus Les CAP représentent 3 % des comportements enregistrés. Dans 60 % des cas, les CAP étaient dirigés vers un soignant professionnel, seulement 25 % d'entre eux étaient dirigés vers des objets. L'assistance lors des repas et celle lors des autres activités de la vie quotidienne, le retrait d'une contention physique ainsi que la fin d'un CAP ont une probabilité significative de précéder un CAP. Les conclusions Les résultats confirment que certaines activités dans lesquelles sont impliqués les résidents sont des antécédents immédiats aux CAP.

■ P82

Les personnes âgées avec troubles cognitifs légers (MCI) peuvent-elles améliorer leur contrôle attentionnel par l'entraînement cognitif? Une étude randomisée, en double aveugle, contrôlée versus place

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Objectif: Vérifier l'efficacité d'un entraînement cognitif du contrôle attentionnel chez des personnes âges avec troubles cognitifs légers, ou MCI (Mild Cognitive Impairment), sélectionnées pour leur atteinte exécutive. Puisque les déficits (exécutifs) de contrôle attentionnel apparaissent tôt dans la maladie et sous-tendent les difficultés rapportées dans les activités de la vie quotidienne, nous posons l'hypothèse qu'un entraînement visant cette fonction cognitive pourrait être bénéfique. Méthode: Vingt (20) MCI ont été aléatoirement assignés à deux groupes d'entraînement: Priorité fixe (PF) et Priorité variable (PV), dans lequel les participants doivent moduler leur contrôle attentionnel entre deux tâches visuo-motrices concurentes et ce, selon des priorités données. De plus, ces derniers reçoivent une rétroaction sur leur performance. Les participants sont évalués pré et post 6 sessions d'intervention à l'aide d'une batterie exhaustive comprenant questionnaires et mesurant la généralisation proximale et distale de l'entraînement. Résultats et conclusions: Les personnes âgées MCI conservent une certaine plasticité cérébrale et ce, malgré leurs déficits cognitifs. Le contrôle attentionnel peut être amélioré suite à un entraînement PV axé sur la division des ressources attentionnelles et comprenant une composante métacognitive. Toutefois, les résultats suggèrent peu d'effet de transfert ou de généralisation de l'entraînement à d'autres tâches d'attention. Financement: CRSNG, FRSQ, FORMSAV.

■ P83

Comorbidity of Anxiety Disorders and Physical Health Conditions in Older Adults Using a Nationally Representative Sample

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Background: It is unclear whether a relationship exists between anxiety and physical health conditions in older adults, who are highly susceptible to physical health problems and have a high rate of anxiety disorders. The current study is the first population–based examination of comorbid anxiety disorders and physical health conditions in older adults. Methods: Older adults (>55 years of age) from the Canadian Community Health Survey 1.2 (CCHS 1.2; n=12,792; response rate=77%) were used in the current study. Psychiatric disorders were assessed by trained lay interviewers using a modified version of the World Mental-Health Composite International Diagnostic Interview (WMH-CIDI) based on DSM-IV criteria. Physical health conditions were based on self-reports of having been diagnosed by a health professional. Multiple logistic regression models examined whether suffering from a physical health condition increased the likelihood of anxiety. Results: After adjusting for sociodemographic variables and Axis I mental disorders, the presence of allergies, multiple chemical sensitivities, cataracts, epilepsy, gastrointestinal disease, lung disease, arthritis, back pain, migraine, heart disease, chronic fatigue and endocrine disease was significantly and positively associated with "any anxiety disorder" (odds ratio range: 1.26-3.34). Conclusion: The current research suggests that older adults are susceptible to anxiety disorders when suffering from a physical health condition, particularly in the case of chronic and painful conditions. The present findings have important clinical implications for the large and growing numbers of older adults.

P84

Lonely but Happy: Can Positive Emotions Help to Reduce the Detrimental Effect That Being Lonely Has on Our Physical Well-Being?

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Emotional experiences such as loneliness can impact our bodies and our health. For example, among older adults, studies suggest a connection between being lonely and being less healthy and physically active. But what role do positive emotions play in our physical well-being? The present study tested the hypothesis developed by Fredrickson (1998) that positive emotions may serve to “undo” the detrimental effects of negative emotions. Participants ($N = 228$; M age = 83 years) were asked about their loneliness, positive emotions (e.g., happiness), and their physical activity. Multiple regression analyses revealed that both loneliness ($B = -.14$, $p < .05$) and positive emotions ($B = .27$, $p < .01$) were associated with physical activity. Moreover, a significant interaction was found between these two variables ($B = .12$, $p < .05$). For those who were less lonely or not lonely, positive emotions had little bearing on their physical activity levels. In contrast, for those who were more lonely, those who experienced greater positive emotions had higher physical activity levels than those with less positive emotions. Thus, results do appear to support Fredrickson’s hypothesis that positive emotions can buffer the detrimental effects of negative emotions.

P85

Prospective Association Between Diagnostic Depression and Marital Adjustment in Older Adults

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While previous research with young couples suggest a robust association between marital functioning and depression, few studies have a) focused on older adults, b) assessed the prospective association between these variables, and c) assessed diagnostic depression (instead of depressive symptoms). To address this shortcoming, data from a community-dwelling sample of older adults ($n = 844$, age ≥ 65) from Quebec were used to assess the 12-month prospective association between marital adjustment and diagnostic depression. Participants completed face-to-face, in-home interviews in French. Marital adjustment was evaluated with the Dyadic Adjustment Scale (Spanier, 1976) while the Diagnostic Questionnaire ESA (ESA-Q) was used to measure the 12-month prevalence of major and minor depressive episode as defined by DSM-IV criteria. Hierarchical regression analyses indicated that baseline marital adjustment predicted diagnostic depression at follow-up (_ = -.112, $p < .001$), while the inverse path was non-significant. The present results replicate what has been previously reported in other studies with younger samples. These findings suggest that the relation between diagnostic depression and marital adjustment is not bidirectional and that marital functioning plays a role in the occurrence of major and minor depression in older adults.

P86

Association Between Older Drivers’ Cognitive Workload and Driving Errors in a Driving Simulator

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It has been proposed that driving difficulties among older adults occur when the driving environment becomes complex, which, in turn, strain attentional resources and increase the opportunity for error. One method of capturing the difficulty associated with driving is through the cognitive workload approach. In this method participants complete a secondary task, known as peripheral detection task (PDT), while driving. The purpose of this study was to explore the relationship between cognitive workload and driving errors on a simulated assessment course. Given that greater cognitive load increases the opportunity for error, it is hypothesized that a significant positive correlation will exist between cognitive workload in complex driving environments and the number of errors committed in the simulator. A total of 112 participants belonging to three age groups (young, mid-aged, and older) completed a simulated assessment protocol during which driving errors were recorded. While participants drove, they responded to a series of 27 PDT, occurring at a variety of driving situations (e.g., left-turns, right-turns, driving straight, changing lanes, etc). Results indicated that the number of errors in the driving simulator correlated significantly with the cognitive workload while approaching an intersection and while driving in heavy traffic.

P87

Validation Study of Dyadic Adjustment Scale Among Community-Dwelling French Elderly Couples

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The Dyadic Adjustment Scale (DAS), elaborated by Spanier in 1976, is frequently used in marital practice by both clinician and researcher. This questionnaire is composed of 32 items subdivided in 4 subscales representing satisfaction, cohesion, consensus and expression of affection. Many clinicians and researchers used this questionnaire to have an overview of the marital satisfaction of their sample. Marital research among elderly couples is growing since the last years, but no validation study of the DAS among this population is already available at this moment. Considering this lack of information, the main purpose of this presentation is to describe the factor structures of the DAS among 508 French elderly couples. Confirmatory factor analysis is performed by using the structural equation modeling (LISREL VIII). Results indicate that this questionnaire show satisfactory construct validity and acceptable indices of reliability for this population, except for expression of affection subscale. However, some items appeared to not be relevant in this study for measuring marital satisfaction; it leads to questioning about their utility for this population. This study was supported by the Canadian Institutes of Health Research and the Fonds de la Recherche en Santé du Québec.

P88

Driving Performance Among Older Adults With Early Alzheimer's Disease (AD) and Early Lewy Body Dementia (DLB)

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Little is known about the specific cognitive impairments that may be the cause of the reported increased crash rate in individuals with early dementia. This study aimed to explore the degree of association between performance on a simulated driving task and performance on a neuropsychological test battery in individuals with early dementia. Fifty participants were recruited from three groups; 20 individuals diagnosed with early AD, 10 individuals diagnosed with early DLB and 20 healthy age-matched controls. All participants were administered the following neuropsychological tests: the Mini-Mental Status Exam (MMSE), the Dementia Rating Scale, the Test of Everyday Attention (TEA), the Visual Object and Space Perception Test (VOSP), the Boston Naming Test (BNT) and the Useful Field of View (UFOV). Additionally, a simulated driving task was completed, with data being collected through primary measures assessed by the simulator as well as an experimenter based assessment using the Manitoba Road Test. Preliminary results have confirmed that individuals with AD have significantly more attentional deficits whereas individuals with DLB have significantly more visuospatial impairments, both of which correlate significantly with simulated driving errors.

P89

Reliability and Validity of the Wheelchair Use Confidence Scale (WheelCon)

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Background and Purpose: The WheelCon was recently developed using qualitative interviews and a Delphi survey to measure confidence with manual wheelchair use. To continue with the validation of this new tool, the purpose of this study was to to assess the test-retest reliability, internal consistency, and construct validity of the WheelCon. Design: A one week test-retest design was conducted with 93 adult, community dwelling individuals who use a manual wheelchair as their primary means of mobility. Results: The mean age of the mostly male (68.4%) sample was 49.9±14.8 years. These individuals spent an average of 15.9±13.2 years using a wheelchair and scored a mean of 80.6 ±15.0 on the WheelCon. The test-retest intraclass correlation coefficient and Cronbach's alpha were 0.83 (0.76-0.88 CI) and 0.91 respectively. There were positive, moderate correlations between the WheelCon and the Wheelchair Skills Test and Wheelchair Skills Test – Questionnaire version (r = 0.55 and r = 0.64, p<.01 respectively) and a positive, fair correlation between the WheelCon and the Interpersonal Support Evaluation List (r = 0.22, p<.05). Age was negatively correlated with the WheelCon (r = - 0.22, p<.05). Conclusion: The WheelCon is a reliable, valid tool that can be used to measure confidence with manual wheelchair use.

P90

Contribution de la réalité virtuelle à l'identification de déficits cognitifs légers (MCI)

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Objectifs Par le biais d'études de cas et d'analyses statistiques de comparaison de moyennes, la présentation permettra de voir comment un environnement virtuel «ClinicaVR :Apartment» peut bonifier l'évaluation des fonctions attentionnelles et d'inhibition chez les personnes âgées dites «normales» ou présentant un MCI. Méthode Les participants sont des individus en bonne santé, âgés de 65 ans et plus, avec ou sans MCI. Les MCI sont identifiés selon les critères révisés de Petersen(2004). Deux séances ont eu lieu au CSSS du sud de Lanaudière où des tests neuropsychologiques et une tâche virtuelle leur ont été administrés. L'environnement simule un appartement où l'individu doit exécuter une tâche «Stroop» qui est présentée à l'écran du téléviseur, tout en résistant aux distractions environnementales (visuelles/sonores). Résultats Les résultats préliminaires soutiennent l'hypothèse que les participants MCI ont des résultats significativement inférieurs à ceux des participants sains à la tâche cognitive en RV. Conclusion Cette communication présente les avantages de la RV en termes de validité de la mesure et de représentativité du fonctionnement cognitif d'une personne âgée avec et sans MCI. Elle met en lumière l'importance de la RV comme nouvel outil servant au diagnostic précoce du MCI.

P91

Modèle décisionnel en triade de soins (patient âgé, proche-aidant et médecin) lors de décisions de traitement en soins palliatifs gérontologiques

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Objectif : Proposer un modèle de processus décisionnel en triade de soins (patient âgé, aidant et médecin) dans un contexte de soins palliatifs gérontologiques. Méthode : Dans cette étude multi cas, nous avons suivi trois triades en Maison de soins palliatifs et une en CHSLD sur une période de 9 à 14 jours. Nos résultats proviennent : d'entrevues individuelles (n=25) effectuées auprès des acteurs de la triade, d'enregistrements (n=28) et d'observations de rencontres médicales (n=25) entre les membres de la triade. L'analyse a été effectuée selon l'« explanation building » de Yin (2003). Résultats : Notre modèle triadique soutient que les acteurs sont premièrement influencés par des facteurs individuels et par leur niveau de participation attendu. Lors de la rencontre médicale, chaque acteur entre en relation selon son niveau de confiance, ce qui influence l'information qui sera transmisse et leur choix de stratégies communicationnelles. Les décisions découlant de la discussion entre les acteurs sont mises en application et réévaluées lors des rencontres subséquentes. Conclusion : Notre modèle guidera les médecins dans les éléments à explorer avec leur patient et leur proche aidant, ce qui permettra de mieux cerner les enjeux en cause et ainsi d'éviter les conflits.

P92

Nursing older adults: Integrating knowledge of aging into complex practice

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Objectives: Since nursing practice is frequently enacted by nurses who lack knowledge about old people, this study sought to examine how social interactions and dynamics within workplace settings influence how nurses learn and draw on their knowledge about older adults. Method: This grounded theory study examined the complex processes of nursing practice with hospitalized older adults. Purposeful and theoretical sampling was used to conduct observations and interviews of nurses who practice with hospitalized older people. Methods of constant comparison, theoretical sensitivity, theoretical sampling, and extensive memo writing were used in developing a theory about nursing practice with older adults. Results: Emerging findings reveal that nurses' ability to integrate knowledge about aging into their practice is mediated by complex issues such as personal and societal beliefs about aging and supports within the work environment. Conclusions: The complexities in practice environments influence what nurses see as important knowledge, as do nurses' and societal beliefs about aging. To improve nurses' knowledge and practice about an aging population, work places must provide a supportive environment for nurses, where older people are valued.

P93

Household Activities and Health Among Latino Elders With Cancer

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Since physical inactivity is a major factor relating to chronic illnesses affecting Hispanics, the quality of one's health assumes greater importance for vulnerable populations diagnosed with cancer. The purpose of this study was to examine the direct effects of leisure activities and specific household activities on mental and physical health among a group of older Latinos diagnosed with cancer. The study was conducted using data from the second wave of the Hispanic Established Populations for the Epidemiologic Studies of the Elderly (H-EPESE). We used a sub sample of 61 men and 108 women with a diagnosis of cancer (N = 169). We applied multiple regression analyses to examine the effects of leisure and household activities on four indicators of health: self-reported health, cutting down on activities, satisfaction with life, and depressive symptoms. The results indicated that leisure activity participation and especially heavy household activities were significantly related to self-reported health, cutting down on activities, and depressive symptoms. Implications for practice, policy and future research are discussed.

P94

Narrowing the Gap Between Self-Definitions and Theories Relevant to Successful Aging: The Manitoba Follow-up Study

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From 1996 to present, on up to eight measurement occasions, Manitoba Follow-Up Study (MFUS) researchers asked 1771 men (from a mean age of 76 years) for their narrative definitions of successful aging. Using a grounded-theory approach, 86 different successful aging themes emerged from more than 8,000 definitions. The 10 most frequently occurring themes were keeping active, being healthy, enjoying/having an interesting life, independence/autonomy, positive attitude, performing mental activities, being content/comfortable/satisfied with self, having a loving spouse, good family relationships, and good physical health. Gerontological researchers have recently devoted considerable attention to the conceptual and theoretical aspects of successful aging, resulting in the generation of many different theoretical frameworks. We chose eight theories relevant to successful aging that had primarily conceptual vs. empirical roots. Our objective was to determine how well the 86 MFUS themes mapped on to the eight theories. We found that the MFUS themes almost completely conceptually covered the eight theories. This evidence narrows the breadth of the perceived gap between self-definitions of successful aging and current theory in the field, bringing us one step closer to understanding the dynamic process of successful aging.

P95

Confidence and Driving Performance Among Older Adults

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Involvement in police reported crashes is projected to increase over the next several decades among Canadians aged 65 or older as they are expected to represent 23% of licensed drivers by 2031. Driving plays a pivotal role in the maintenance of personal mobility among this age group and is increasingly recognized as a quality of life issue. Little is known about the association between driving performance and confidence behind the wheel. An understanding of this association is important, as a belief in one's abilities is likely to have an impact on safe driving. Confidence in varied driving situations was assessed concurrently with on-road driving performance among a sample of 86 drivers aged 65 or older. While the correlations between confidence and driving performance (as represented by number of demerit points) ranged from -.71 to .73, the vast majority were weak or small. Findings suggest that confidence in driving ability bears little relationship to driving performance. Understanding the lack of relationship between confidence and driving performance may aid in the identification of older drivers who exhibit low confidence in the presence of good driving performance, thereby reducing unnecessary driving restriction or cessation and improving quality of life.

P96

A Longitudinal View of Current Care of Patients Following a Hip Fracture: Where Are the Gaps?

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Hip fractures are of public health concern for seniors. This study aims to identify gaps in care following hip fracture. Methods: The medical records of 81 randomly selected patients with hip-fracture (≥ 65 years) were reviewed to identify gaps and provide insight into the rest of the study. Additionally, 70 community-dwelling participants with osteoporotic hip-fracture are being recruited and evaluated on 1.5,3,6 and 12months post-discharge from acute-care. Results: In acute-care, there was no evidence that a fall-risk assessment was carried out; weight and height were missing in 65% of charts; walking capacity was not recorded and osteoporosis-medications were rarely prescribed. To date 25 patients have been recruited into the longitudinal study. Preliminary results at 3-months show a lack of adequate management of osteoporosis in 25%, major functional decline and poor quality of life in 60% of patients. For example, the Timed-up-and-Go test took an average of 26seconds (target <12sec.); 88% still had difficulty with stairs. Even at 6-months, 40% reported severe pain and the majority of patients remained below pre-fracture functional status. Conclusion: Despite the availability of clinical-guidelines for optimal care following hip-fractures, important care-gaps remain. Osteoporosis is still under-diagnosed and not adequately treated. A care path for hip fracture management is warranted.

P97

Predicting Hospitalizations Among Home Care Clients in Ontario

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Introduction: Hospitalization of older adults is associated with a high incidence of adverse physiologic outcomes, including: falls, functional decline, delirium, and death. In addition, many hospitalized older adult have poor administrative outcomes, including prolonged hospital stays, alternate level of care (ALC) designations, and nursing home placements. Given the considerable personal and heath care costs incurred, the need to prevent avoidable admissions is pressing. However, knowledge of specific measures to predict hospitalizations in home care is lacking. Methods: Census level RAI Home Care (HC) data and its associated applications are combined with administrative home care data in Ontario using time to event analysis. Results: Assessing the risk of hospitalization is possible. This presentation will explore predictors of hospitalizations based on scales and items embedded in the RAI HC. The predictors identified provide an avenue to mitigate the need for acute services in the community and can allow for better planning of transitions. Conclusions: Effective and timely use of limited resources is more likely when needs and risks are prioritized effectively. A. Costa is funded by CIHR.

P98

Recension des écrits sur l'utilisation des services de santé mentale par les personnes âgées au Québec

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Cette affiche vise à exposer un bilan des connaissances sur l'utilisation des services de santé mentale (USSM) par les personnes âgées. Elle résume les informations colligées à partir de 22 articles portant essentiellement sur USSM écrits entre 1973 et 2010. D'abord, ce texte présentera un état des lieux quant à l'USSM au États-Unis et au Québec principalement. Ensuite, le cadre conceptuel d'Anderson et Newman (1973) de USSM sera décrit. Ce dernier servira de base de référence pour présenter les principaux déterminants de l'USSM. Les résultats indiquent que les personnes âgées sous-utilisent les services de santé mentale. C'est-à-dire que ceux qui présentent des symptômes ne reçoivent pas de service. La moyenne de sous-utilisation calculée à partir de neuf des 22 articles recensés est de 67,7%. L'un des déterminants les plus importants de l'USSM correspond aux variables de besoins (ex: auto-évaluation de la santé mentale). Néanmoins, il demeure que plusieurs individus présentant un haut niveau de besoin ne reçoivent aucun service. D'autres variables doivent jouer un rôle entravant ou favorisant l'USSM. Ainsi il s'avérerait approprié d'examiner l'influence de plusieurs déterminants individuels pour lesquels les recherches rapportent des effets contradictoires; notamment, le genre, le niveau de scolarité et le statut marital.

P99

Examining the Role of Gerontological Theory in Government Commissioned Health Papers Related to Issues of Aging

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Understanding why a gerontological theoretical perspective is relevant to discussion of health policy in Canada is an important message for decision makers and policy makers. Unfortunately research indicates that the application of gerontological theory to research, and the bridging of research to policy are not common in the field of gerontology. Additionally, given the link between research and policy, and the movement towards knowledge translation and evidence-informed policy making, it can be assumed that there is minimal explicit use of gerontological theory in policy development. This poster will highlight the role theory has played in shaping or informing key government reports on health, mental health, and aging. Specifically, this poster presents a critical review of critical feminist theory of aging, the political economy theory of aging, disengagement theory, and the lifecourse theory of aging in relation to Building on Values: The Future of Health Care in Canada (Romanow, 2002), Out of the Shadows at Last (Kirby & Keon, 2006), and Canada's Aging Population: Seizing the Opportunity (Carstairs & Keon, 2009). Key findings include the implicit use of macro level and linking theories, but no explicit applications. This poster also offers suggestions for bridging the gap in theory to policy application.

P100

Heterogeneity Among Home Care Clients: A Cluster Analysis of Rehabilitation Service Users in the Ontario Home Care System

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Background: The home health care system in Ontario provides a variety of services to a large number of individuals throughout the province. Researchers and policy makers have long recognized that home care populations are heterogeneous yet little research has focused on this phenomenon. Objective: As part of a CIHR sponsored study on rehabilitation services for home care clients (InfoRehab), this current study examined how home care clients that utilize rehabilitation services cluster together based upon a range of clinical factors with the aim of developing client profiles. Methods: Clinical data was collected on 150,253 homecare clients in Ontario using the provincially mandated RAI-HC data system. K-means cluster analysis techniques were performed using 31 variables decided through consultation with the InfoRehab quantitative research team. Results: The cluster analysis identified five client subgroups that had distinct baseline clinical characteristics. Age, cognitive status, health instability, and functional abilities were among the attributes that differentiated the subgroups. Conclusion: The K-means clustering analysis provided a useful way to cluster rehabilitation clients and illustrates the heterogeneity within this population. Through gaining knowledge of this diversity, researchers, policy makers, and home care planners may better able to understand the use of rehabilitation services in home care.

P101

Impact of Powered Mobility on Older Adults' Life Space: The Roles of Environmental, Personal and Assistive Device Factors

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This study examined whether power mobility device (PMD) use varies as a function of experience level during the first 18 months after procurement. We also explored key factors associated with life-space mobility for middle-aged and older adults. Methods: Cohorts grouped as a function of stage of PMD use [reference group (n=42), initial users (1-6 mos; n=35) and long-term users (12-18 mos; n=39)] were compared with respect to life-space mobility in a continuum of environments ranging from home to out of town, using analysis of variance and chi-square tests. Linear regression models were created to determine predictors of life-space mobility. Results: Greater life-space mobility scores and more frequent outings were observed for PMD users in the neighbourhood (p<.001) and around home (p<.05) than for the reference group (p<.05). Factors such as sex (men), the nature of activities (domestic activities) and mobility device type (scooter) predicted greater life-space mobility (R square= 15.9-18.0%; p <.006). Conclusions: Life-space mobility increases for older adults after PMD use and is comparable for initial and long term users. A combination of personal and device related factors are associated with the range of life-space mobility in the first 18 months after procurement. Funded by CIHR, Institute of Aging.

P102

Sodium Intake Impacts on Global Cognitive Function in Older Adults Over 4 Years Depending on Level of Physical Activity: The Nuage Study

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To date, little is known about the impact of dietary sodium on cognitive function. Our goal was to assess the association between sodium and global cognitive function over four years in older adults aged 67-84. Further, given the association between physical activity and cognitive function, we assessed the interaction between dietary sodium and physical activity on cognitive function. A cohort of cognitively intact elderly men and women (N=1,380) were included in this study. Sodium intake was assessed at baseline using a Food Frequency Questionnaire. Baseline physical activity was assessed using the Physical Activity Scale for the Elderly (PASE: high-low). The Modified Mini-Mental State exam was administered annually over four years. Controlling for all covariates (ps>0.1), analyses showed an association between sodium tertile and cognitive change over four years in low PASE participants only: in the low PASE group, participants in the low sodium tertile (mean decline over 4 years: M=-0.57, SE=0.002) displayed better cognitive maintenance compared to those in the highest (M=-1.72, SE=0.01) and middle tertiles (M=-2.07, SE=0.01). Lower sodium intakes are associated with cognitive maintenance in low physically active older adults. This finding emphasizes the importance of the compounding effects of adverse lifestyle factors on brain health.

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A Conceptual Model of Assistive Technology Outcomes for Older Assistance Users and Their Informal Caregivers

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Objectives: Researchers have only begun to examine how the use of assistive technology (AT) may have the dual consequences of both improving older users' performance of daily activities and altering the role of their informal caregivers. The purpose of this poster is to clarify these impacts by introducing a novel conceptual model that describes the outcomes of AT prescription experienced by assistance users and their informal caregivers. Method: Drawing on a systematic review of the literature and observations made during a study of AT users and their informal caregivers, an inclusive conceptual model of AT outcomes was developed. Results: The model emphasizes the moderating influence of AT use and other contextual factors on the behaviour of assistance users and their caregivers. This behaviour, in turn, influences the physical and psychological health, social participation and quality of life of individuals in both of these roles. For example, although AT use may increase the independence of users and decrease the physical demands on caregivers, it may also have a negative psychological impact on caregivers if this increased independence causes safety concerns. Conclusions: This model offers researchers and clinicians a new way to understand the multifaceted outcomes associated with AT prescription. Funding: NIDRR.

P104

Pathogenetic Therapy in Vascular Dementia: Neuroprotective and Glutamatergic Foundations

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Introduction: Vascular cognitive impairment and vascular dementia are important causes of cognitive decline in the elderly. The main aim of vascular dementia treatment to avoid and prevent the progression of cognitive impairment and progression of vascular dementia. Purpose: To study efficacy and safety of complex therapy Neuroprotective as Cerebrolysin and Glutamatergic as Memantine in patients with vascular dementia. Methods: 48 patients with vascular dementia aged from 55-79 years have been studied. Clinical-neurological and MRI-investigation were performed for all patients. The study of clinical efficacy and safety of prolonged course of Cerebvrolysin therapy in vascular dementia was conducted during the open study. The study period was 36 months and during the study period a five course of Cerebrolysin (infusion) and Memantine (per os) therapy were performed for 10 weeks of each course. Efficacy and safety of Cerebrolysin and Memantine were assessed clinically and with a battery of widespread scales and neuropsychological tests. Results: The improvment of cognitive, functional and motor activities in patients with mild and moderate dementia indicate the high effectiveness of Cerebrolysin and Memantine. A prolonged copmlex Neuroprotective and Glutamatergic therapy allows to prevent the progression of cognitive impairment in patients with vascular dementia, so, by the finish of 3-years study in 8 patients (34,8%) with mild dementia the MMSE summary point was more than 24 point, consequently, the moderate cognitive impairment were diagnosed for these patients; in 6 patients (26,1%) with moderate dementia the MMSE summary point was more then 19 point, thus, the mild dementia was diagnosed for these patients. Conclusion: A prolonged copmlex Neuroprotective and Glutamatergic therapy allows to prevent the progression of cognitive impairment in patients with vascular dementia and performed of timely therapeutic actions for patients with vascular cognitive impairment will allow to avoid of vascular dementia progression.

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Executive Demands of Dual-Task Performances are Influenced by Task Priority Strategies in Aging: An Optical Imaging Study

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The current study was designed to examine how giving older adults (OAs) a prioritization strategy versus telling them to prioritize both tasks influences performance and brain activity. Older adults performed Letter and Color discrimination tasks separately (single task: ST) and concurrently (dual task: DT). In the priority block, participants were told to prioritize the Letter over the Color task. In the no-priority block participants had to put equal attention on both tasks. Reaction times (RT) and oxyhemoglobin (HbO) concentration in the dorsal lateral (DLPFC) and ventral lateral (VLPFC) prefrontal cortex were measured. Results demonstrate that priority block responses were faster in the letter than the color task in both ST and DT; only ST was faster in the no-priority block. Importantly, for both tasks, responses were faster in the priority over the no-priority blocks. In DT priority block, HbO concentrations were higher in the DLPFC in the left hemisphere than in the right and tended to be higher in the DLPFC than VLPFC. These results suggest that when two tasks must be executed at the same time, behavioral and neural executive control demands might vary according to task priority strategies.

P106

Anxiété, dépression et déclin cognitif chez les hommes et femmes âgés vivant dans la communauté : résultats de l'Enquête ESA

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Les associations entre l'anxiété, la dépression et le déclin cognitif des personnes âgées demeurent relativement méconnues. Cette étude vise à d'évaluer si l'anxiété et la dépression, clinique et sous-clinique, sont associées à un déclin cognitif chez les aînés. Des Québécois âgés de 65-96 ans (N=2010) ont été évalués à domicile à deux reprises (T1 et T2) à un an d'intervalle. La dépression et l'anxiété cliniques (rencontrent tous les critères diagnostiques) et sous-cliniques (ne rencontrent pas tous les critères diagnostiques) sont déterminées selon les critères du DSM-IV pour troubles de l'humeur et les troubles anxieux. Le fonctionnement cognitif est évalué par le Mini-Mental State Examination et le déclin cognitif est défini par une perte de 3 points. Les associations entre le déclin cognitif et les symptômes anxieux et dépressifs sont mesurées par des rapports de cotes (RC) multivariés. Les résultats indiquent que le déclin cognitif est associé à l'anxiété sous-clinique chez les femmes (RC: 2.69, 95% IC: 1.51-4.77), à l'anxiété clinique chez les hommes (4.64, 1.07-20.21) mais n'est pas significativement associé à la dépression clinique/sous-clinique pour aucun des deux sexes. Ces résultats indiquent que la nature les symptômes anxieux liés au déclin serait différente entre les hommes et les femmes.

P107

In the Driver's Seat: What Drives Older Persons' Decisions and Experiences Concerning Driving Retirement?

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Background: Driving retirement is an important late life transition with far reaching quality of life implications. Objective: To synthesize the evidence on the meanings, decision making processes, coping responses, and clinical outcomes of driving retirement for older adults. Methods: Relevant papers were identified by an English language search of Medline, Embase, Cinahl, Ageline, and Current Contents 2000 to 2010. This search was supplemented with the literature from reference sections of the retrieved publications, relevant books and doctoral thesis. Results: Literature points to the profound practical and symbolic meaning of driving for older persons. Driving is associated with: a) a sense of autonomy, self-reliance, competency, and self-worth, b) spontaneity, convenience, and freedom of action, c) socialization, sense of belonging, and connection with community, and d) greater life satisfaction. The findings pertinent to the self-regulatory behaviours of older persons, key referents influencing their driving decisions, and perceived barriers to constructive dialogue with health care professionals will be discussed. Conclusion: The complex interaction of demographic, biographic, clinical and social factors determines driving behaviours and decisions of older persons. Recommendations will be made to promote a proactive, enabling, comprehensive, and balanced approach to enhance driving decisions and safe mobility in later life.

P108

Internet Use and Psychological Well-Being During Late Adulthood

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An increasing volume of research suggests a positive relationship between Internet use and psychological wellness, however only a small proportion of such research has included older adults. The objective of the present investigation was to determine the relationship between Internet use, psychological well-being and demographic variables during late adulthood. A community-based sample of 122 adults over the age of 60 voluntarily completed a questionnaire which addressed Internet use (frequency, duration and type), psychological well-being (loneliness, life satisfaction, self-efficacy, social support and depression), and demographic variables (age, income and education). Significant correlations emerged between all three clusters of variables. Having controlled for income, only the relationship between Internet use and self-efficacy remained significant. Individuals who used the Internet more frequently had higher perceptions of self-efficacy than those who used the Internet rarely or not at all. While correlational findings necessitate the need for further experimental research, the results suggest that technology can potentially play a role in psychological wellness during late life.

P109

Conditions and Strategies Favourable to Sexual Well-Being in Retired Individuals Living in Couples in Quebec

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Introduction: In the Western society, values of productivity, youth and beauty are deeply rooted in the everyday life of people of all ages, stressing out the necessity of sexual activity and performance, even in old age. Also omnipresent in research, this attitude is jeopardizing the development of senior's sexual well-being, which is nevertheless known to be a key component of overall well-being and happiness. The lack of studies on conditions as well as strategies favourable to sexual well-being in aging generates the need for an intimate, comprehensive analysis of this reality. Methods and materials: This study explored the conditions and strategies given for improving sexual well-being in in-depth individual interviews conducted with 15 healthy, retired individuals aged 65 and over and living with their spouse in Quebec, Canada. Data are analysed qualitatively according to the iterative technique of Miles and Huberman (2006). Results: Sexual well-being depends on personal, situational and developmental conditions. The personality and general attitude about life and love, the health of the person as well as his/her spouse's, the dismissal of catholic and social sexual constraints, the sexual education, and the past interest and enjoyment of sexual activities are conditions that might improve sexual well-being in old age.

P110

An Exploration of the Meaning of Risk for Older Adults Using Photo-Voice

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Older adults are often viewed as the embodiment of risk, with old age presumed to be a time of decline and dependency. Despite its importance for seniors, little research has obtained their perspectives on risk. The purpose of this pilot study, using photo-voice method, was to explore how older adults perceive risk, construct its meaning, and assess and manage it. Seventeen older adults (age 65+) from participating seniors' centers in two western Canadian cities, were asked to take digital photographs and complete logs of places, spaces, activities, or situations with the potential to limit their activity or cause a change in their health or daily living. This was followed with an interview to discuss the photographs. Analyses of the data indicated that risk for older adults was multi-faceted, highly contextual, and included a range of objects and situations. Perceptions of risk were influenced by its meaning for older adults, its connection to their "needs", the importance and qualities of the risk, and personal factors, including capacity to mitigate and manage the risk, whether at a personal or societal level. Risk must be approached as a complex and multi-factorial phenomenon that takes account of the older adult's personal meaning and context.

P111

Patterns of Computer Use and Attitudes Toward Technology in Older Adults

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Use of technology presents a significant opportunity for older adults to stay connected with the world around them. To best create education programs geared toward older adults, it is necessary to understand how this diverse and expanding cohort uses and thinks about technology. To gain a current and broad understanding of this issue, we distributed 465 questionnaires by mail to adults ages 65 and over; 303 (65%) responded. Twenty-one additional participants responded using an online questionnaire. Respondents were asked to report how frequently they conducted certain tasks using a computer, where and how often they used a computer, and a modified version of the Attitudes Toward Computer Usage Scale (ATCUS 2.0; Morris 2009). Results indicated that there was a significant negative correlation between respondent age and the likelihood that they would use computers in a variety of ways. The most popular ways to use computers among this population included email and looking up information online. Further, responses to the ATCUS also showed a significant negative correlation between age and attitudes toward technology. This is the first use of the ATCUS among older adults, and demonstrates its validity as a tool for assessing attitudes about technology among this age group.

■ P112

Older Women and Their Representations of Aging

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À l'âge de la retraite et à celle du grand âge, que font les femmes aînées de leur temps ? Comment appréhendent-elle la trame temporelle du vieillir ? C'est à partir d'une recherche financée par le CRSH que nous proposons de répondre à ces questions, lesquelles émergent de l'analyse des données issues d'une trentaine d'entrevues en profondeur auprès de femmes âgées de 65 ans et plus. À l'aide de la théorisation ancrée (Paillé, 1994), et en regard d'une perspective critique, à la fois féministe et gérontologique, nous montrerons non seulement comment la temporalité intervient dans les représentations sociales des femmes aînées, mais aussi de quelle façon cette séquence du vieillir est mise en œuvre aux troisième et quatrième âges. Les résultats montrent une dissociation indéniable avec les conceptions traditionnelles de la vieillesse, laquelle ne se réduit pas à une « mort sociale » (Guillemard, 2002) mais, au contraire, « s'inscrit dans des rythmes multiples » (Houde, 2003 : 96) créant, par ricochet, une atomisation des temps sociaux. Enfin, cette appréhension des temps du vieillir apparaît fortement influencée par les relations familiales, reflétant tantôt une logique de réciprocité mutuelle ou tantôt des schèmes d'entraide discontinus.

■ P113

Post Traumatic Stress and Homelessness

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PTSD and Homelessness Homeless Veterans' first priority need is housing, not mental health intervention. Social policy up till now has dictated that homelessness was best approached through a gradual response that would see a progression from emergency shelter to transitional housing. Mental health intervention would then follow. Surviving on the streets is a full time job without time to deal with co-morbidity problems such as alcohol dependency or substance abuse. This is more daunting for seniors. Mental health problems such as PTSD cannot be resolved while living on the streets. The model proposed by Canadian psychologist Sam Tsemberis of finding homeless people permanent housing first and then dealing with their mental issues is a better intervention model. This is validated from both a financial and treatment effficacy approach. We will present a current day example of such intervention on behalf of Veterans in B.C. bny The Legion.

■ P114

Développement et validation de l'Échelle de Motivation à Discontinuer les Benzodiazépines (EMDB)

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Les personnes âgées consomment des benzodiazépines sur de longues périodes en dépit des dangers inhérents à un usage chronique. L'objectif du présent projet était de développer et de valider un instrument de mesure évaluant la motivation à cesser de consommer des benzodiazépines chez les personnes âgées : l'EMDB. Cet instrument repose sur les fondements conceptuels offerts par la théorie de l'autodétermination (Deci & Ryan, 1985, 2002) et comprend cinq sous-échelles (4 items/sous-échelle) évaluant les formes de motivation préconisées par ce cadre théorique (la motivation extrinsèque par régulation intégrée, identifiée, introjectée, externe et l'amotivation). L'EMDB a été distribuée à 386 consommateurs de benzodiazépines (155 hommes, 231 femmes, moyenne d'âge=74,62, E.T.=5,59). Les résultats révèlent que l'EMDB possède des propriétés psychométriques intéressantes. Sa structure factorielle a été examinée au moyen d'une analyse confirmative. La validité de l'ajustement du modèle obtenu est satisfaisante. La validité convergente a été examinée au moyen de corrélations avec une variété de construits pertinents. La fidélité des sous-échelles de l'EMDB est acceptable (0,76 < alpha de Cronbach < 0,86). Ces résultats sont discutés en fonction de leurs retombées pour la mesure et l'intervention reliées à la consommation de benzodiazépines chez les personnes âgées.

■ P115

Dignity and Distress Across End-of-Life Populations

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The Patient Dignity Inventory (PDI), a 25-item multi-dimensional distress measure, was developed for patients with life threatening conditions to examine their physical, psychological, existential and spiritual sources of distress. Its validity, reliability and factor structure have been established, but it has not been used with frail elderly persons, whose distress experience may be analogous to the terminally ill. In an ongoing multi-site study examining dimensions of dignity and distress in various life-threatening conditions, 30 frail, cognitively intact, elder participants (average age= 88.5 years) living in care settings in Winnipeg and Edmonton completed the PDI. On average, participants indicated that they had 4.4 problems (>3 on the PDI); SD=5.5). The most highly endorsed items identified as problems were physical: physically distressing symptoms (37% of participants), not being able to attend to my bodily functions independently (35%), and not being able to carry out activities of daily living (33%). The most frequently identified existential problem were feelings that: life no longer has meaning or purpose (27%), I don't have control (27%), and uncertainty about illness and treatment (23%). These preliminary results strongly suggest the PDI may provide a way of discerning sources of distress that are of concern to the frail elderly.

■ P116 *(Abstract withdrawn / Abrégé retiré)*

Resilient Ageing: Examples From Two New Zealand Communities

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Courage and Confession: Spiritual Assessment in Advanced Old Age

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The importance of spirituality has been acknowledged in a holistic approach to healthy aging and palliative care. The oldest-old are under represented in end-of-life research. Consequently insight into their unique perspectives and needs remains under developed. The oldest-old cohort is unique in at least two significant respects; its temporal proximity to a timely, and arguably natural death, and its experience of having lived through a time of doctrinal certitude within the privileged establishment of organized religion. In this presentation the connection between spirituality, religion and healing is explored using a case study approach. Elements of three spiritual assessment tools are used to discover the spiritual life world of an 89 year woman who agonizes over existential questions that remain unanswered within her religious tradition, despite her continued religious involvement. She declares that having revealed her hypocrisy she must also admit that she is a "heathen", and therefore "cannot look forward to any reward in the hereafter." Participants in this session will be encouraged to engage in deconstruction of the case, suggest strategies and approaches to facilitate healing, and reflect on the meaning of this woman's story for their continued interaction with the oldest-old who live in the shadow of death.

P118

The Screening of Elder Abuse in Ethnically Diverse Communities

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This research looks to design a culturally relevant screening tool which can be used by service care providers to screen older adults from ethnically diverse communities for elder abuse. The communities which are being consulted include the Aboriginal, Black, Chinese and South Asian communities in Calgary, AB. Focus groups are being used to gather data and provide cultural validation for the tool. Preliminary results are being gathered and the focus group with the Black community is in the process of being conducted. Early results point to the need for using culturally sensitive terminology throughout the screening tool, and viewing elder abuse as a phenomenon which may look slightly different in each community depending on their societal norms.

P119

En Mains : un guide de pratique pour les intervenants psychosociaux dans les situations de maltraitance

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Objectifs : Exposer le développement et la validation du guide de pratique (aide mémoire basé sur un processus éthique réflexif) En Mains (Enjeux, maltraitance, aînés, intervention, scénarios) Méthode : Guide développé à la suite d'une étude (CRSH) sur les enjeux psychosociaux et éthiques soulevés par la pratique en maltraitance (Beaulieu, 2007; Beaulieu & Leclerc 2006, etc), mis à l'épreuve auprès d'une vingtaine de groupes de praticiens en formation continu à travers le Canada. Il a été soumis à un comité aviseur d'experts de NICE 9en 2010) avant d'être traduit et adapté pour être utilisé au Canada français et anglais. Il est distribué à plus de 20 000 copies au canada. Résultats : Depuis 2005, 4 versions différentes du guide ont été développées. Les changements, tous basés sur des étapes de validation, seront exposés. Le contenu du guide final sera présenté (mise en contexte, bilan initial de la situation, évaluation constante, arbre décisionnel, suspension de suivi, accompagnement, intervention visant à assurer plus de protection). Conclusions : Les guides de pratiques sont de plus en plus utilisés comme soutien dans des situations complexes comme la maltraitance. En Mains permet une réflexivité souple qui évolue avec la progression de la situation.

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Portrait des outils mesurant les facteurs psychologiques associés aux chutes chez les aînés

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Les écrits indiquent que la peur de chuter est un phénomène prévalent et susceptible d'entraîner des conséquences néfastes sur la santé et la qualité de vie des aînés. Il s'avère donc important d'évaluer et cibler la peur de chuter dans les interventions de prévention des chutes. De nombreux outils ont été développés afin d'évaluer la peur de chuter et d'autres facteurs psychologiques associés aux chutes. Toutefois, aucune analyse récente ne permet d'avoir un portrait global des outils disponibles à ce jour. Une revue systématique des écrits a été menée afin de combler cette lacune. Cinq bases de données bibliographiques ont été interrogées, permettant de recenser 23 outils. Ces outils mesurent une gamme de construits psychologiques. Trois construits ont particulièrement retenu l'attention des chercheurs, soit : 1) la peur de chuter; 2) l'auto-efficacité relative aux chutes; et 3) la confiance en son équilibre. Plusieurs des outils ont fait preuve de bonnes qualités psychométriques. L'analyse réalisée incite les cliniciens et les chercheurs à sélectionner un outil en considérant non seulement ses qualités psychométriques, mais également d'autres considérations liées au contexte de l'utilisation (ex. : nature de l'intervention, temps à sa disposition). D'autres études seraient pertinentes pour mieux documenter certaines propriétés des outils.

P121

Marital and Psychological Functioning Among Older Couples

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Little is known about the influence of marital functioning on psychological distress and vice versa among elderly couples. The goal of this presentation is to give an overview of what the literature relates about the link of these two variables. The data came from PsyInfo's data base by using these key words: marital satisfaction, distress, old people. Many cross-sectional studies proved a strong association between marital disorder and depressive symptoms in older people. Also, some authors (eg, Fincham et al 1997) found that longitudinal relation that exists between these two aspects is not the same for women and men in adult couple. However, Whisman (2009) founds no difference between them among middle-aged and older couple. He also tried to examine if marital distress is an antecedent or a consequence of depressive symptoms among them. He suggested a bidirectional longitudinal relation between these two variables. In summary, literature report that very few longitudinal studies focused, at the same time, on these three aspects in elderly couples: (1) the relation between marital disorder and psychological distress, (2) to explore which of these two variables seem to determine the other and (3), the influence of the gender in the magnitude of this longitudinal association.

■ P122

Elder Abuse Among Black Canadians: Views of Black Older Adults and Service Providers

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The increasing proportion of older adults in Canada is expected to result in greater demands for care-giving and a rise in elder abuse. Knowledge about elder abuse within the context of ethnicity is critical as violence may be ‘hidden’ in some ethno-cultural communities and may also be linked to cultural variables. Although Black Canadians are the third largest visible minority group, few studies have examined elder abuse in this population, none of which have been conducted in Canada. This presentation summarizes the current state of knowledge on elder abuse within the Black community. Using data from qualitative focus groups with Black older adults and health and social service providers in Calgary we will share issues relevant to elder abuse within this community. An understanding of what constitutes elder abuse and how elder abuse is experienced within the Black community is critical to inform policy, programming and future research.

■ P123

Generational Differences in Stories of Community Engagement: The Role of Parents and Grandparents in Fostering Community Involvement in Youth and Mid-Life Adults

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The goal of this study was to examine how young and midlife adults describe the role of parents and grandparents in stories focused on how the family fostered their community engagement, and to see what factors might predict variations in such stories. Approximately 100 young and midlife adults were asked to talk about the importance of their parents and grandparents in terms of their community. These stories were coded for presence/absence, adult as positive model, vividness, pro-socialness, and the degree of positivity. Thirty-four of these stories have been transcribed and coded; coding will be performed once all transcripts are available. Preliminary results indicate that the midlife adults’ stories of the older generations’ influence were significantly more positive than the young adults’ stories, and that midlife adults were more likely to tell grandparent influence stories at all ($p < .05$). Young people’s stories tended to be more vivid and more interactive. Thus, midlife adults may make more positive connections of their community lives to parents and grandparents than do youth, but the style of these connections seems to vary by generation. Relations between variations in the story codes and individuals’ personality and actual levels of community action, will also be investigated.

■ P124

Age-Friendly Cities: A Strategy for the Prevention of Elder Abuse

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Objectives: The problem of elder abuse assumes new significance in the context of global ageing but is often viewed as a problem of individual and family pathology. Elder abuse is one of the most extreme forms of ageism and can be framed as a social justice issue having implications for theory development, policy and practice. Description: Creating age-friendly cities is an international movement initiated by the World Health Organization in response to patterns of global ageing and urbanization. The WHO regards active ageing as a lifelong process shaped by several factors that favour health, participation and security in older adult life. Discussion: An age-friendly city is not only elder-friendly, but promotes policies, services and structures that support all people to age safely. Older people in particular require supportive environments to compensate for physical and social changes associated with ageing which may place them at risk for elder abuse. Conclusion: Inadequate social policies affecting older people may result in conditions that increase the risk of elder abuse. This presentation will spotlight integration of knowledge of age-friendly cities and active ageing as a possible way forward to engage in social action in our practices as a strategy to prevent elder abuse.

■ P125

Strengthening Rural Social Work Practice With Older Persons: The Relevance of Intermediate Resources

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The capacity for older residents to age in place in rural Newfoundland and Labrador has been profoundly affected by out-migration and the resultant dismantling of traditional networks of support. Using a case study design, this qualitative research project asked what we can learn from residents in one rural community that will strengthen rural social work practice and policy with older persons. More specifically, the research asked about the intermediate resources needed to age in place, their maintenance in the context of depopulation, and about the role of social work policy and practice with older persons in supporting intermediate resources. Described as an emerging construct, intermediate resources are operationalized as activities that are provided by local organizations, that are user-driven, and that provide assistance with Instrumental or Advanced Activities of Daily Living. The study provides a framework for assessing the availability and effectiveness of intermediate resources and demonstrates the relevance of key theoretical principles of community development and critical gerontology and corresponding social work practices of partnership, participation and self-organization. These findings will have significance in rural locales where responsive, cost-effective and locally derived models of support are sought to ensure that rural options for aging in place remain viable.

P126

Evidence-Based Health Promotion and Exemplary Practices in Relation to Socio-Environmental Determinants of Health Among Older Adults: A France-Québec Collaborative Project

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Despite renewed interest into the socio-environmental determinants of health, limited work has addressed these factors in research and intervention on older adults. In order to fill this gap, a France-Quebec collaborative project was initiated and brought together researchers and professionals from the INPES (French Institute for Health Prevention and Health Education), several universities in Québec, and one CSSS (Centre de santé et de services sociaux). The specific objectives were to: 1) ascertain evidence on the socio-environmental determinants of selected health-related behaviours among seniors and 2) examine promising practices for disease prevention and health promotion (DPHP) among older adults involving actions aimed at the environment or social participation. In addition to reviewing the literature, the project involved workshops which were designed to identify and examine promising DPHP programs and practices in Québec and France. Selected promising programs and practices are being examined with an analysis grid designed to characterize the degree of integration of an ecological approach. Although individually-focused health education interventions are still commonplace, the project has identified innovative programs and interventions targeting a variety of socio-environmental determinants (e.g., the community, social networks, and organization). An Intervention Guide is being crafted for distribution in francophone milieus. (Funding MRI)

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Age-Friendly Communities-University Research Alliance (CURA): Helping Communities Become More Age-Friendly

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The Age-Friendly Communities-University Research Alliance (CURA), which was launched in 2007, creates a partnership between the Manitoba government and the Age-Friendly Manitoba Initiative, as well as several governmental and non-governmental organizations. One goal of the Age-Friendly CURA is to help communities in Manitoba become more age-friendly. Sixty-six communities (small cities, towns, villages, Rural Municipalities) are now part of the Age-Friendly Manitoba Initiative. In this poster, we will describe some of the ways the CURA has been a resource to communities as they are trying to become more age-friendly. A major aspect of the work with the communities has involved community consultations involving facilitated discussions, a survey and a summary report. To date, 85% of the communities have held consultations and residents have completed 1026 number of surveys. Some of the benefits and priorities identified by communities will be highlighted and issues and challenges in implementing age-friendly features will be outlined through community stories. The advantages of a participatory, community-based approach will also be discussed. The Age-Friendly Communities CURA is funded by the Social Sciences and Humanities Research Council of Canada (SSHRC).

P128

Portrait des pratiques en loisir des personnes de 50 ans et plus : bilan des intérêts et des pratiques

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Objectifs: Une vie active est un facteur important de santé. Cette étude, qui reprend une étude menée il y a dix ans, visait à dresser le portrait des pratiques en loisir des aînés. Les objectifs étaient : 1) Dresser le portrait du vécu en loisir des personnes. 2) Analyser les liens entre l'expérience de loisir et la santé mentale et physique des individus 3) Faire un suivi de l'évolution des pratiques sur 10 ans. Méthodologie : Une étude transverale par questionnaire a été menée auprès d'un échantillon de 3500 personnes tirées de la banque de la RAMQ en utilisant une version bonifiée du Profil individuel en loisir (Ouellet et Carbonneau, 2000). Résultats : Les résultats présentés mettent en lumière le niveau d'intérêt et de pratiques dans les divers domaines de loisir : activités physiques, culturelles, de plein-air, manuelles, etc. Ils montrent les secteurs de déficit entre intérêts et pratiques les plus marqués. Des liens entre le niveau de pratique et les variables de santé complètent cette présentation. Conclusion: Cette étude est utile à une meilleure adaptation de l'offre aux besoins des aînés ce qui est une condition essentielle au développement d'un mode de vie plus actif chez les aînés. * Projet financé par le Ministère de l'éducation, du loisir et du sport.

P129

Pets in Seniors' Housing: What do Seniors Think?

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As older adults age in place, the issue of pets in seniors subsidized housing has arisen as a challenge for seniors, housing officials and policy makers. Seniors' desire and ability to care for a pet must be balanced with respect for other residents and the costs of housing maintenance. The objective of this project was to inform the policy development process by better understanding the perspectives of Island seniors on pets in seniors housing. Using a standard interview guide focus groups were conducted with two seniors organizations and current residents of seniors housing complexes in seven locations across PEI. In total, 72 people participated in the focus groups, 52% of participants aged 65 to 84 years. The majority of participants had lived in seniors housing between one and five years. Seniors identified several advantages of pet ownership including companionship and the development of relationships with other residents. Seniors described pet ownership as a barrier to housing options, the work of caring, space limitations and changing capacity to care for a pet as disadvantages. Pet owners varied in their level of transition planning, while some had a plan if they were unable to care for their pet, others felt that a neighbor or housing officers would arrange for pet care. Both pet owners and non-pet owners felt that responsible pet ownership was a reasonable expectation for residents. Focus group results suggest that seniors are interested in developing pet policies that balance fairness with responsibility. As policies are updated, the inclusion of emergency pet care planning in tenancy agreements, clearly outlined expectations on pet control and responsible ownership may be useful additions to the current policies.

P130

Seniors Community Parks in British Columbia – Outdoor Recreation for Fun and Health

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In 2007, the Lions Wellness Park for seniors, the first of its kind in North America, opened in Tsawwassen, British Columbia, based on a design of wellness parks for older citizens established in China. This served as a model for ActNow BC Seniors Community Parks built in 2009 in 18 additional communities in B.C. The Parks provide specialized outdoor recreation equipment designed to improve mobility, coordination and balance for older adults. They also foster social interaction, through amenities such as walking paths, public art, benches and community gardens. The Parks were funded from contributions of $100,000 from the Province of British Columbia to local governments in Abbotsford, Burnaby, Courtenay, Cranbrook, Dawson Creek, Kamloops, Kelowna, Nanaimo, Nelson, North Cowichan, North Vancouver (District Municipality), Oak Bay, Prince George, Richmond, Sidney, Surrey, Terrace, and Vancouver. This presentation will provide an overview of the Parks, and how communities and the provincial government are promoting their use.

P131 *(Abstract withdrawn / Abrégé retiré)*

Examining Social Isolation and Aging Across the Pacific Rim

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Projet pilote des Villes-amies des aînés (VADA Québec)

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Introduction : La démarche internationale VADA a été lancée en 2005 lors du 18e Congrès mondial IAGG à Rio de Janeiro au Brésil. Depuis, le Canada joue un rôle très actif dans son développement et son implantation. Plus particulièrement, au Québec, 7 projets-pilotes VADA ont été lancé le 1er octobre 2007. L'objectif : Présenter la démarche d'implantation et d'évaluation du projet pilote VADA Québec 2008-2013. Méthode : VADA Québec comporte 3 phases : diagnostic des milieux, rédaction d'un plan d'action et implantation. Chaque projet-pilote repose sur le travail d'un comité de pilotage composé d'aînés, de groupes communautaires et de l'administration municipale. VADA Québec fait la promotion de la participation des aînés à toutes les étapes du projet (bottom-up). Ainsi, les aînés furent non seulement consultés lors de la phase du diagnostic, mais ils furent aussi des partenaires dans la seconde phase, soit le développement des plans d'action de chaque ville. Principaux résultats : 1) Diagnostics des milieux pendant la phase initiale (2008-2009); 2) Plans d'action pendant la seconde phase (2009); 3) Modalités de suivi et d'évaluation de l'implantation des projets en utilisant le modèle de cohérence, complémentarité, coordination (en cours); 4) Évaluation des effets dans chaque site (2012-2013).

P133

The Interface Between Creative Expression and Older Adults: A Research Update

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Purpose: This paper presents a literature review, the objective of which was to provide better understanding of the relationship between creative expression and the quality of life of older adults. Creative expression is important for older adults from all cultures, regardless of geographic location, economic status, age, or level of physical, emotional, or cognitive functioning. Knowledge of the interplay between creative aging and older adults is vital in order to be proactive in providing quality nursing and health care. This is true regardless of the setting in which the older adult lives. Method: A meta-synthesis of studies was completed. Studies were retrieved via computerized literature searches, cross referencing from original and review articles, and a review of reference lists. The inclusion criteria were as follows: reporting on the creative experience of an older adult with; published in the English language; indexed between January 1999 and December 2009; and research (defined as containing a statement of the purpose and a description of methods and findings, regardless of whether such terms were used). Ongoing analysis was done using a matrix, and codes and categories were added, combined, or deleted. Underlying the analysis process was a series of questions: What types of research questions are being asked? Are the findings of the different studies similar? What are the themes emerging from the findings? What are the implications for health care practice? Results and Discussion: The completed analysis provides enhanced understanding of the interplay between creative expression and aging.

P134

Développement et validation de deux questionnaires factuels sur la maltraitance envers les personnes aînées

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Objectif Présenter le processus de développement et de validation de deux questionnaires factuels sur la maltraitance envers les personnes aînées. Méthode S'appuyant sur la démarche utilisée par Palmore dans Facts on Aging Quiz, nos deux questionnaires factuels avec choix de réponse de type vrai ou faux découlent d'une recension des écrits scientifiques. Les 20 thèmes et 40 questions identifiés furent validés par un comité d'experts. La validation de contenu et de compréhension fut effectuée auprès de cinq groupes diversifiés (aînés, étudiants, professionnels). La progression des connaissances a été mesurée au moyen d'une collecte de données pré-formation et post-formation. Résultats Après les ajustements apportés lors de la validation, nous avons en main deux questionnaires validés en français, auxquels s'ajoutent deux manuels et deux PowerPoint d'animation (un par questionnaire). Ces outils seront ensuite traduits en anglais. Nous présentons la démarche d'évaluation utilisée et les scores pré-formation et post-formation. Conclusions L'utilisation d'un outil de type « edumetric » (Carver) validé permet de mesurer et d'évaluer les connaissances en lien avec la maltraitance des personnes aînées. Il permet aussi d'ajuster le contenu de la formation et donne aux participants l'opportunité de faire des « prises de consciences » sur leurs méconnaissances.

P135

Focus group data analysis using canada's social determinants of health

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Atlantic Seniors' Housing Research Alliance was funded as a CURA grant over 5 years. Phase II of the study included gathering data from the revised CMHC survey and from 5 Focus Groups believed to be under represented in the randomized survey. Focus Group methodology followed the guidelines established by Morgan and Krueger (1998). The objective was to verify the housing and support needs of under represented seniors. Stakeholders and researchers from the Atlantic Provinces determined the groups: Aboriginal, Disabled, Francophone, Multicultural, and Rural seniors for a total of 123 study participants. Data from each group was analyzed in relation to Canada's Social Determinants of Health (SDH) first by an ASHRA Co-Investigator and a graduate student skilled in NVivo 8 and second by the Moderator for each group. Each of the SDH was clearly evident in the analysis, however, culture and gender SDH foreshadowed each group with education and social networks prominently displayed for all groups. The analysis showed subtle differences among groups, the type of knowledge required for the development of equitable seniors' programs and policies. Atlantic Population Health funded hiring and training a graduate student in NVivo8 analysis.

P136

"Got a Room for Me?" Housing Experiences of Older Adults Living With HIV/AIDS in Ottawa

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Currently, little is known about the housing experiences of older people living with HIV in Ottawa. While previous research has focused on housing for older adults and people living with HIV (PHAs), no study to date has focused specifically on Canadians aging with HIV-disease. This article provides a preliminary analysis of interview data concerning housing experiences of 11 older people living with HIV/AIDS in the national capital. The participants, recruited through an AIDS Service Organization as a part of a larger study, were interviewed regarding their housing experiences. Participants' stories revealed rich themes about sustainable housing including concerns about: homelessness and unhealthy spaces; lack of access to subsidized housing services both generally and geared to people living with HIV/AIDS; acceptance into retirement and long-term residential care communities; and financial security. Interviews revealed some participants feel a lack of recognition and confusion in their housing prospects. These findings suggest that a shift is occurring in the housing needs of people aging with HIV and that increased longevity may require a shift in methods of AIDS care. The authors suggest increased attention is needed in research, policy and practice to address issues of housing stability among this age group of people living with HIV.

P137

Elaborating a Provisional Taxonomy of Transitions Related to Aging

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Transitions related to aging are characterized by a succession of continuous and discontinuous changes essentially focused on three major areas: 1) Environment 2) Psychosocial aspects 3) Health. Most of older adults' issues relate to adjustments to these changes and negative outcomes are often associated to poor transition management. Given the growth of an aging population, there is a need to find the best ways to promote optimal functionality, social participation, and quality of life during transitions; we therefore position ourselves in a new paradigm based on the management of transitions rather than on the management of diseases. The objective of the project is to identify theoretical and practical issues for planning studies, and testing intervention-specific causal models of transition outcomes. Methods: Literature review of major theories of aging, models of transitions and conceptual frameworks with a focus on transitions. Results: Significant trends and gaps in the knowledge base of scholarly, as well as professional studies were identified. The findings point to the value of widening and integrating perspectives on transitions in later life. Future development of this provisional taxonomy would seek to identify: 1) the effects of transitions 2) the resources available to deal with transitions 3) the outcomes.

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Understanding the Experiences of Older Adults Who Use Health Promotive Technologies: A Research Update

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Purpose: Health care practitioners are using sensors, computers, and communication technology systems to monitor the health of older adults who live at home. This poster presents a literature review, the objective of which was to provide better understanding of the experiences of older adults who use health promotive technology to age in place. Method: A meta-synthesis of studies was completed. Studies were retrieved via computerized literature searches, cross referencing from original and review articles, and a review of reference lists. Inclusion criteria: reporting on the health promotive technology experience of an older member with; published in English; indexed between January 1999 and December 2009; and research. Ongoing analysis was done using a matrix, and codes and categories were added, combined, or deleted. Underlying the analysis was a series of questions: What types of research questions are being asked? Are the findings of the different studies similar? What are the implications for health care practice? Results and Discussion: Analysis identified the themes of: embedded in the environment, an ounce of prevention, staying in touch, and where is the on switch? Implications for health professionals working with older adult populations who use or might use such technologies are addressed.

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Understanding Safety Culture in Long-Term Care: A Mixed Methods Study

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Objectives Recent healthcare safety literature included less emphasis on long-term care (LTC) settings than research in hospital settings. Acknowledging this gap in our understanding of safety culture in LTC, a mixed methods case study approach was employed to gain insight into the safety culture of a single unit in a LTC home. Methods In this study, interviews with the upper management team, a focus group with frontline staff, and the Modified Stanford Patient Safety Culture Survey Instrument were used to explore this topic. Results Results suggested a reactive environment, where safety systems were piecemeal and developed only in response to adverse events and/or regulatory or accreditation requirements. Surveys yielded a 70% response rate and complemented the qualitative data which found that staff fatigue, heavy workloads, poor capacity for training in resident safety, siloed professions, and a challenging regulatory and financial environment were barriers to improving safety. While surveys were a more pragmatic means of data collection, qualitative data provided rich, in-depth information about the barriers and contextual factors mediating the safety culture. Conclusions Given the pending demographic shift, ensuring safe care by enabling positive safety cultures is prudent. Future safety culture research should employ observational and longitudinal approaches. Funding Sources This work was funded by the Ontario Neurotrauma Foundation and the Canadian Institutes of Health Research.

P140

An Exploration of the Challenges of Grandparenting in HIV/AIDS Affected Families in Zambia

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HIV has devastated many families in Zambia, across most demographic groups. A majority of young men and women between the ages of 15 and 49 die, leaving behind children who are taken care of by grandmothers (aged 50 and older) (UND2008). The main objective of this research was to identify and analyze the needs and challenges experienced by grandparents taking care of their AIDS orphaned grandchildren, as well as analyse current formal and informal institutional responses in addressing these challenges. This research is based on a literature review, such as research papers and reports published between 1984 and 2009. Several electronic online search engines including Ageline, Scopus, and JSTOR were used to identify relevant information. Reports and policy documents from the government of the Republic of Zambia and United Nations Joint Reports on AIDS (UNAIDS) provided additional information. The research has concluded that 40% of orphans are being cared for by grandmothers, however, there are no government programs/policies targeted at assisting the grandmothers. In order to address this situation the government of the republic of Zambia needs to support communities and families headed by grandmothers. For example, adoption of orphans must be encouraged and such families must be given material support, psychosocial counselling, and grants.

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Examining Correlates of Depression Among Family Caregivers: The Role of Perceived Adequacy of Social Support and Service Barriers

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Previous research has shown that depression is common psychological consequence of family caregiving. Social support and service barriers are also important for determining caregiver outcomes, but little research is available on their role as correlates of depression among family caregivers. This study examined the effects of perceived adequacy of social support and formal service barriers on depression among male and female caregivers. Secondary data analysis was used based on a random sample of 340 family caregivers of older adults who participated in a structured telephone interview in Calgary. The effect of perceived adequacy of social support and service barriers on depression (CES-D) was examined using multiple regression analysis. For male caregivers, more chronic health problems of the care recipient and lower perceived adequacy of caregiving activity support were significant correlates of caregiver depression. For female caregivers, poor caregiver health and experiencing more circumstantial service barriers were significant correlates of caregiver depression. Gender-specific interventions are needed for family caregivers at risk or diagnosed with depression. While a different approach may be taken, tangible support in caregiving activity and program changes addressing service barriers are needed for male and female caregivers respectively.

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Older Persons' Transitions in Care – The OPTIC Study

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Nursing home (NH) residents often experience changes in health status that necessitate transfer to an emergency department (ED). During these transitions, care is often made more difficult by compromised communication among agencies, families and residents. Residents frequently experience potentially unsafe care that is delayed, fragmented and often not evidence-informed. OPTIC is a comprehensive, multidisciplinary research program on efficacy of NH-ED transfers in two Canadian provinces. Its goal is to improve care for frail elderly NH residents. Objectives are to: understand multiple perspectives on what constitutes a successful transfer; determine costs of transfers from system and family/resident perspectives; develop a practical tool to assess transfer success, in terms of quality of care and avoidable complications; and analyze the influence of organizational factors in key practice locations (NH, pre-hospital transport services, and EDs) on transfer success. Data collection occurs in two waves: Phase 1 semi-structured interviews with residents/family caregivers who have experienced transitions, and focus groups with care providers in the three practice locations; and Phase 2 real-time case tracking of over 400 transitions during a 12 month period. In this presentation, we present the OPTIC transfer process model and Phase 1 results, highlighting how they inform Phase 2 tracking tool development.

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Study of the Resident Care Aides' (RCAs') Caring Relationship With Residents and the Implications to Clinical Practice and Care Staff Communication

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Research tends to examine best techniques for resident care from a medical, professional and knowledge perspective. These perspectives, although necessary, do not consider the relationship between the resident and caregiver at the bed side. This study explored the Resident Care Aides' (RCAs') perspective of their caring relationships with residents. A series of focus and discussion groups, and in-depth interviews were conducted in six residential facilities in one large health region in British Columbia. There were 33 RCA participants with 5 to 30 years of work experience. The results indicated that RCAs' perceptions of their relationships with residents are important and meaningful. Decisions RCAs' make for care are deeply rooted in their relationships with residents. RCAs' often know the patient better than practitioners and family members and are therefore able to negotiate the behaviour and emotions of the resident more smoothly. The relationships supersede care directives by professionals in cases where the RCA thinks the directives are harmful to residents. The findings of this study have implications for compliance of best practice care, for developing collaborative communication between frontline staff, professionals and families, and contribute knowledge about residents' and RCAs' everyday experience, which is not discussed much in the literature.

P144

Older Adults and Emergency Preparedness: Can PERS Play a Role?

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A Personal Emergency Response System (PERS) is a signalling device in the home that summons help during an emergency. PERS has proven its effectiveness in delivering medical and emotional support in personal emergencies. Can these systems inform older adults in the context of a large scale disaster? Method: information was obtained about technology use in emergency settings, the capabilities of North American PERS, and their potential in disasters through a literature and Internet search, emails and telephone calls to service providers. Findings: PERS are not designed to provide targeted messages to specific groups of clients. Coverage is fragmented, limited to paying subscribers. Currently, PERS are not likely to play a significant role in disaster management. However, there are examples of a few PERS being used in the United States to alert users to impending disasters. Conclusion: PERS have demonstrated that systems can be developed that have a high degree of acceptance by older adults and provide support in emergency situations. This implies that a system can be developed to provide broadcast support for older adults during large scale disasters. However, this is limited by the need to examine the financial, privacy, and legal implications if such redesign was undertaken.

P145

Understanding the Needs and Transitions of Ontario's Acute Alternate Level of Care (ALC) Patients Waiting for Long-Term Care

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Introduction: Hospital patients designated "alternate level of care" (ALC) are those who no longer require acute care, but cannot be discharged due to a lack of post-hospital resources. It is estimated that 60% of acute ALC patients are waiting for a long-term care (LTC) bed. Home care is thought to be a viable alternative for some ALC patients waiting for LTC placement. However, little is known about the ALC population. The aim of this research was to describe the needs and transitions of ALC patients in Ontario. Methods: Analysis was conducted on a prevalence sample from Ontario's RAI Home Care and administrative database that included 153,048 individuals: 15,145 ALC patients waiting for LTC, and 137,903 home care clients. Results: Overall, ALC patients are more clinically complex than home care clients. However, results indicate that there is a sub-group of ALC patients that share a similar clinical profile with home care clients. Analysis of ALC transitions indicates that there is a strong tendency to label these vulnerable older adults as needing LTC. Conclusion: Understanding the needs of Ontario's ALC patients can foster new approaches and options that meet the needs of acute ALC patients. A.Costa is funded by CIHR.

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Involuntary Admittance to Care Facilities: The Role of Law

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A review carried out by the author for the Law Reform Commission of Ontario determined that, across Canada, only Ontario and the Yukon have in place active (in force) legislation providing explicitly for involuntary admittance to a care facility. British Columbia's care facility admittance legislation, passed more than 10 years ago, has never been brought into force. How problematic is this state of affairs? Is specific legislation necessary in this context? This paper will survey existing procedures for involuntary care facility admittance across Canada, consider the extent of legal input into/medical control of these processes, and consider different approaches to evaluation: what's the appropriate measure? Risk, protection, autonomy-rights, or some ideal balance of the three? Is there a meaningful role for law reform, given the activation of the legal process by non-legal actors in this context?

P147

Moving Forward Together on Aging and HIV: Outcomes of the National Partners in Aging Forum

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Many Canadians living with HIV are surviving longer due to improvements in treatment and care. Many are now over age 50 and in 2006, 14% of new HIV infections were among people aged 50 or older. There is much to learn from the aging field to address aging in people with HIV, and a critical need to bridge the gap between the fields of aging and HIV. An example of leadership in this area is the National Partners in Aging Forum, held in March, 2010 by the Canadian Working Group on HIV in Rehabilitation (CWGHR). For the first time, policy makers, service providers and community stakeholders from both fields collaborated to identify priorities including: Health and social aspects of aging with HIV, reducing stigma and scaling up access to services and appropriate housing, and building of relationships between HIV and other chronic disease groups experiencing similar challenges in the aging process. Next steps include knowledge translation and exchange for clinicians, people living with HIV and inter-jurisdictional representatives. A report describing the Forum is available on CWGHR's website (www.hivandrehab.ca). The Forum was a pragmatic response to community-identified need and model for integration of HIV and aging to drive policy and practice.

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Building a Research Alliance: The NS Continuing Care Sector Experience

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The Continuing Care sector in Nova Scotia is undergoing significant change in the way publicly funded nursing homes provide care to residents. The change involves the adoption of new physical design and staff approach to care, both aspects in support of resident-centered care. To understand the impact of these changes a research alliance was developed with the financial support of a Community Research Alliance grant from the Nova Scotia Health Research Foundation. The alliance led by the Nova Scotia Centre on Aging, involves academics from different disciplines and multiple institutions, as well as representatives from key stakeholders including government (provincial and regional), not for profit, associations and nursing homes. This presentation describes why and how the alliance was formed, and will focus on key factors such as engagement, collaboration, relationship building, capacity building, and inclusion to overcome challenges that are often associated with advancing research across disciplines and sectors.

P149

Older Lesbian and Bisexual Women's Health and Health Care in Canada: A Systematic Review

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Background: Lesbian and bisexual older women are particularly vulnerable to invisibility and oppression due to their triply marginalized status as older, female and lesbian or bisexual. Objectives: The aim of this review was to critically analyze the current state of knowledge on the health issues and health care experiences of older (ages 50+) lesbian and bisexual women in Canada. Methods: Publications were identified through an electronic search of bibliographical databases using key search terms. Eligibility criteria included both white and grey publications, and qualitative and quantitative studies. Only studies that were published in the last 20 years, in English and included the target group were included in the review. Results: Older lesbian and bisexual older women face many barriers in accessing 'quality' healthcare in Canada. Consistent themes included the avoidance of routine checkups, past and present experiences of discrimination within healthcare, isolation and a concern with accessing supportive long-term care services. Conclusions: A consideration of sexuality and aging needs to be included alongside gender-based analysis in future health care and social research to improve and support older lesbian and bisexual women's health as they age.

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Inmigration and Informal Care in Spain: The Intimate - Private Logics

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The aim of this paper is describing the question of informal care in Spain. The ageing of population between the arrival of new citizenships has generated a new context in relation to caring in dependency. The increase in immigrants has supposed important changes in social and family life in Spain and an important contribution out of the formal welfare state. The question of gender is also important in this process because we can talk about a replacement phenomenon which it gets the woman as protagonist. This replacement and the inclusion of woman in labor market are closely bound together. This replacement takes place in private sphere, for this reason I analyze the speeches of woman caregivers empathizing the complex field of emotions, looking for understand the logic of relationships inside homes. This study is part of bigger investigation project called CUIMAD (Rodríguez Rodríguez; V. el al.). The qualitative data are belonging to 98 interviews that we made in 2008 to immigrants caregivers, family of cared elderly persons and social partners. Maybe it´s interesting a study of these features because of his comparative potential of qualitative codes that I have used and the possibility to make use in future researches.

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A Study of the Roles and Responsibilities of Health Practitioners of Older Adults in Emergency Management

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Health practitioners of older adults need to know and understand their roles and responsibilities and have tools and resources to adequately prepare and respond to older adults in emergency management events. The purpose of this two phase study, funded by the Public Health Agency of Canada, was to identify and provide an overview of available resources, tools, and best practices that provide emergency management information for practitioners. A literature review, focused on five key knowledge areas required by practitioners regarding roles and responsibilities in emergency management in health care settings, was completed for Phase I. Phase II consisted of key expert interviews and a case study review to identify tools and best practices. The overall finding for both phases was that a significant amount of information is available for facility practitioners but further work needs to be done to increase the limited amount of resources for community practitioners. Study recommendations included ways to develop and improve the resources and tools needed by health practitioners in both facility and community settings. This poster will give an overview of the study, it will provide the identified roles and responsibilities, and will offer information on relevant tools.

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A Comparative Study of Dementia-Related Health Services in Three Canadian Cities: Implications and Methodological Considerations

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Community-based dementia care involves interdisciplinary collaboration and coordination among diverse social and medical services as well as with families and individuals with dementia. However, discontinuities within and between various facets of health care can interfere with the delivery of timely and appropriate services. These challenges are experienced across Canada. Much may be learned about efficient and effective service delivery by comparing the structures, processes, and outcomes in urban centers where similar demographics are evident but the organizational nuances of each regional health system differ. A qualitative study of the organization and configuration of dementia-related services was undertaken with thirty-five family physicians, geriatric specialists, and case managers from Calgary (n=12), Edmonton (n=12), and Ottawa (n=11). During semi-structured telephone interviews, participants were asked to reflect on a standardized dementia-case vignette, and to describe what actions they would take, and what suite of services would be provided by other professionals and agencies. Commonalities and differences were evident in the diversity, availability, and service linkages in the three cities. However, these findings may reflect both local health-system factors and methodological factors, including the sampling procedures and researcher interviewing styles. An improved understanding of dementia-related services is essential to improving continuity of care.

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Aggressive Incidents in Long-Term Care From the Perspective of Care Aides

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Previous research has expanded our understanding of the institutional characteristics that contribute to aggressive behaviour within long-term care (Morgan et al., 2008). We learned that while aggressive incidents occur quite frequently in long-term care, especially when caring for residents with dementia, the reporting of aggressive incidents is not commonplace, and is not done consistently between nor within facilities. Without accurate recording of aggressive incidents, the magnitude of the issue cannot be understood. In the current study we used focus group discussions to explore how care aides understand physical aggression within their workplaces, how they describe these incidents, and what criteria they process in determining whether or not an incident warrants formal documentation and reporting. Aggressive incidents are typically explored from the vantage of isolated incidents or episodes; this project represents an innovation in examining incidents from a broader systemic vantage, and from the perspective of care aides who directly experience the aggression. This study provides valuable information that can be used to direct policy related to reporting of aggressive incidents in long-term care.

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The Built Environment in Long-Term Care: Views of Residents, Family Caregivers, and Care Staff

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Despite a desire to make long-term care facilities more homelike and less institutional, relatively little is known about residents', family caregivers' and care staff's views on the built environment. In this study, the concept of homelikeness and key features of the built environment in a rural Alberta long-term care facility are explored. The facility relocated from an old institutional-style building attached to an acute care hospital to a new cottage-style building with each cottage having a kitchen, dining room, living room, and laundry area, and residents having private bedrooms and bathrooms. Prior to, and at 4 and 12 months after the move, residents were asked what they liked/disliked about the facility. Family caregivers (n=37), and staff (n=56) rated homelikeness, discussed elements that were homelike/not homelike, and rated the overall physical layout and specific spaces such as the resident's rooms, bathrooms and tub areas. The new facility was rated significantly higher on homelikeness than the old facility. Physical, social, and organizational characteristics emerged as important dimensions of homelikeness. Similarities and differences were evident in the family caregivers' and the staff's assessments of the physical layout and specific spaces. Implications for research and practice are discussed.

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Delirium and Behavioral Problems in Long-Term Care Facility Residents: Preliminary Findings

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Introduction: Although both delirium and behavioral problems are particularly common in long-term care facility residents, the relation between them has received surprisingly little attention from researchers. Objective: The purpose of this study was to explore the relation between delirium and behavioral problems while controlling for confounding variables. Methodology: Participants were 155 residents, 109 (70.3%) of whom were found delirious according to the confusion assessment method (CAM). Behavioral problems and other variables (severity of cognitive problems, use of antipsychotic drugs, use of benzodiazepines, and sleep problems) were assessed 7 days before the CAM (T1) and on the same day as the CAM (T2). Results: T-tests show significant differences between participants with and without delirium on behavioral problems at both T1 and T2. Multiple regression analyses controlling for the other variables indicate that having a delirium is significantly associated with more behavioral problems at both T1 and T2. Using antipsychotic drugs, using benzodiazepines and having sleep problems are also associated significantly with more behavioral problems. Discussion: These preliminary results provide evidence of a relation between delirium and behavioral problems. Further investigation of this relation is warranted. Funding: Fonds de la recherche en santé du Québec, Fonds de la recherche en sciences infirmières du Québec, and Fondation de l'Hôpital Saint-Sacrement.

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Caring for Someone With Dementia in a Rural or Remote Setting: Initial Findings From a Longitudinal Needs Assessment of Informal Caregivers

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The focus of this study is to provide evidence that informs health service policy and program planning for individuals with dementia and their caregivers who reside in rural and remote northern communities. In 2004 our team implemented a Rural and Remote Memory Clinic (RRMC) evaluation study (PI: Debra Morgan) to improve access to assessment, diagnosis, and management of early stage dementia for rural and remote seniors in Saskatchewan. Caregivers of RRMC patients routinely provide questionnaire data regarding their health, stress, and burden. Although caregivers often spontaneously report stresses and challenges in providing support to their family member, we have not systematically investigated their specific needs and experiences prior to this study. We have recently begun a longitudinal needs assessment of caregivers who accompany seniors to the RRMC. The assessment involves an in-depth interview during caregivers' initial visit to the Clinic, again by telephone six months later, and again in-person as they accompany their family member to the Clinic for a one-year follow-up. Initial findings provide useful information about the types of issues salient to caregivers. For example, caregivers differed in their expectations of the clinic visit and the outcomes they hoped to achieve. Other emerging issues will also be highlighted.

P158

Formal Dementia Care Among First Nations in Southern Ontario

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Purpose: To learn about the process of caring for a First Nations person with dementia, with a focus on interactions between healthcare providers, clients, and their families, as well as available resources. Methods: In-depth interviews were conducted with seven healthcare professionals who provide care for First Nations persons with dementia. A constructivist grounded theory methodology was used to qualitatively code interview transcripts and analyze codes for common themes and interactions. Results: Dementia appears to be underdiagnosed. Preliminary results indicate that dementia care resources - including time, funding, and personnel - are limited in the First Nations community. Resources that are available are often not culturally appropriate. Clients, their families, and healthcare providers may lack knowledge about the disease process or available dementia resources. Clients and their families may also withhold knowledge about the existence of dementia symptoms from their healthcare providers. A key strategy employed by healthcare providers to encourage diagnosis and provide care is to share knowledge about dementia symptoms, available resources, and care with other healthcare providers and with clients. Conclusions: Given the lack of culturally appropriate resources, healthcare providers must often find creative and proactive solutions to ensure comprehensive dementia care.

P159

A Systematic Review of Spirituality and Dementia in Long-Term Care

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A systematic review was conducted to document all articles addressing spirituality among dementia patients in long-term care facilities. We searched 13 social service (eg, PsycInfo), 9 medical (eg, MEDLINE) and 6 grey literature (eg, New York Academy of Medicine) databases in English. An independent review by two raters identified 13 articles which met the inclusion criteria. Three major themes emerged: 1. The spiritual needs identified included preserving a sense of purpose, fostering meaningful connections with the surrounding world, and retaining a relationship with God. 2. Effective strategies for assessing individual spiritual needs (eg, 2-level method). 3. Clinical guidelines suggested the use of formal religious interventions (eg, prayer and spiritual reminiscence). These strategies increased recall ability and mood, and decreased agitation. This article is the first review on spirituality and dementia to focus strictly on long-term care residents. The lack of methodologically rigorous studies underlines the need for future research. The review reveals the importance of policies and programs of Homes for the Aged to increase awareness of the spiritual needs of residents with dementia.

P160

An Educational Intervention for Caregivers in Early Stage Alzheimer's Disease: Results of an Experimental Study

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In the early stage of Alzheimer's disease, a major area of concern for the family caregiver is communication with the next of kin diagnosed with this disorder. In response to this need, a psycho-educational intervention focused on communication was conceived and tested on five proximal outcome variables: caregiver knowledge, perceptions of communication difficulties and degree of perceived disturbance related to these difficulties, self-efficacy and communication skills. The overall pedagogical approach in the study was geragogy, a learning framework for the older individual. The specific learning strategies were guided by self-efficacy theory within social cognitive theory, and the McGill model of nursing informed the particular contextual aspects. The intervention was evaluated via an experimental design with pre- post tests. Fifty family caregivers in a semi-urban area were randomly assigned to an experimental group (intervention program), or to a control group (information flier on communication and memory). Statistically significant effects were found on four dependent variables: caregiver knowledge, degree of disturbance related to communication difficulties, self-efficacy and skills. No significant effects were observed in regard to the perceived presence of communication difficulties. This communication program serves as a useful tool to prepare caregivers for their new role.

P161

The Cost of Vision Loss in Canada

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CNIB and the Canadian Ophthalmological Society commissioned Access Economics Pty Limited, a world-leading independent economic consulting firm, to conduct a comprehensive study on the cost of vision loss in Canada and its impact on governments, employers, and all Canadians. Specialists in model-based health forecasting and analysis, Access Economics has completed two previous cost of vision loss studies, one for Australia and one for the United States. Using prevalence-based and conservative methodology, the study builds on existing, authoritative sources of Canadian data and research. It takes into account Canada's multicultural society and future demographic trends. It uses known costs wherever possible, accurately reflecting real Canadian expenditures and government policies. This study found the annual price tag associated with blindness and partial sight in Canada is exceptionally large – much higher than previous estimates. At $15.8 billion (in 2007 dollars)1 (Figure2), the cost amounts to 1.19 per cent of Canada's GDP.2 In spite of this extraordinary sum there are still more than 800,000 Canadians living with blindness and partial sight, far too many of whom live in social isolation, experience poverty, and face unemployment and discrimination. The findings are extensive, and they are without question the most definitive data now available. A more recent study on the Global cost of blindness puts the global figure at over 3 trillion dollars. This paper will provide an overview of the full study, and more recent global study, and will further discuss the results and CNIB's recommendation for a national vision health plan.

P162

Oral Care - Why is This so Important in Long Term Care?

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Introduction: Oral care is a fundamental nursing activity, although often not given much priority and often overlooked. Objective: Implement RNAO best practices; Decrease risks associated with health care acquired pneumonia; Interdisciplinary approach; Standardize assessments, interventions/management. Literature review: Nursing home-acquired pneumonia is the leading cause of death from infection in long-term care home residents (Sumi et al., 2001). Methodology: Oral Care Assessment utilizing a standardized tool that identifies/assesses 5 key categories: lips; gingvia/oral mucosa; tongue; teeth; saliva. The total score determined the level of intervention for the individual Resident: Score 5 or less - no observed dysfunction (recommendations 1); Score 6 - 10 - mild dysfunction (recommendations 2); Score over 10- moderate/severe dysfunction (recommendations 3). One month later, post evaluation completed. Results: Quantitative: 17 Residents. Compared to first assessment, results improved from:

13 to 7; 14 to 7; 13 to 7; 13 to 7; 13 to 8; 13 to 8; 11 to 6; 12 to 6; 13 to 8; 14 to 9; 11 to 7; 12 to 7; 16 to 8; 16 to 9; 12 to 8; 12 to 6; 15 to 12; 18 to 12. Summary: Staff confidence in integrating best practice into daily routines is the key factor in achieving positive outcomes.

P163

Pressure Ulcer Evolution and Its Related Cost - Case Study

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Objective: Identify internally acquired wounds and monitor their evaluation overtime and cost outcomes. METHODOLOGY: Study setting: Conducted in 16 Revera LTC Homes across Canada; a minimum of 10 Stage II Pressure Ulcers were evaluated; application of a standardized wound care management program (Revera Inc.); weekly documentation and costs per dressing changes. Residents eligibility: Inclusion criteria: permanent resident, developed a Stage II pressure ulcer; Exclusion Criteria: the Resident is on Respite Care and not a permanent resident in LTC Home (short stay); Exclude Skin Tears, Arterial, Venous, Diabetic ulcers and or Malignant wounds. Length of the study: 12 weeks. Results: Total number of wounds studied: 12. The number of days for wound closure was between 5 days to 84 days, average: 30.25 days. The weekly cost for treatments was between $9.44 and $108.81, average: $ 25.42 per wound. The total cost incurred was between $9.44 and $1146.82, average: $ 220.90 per wound. Number of wounds that deteriorated = 1/12 - became infected and progressed to a Stage IV. Summary: The implementation of standardized program not only contributed to a positive outcome for wound closure, but had also a positive impact on the cost related to wound management.

P164

Rapid Response - Immediate Care Solutions for Seniors

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INTRODUCTION: A unique program offering 24 hour toll-free telephone service to seniors, the general public and healthcare professionals. Rapid Response is able to offer options within a continuum of wellness including: retirement, respite, long term care and in-home care service. Immediate short term stays and respite accommodations can be arranged within 24 hours in private pay retirement residences across Canada. METHODOLOGY: Clients contact the Rapid Response toll-free line 24 hours per day, 7 days per week. Calls are received by a Registered Nurse that is able to offer advice and direction for the particular needs of the individuals. Quantitative data:2500+ incoming calls in 2009; 52% of calls coming from hospital social workers, discharge planners and / or CCAC community case managers; 48% of calls coming from general public; Assessment tool used for collection of care need information; 382 clients transferred to retirement residences for respite or short term stays; 115 clients referred to in-home care service provider; 851 clients seeking information about access to long term care or community services; 753 clients wishing further information about retirement or respite accommodations; Average length of stay for respite or short term stay = 27 days.

P165

Bathing, Long Term Care, and Dementia: The Impact of Modifying the Physical and Interpersonal Environment on the Bathing Experience for Residents and Staff

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Seventy five percent of behaviours that are exhibited by persons with dementia occur during personal care (Barrick, Rader, Hoeffer, & Sloane, 2002). Staff often expresses dissatisfaction with how bathing is dealt with at their facility (Sloane, Honn, Dwyer, Wieselquist, Cain, and Myers, 1995). The Canadian Coalition for Seniors Mental Health published guidelines for The Assessment and Treatment of Mental Health Issues in Long Term Care Homes. They indicate "All individuals living in LTC homes can benefit from a bathing intervention". With the assistance of 2 Occupational Therapy candidates from McMaster University, the Halton Geriatric Mental Health Outreach Program completed a project looking at bathing, long term care, and dementia. Four Long Term Care Homes participated. The method included:
• Five weekly care observations.
• Weekly multidisciplinary meeting to review plans and support needed. The results included:
• Reduction of physical behaviours, almost statistically significant
• Decrease in negative and an increase in positive verbal behaviours, not statistically significant
• Four themes emerged The poster will:
• Expand on the changes in behaviours and the themes that were identified. A study case example will be shared
• Consider the concept of care observation and staff learning.
• Next steps for Mental Health Outreach Case Managers

P166

Modèle de résumé d'hospitalisation adapté au patient âgé vulnérable

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Introduction: L'hospitalisation dans une unité de courte durée gériatrique (UCDG) représente un moment charnière dans le suivi d'une personne âgée vulnérable. Les informations transmises au congé devraient être complètes, valides et rapidement acheminées au médecin de famille et à l'équipe de soutien à domicile qui sont responsables du suivi des recommandations. Objectif: Développer un modèle de résumé d'hospitalisation adapté pour les patients âgés vulnérables (RHPAV) traités en gériatrie. Méthodes : Les items à inclure dans le RHPAV ont été déterminés par une consultation auprès d'experts cliniques (Delphi modifié) provenant d'UCDG (11 médecins et 5 pharmaciens) et de la communauté (10 médecins et 5 pharmaciens). L'analyse du consensus et du degré d'accord entre les experts a été effectuée selon la RAND/UCLA Appropriateness Method. Résultats : L'atteinte du consensus a nécessité deux tours de consultation. Les items jugés «incertain» (4) parmi ceux proposés ont été éliminés dans le modèle de RHPAV final qui contient deux sections, le résumé médical d'hospitalisation (22 principaux items) et l'ordonnance pharmaceutique de départ (14 principaux items). Conclusion: Le modèle de RHPAV développé est plus complet et mieux adapté aux problématiques de santé de la clientèle hospitalisée en gériatrie.

P167

Studying Physical Assault of Nursing Aides in Long-Term Care: Lessons for Theory, Practice, and Methods

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This paper describes nursing aide (NA) reports of assault from residents, and methodological and theoretical implications. The conceptual framework, attribution theory, proposes that beliefs about the causes of events influence emotions, distress, expectations for the future, and behaviour. NAs used a structured prospective diary to document incidents over 144 consecutive hours, noting time, place, activity, emotional and behavioural responses, perceptions of cause(s), and ability to change the cause and prevent similar behaviour. Eight-three NAs in 11 rural long-term care facilities in Saskatchewan, Canada, reported a total of 411 incidents. Most occurred in residents' rooms during personal care and were attributed to resident factors (e.g. not wanting care). A serendipitous finding was that NAs were reluctant to document incidents for fear of being blamed. During focus groups NAs reported organizational factors (e.g., lack of staff) that influenced care (e.g., rushing residents despite knowing that this often leads to aggression). Organizational factors and NAs' beliefs about their professional role (e.g., to help residents) had more impact on their behaviour than their causal attributions. Knowledge translation theory, which examines the impact of broader contextual factors on use of best practices, better describes these events than attribution theory, which focuses on the staff-resident dyad.

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Vers une conception écologique de la promotion de la vitalité cognitive des aînés

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Le vieillissement normal s'accompagne de changements progressifs sur le plan de la performance cognitive. Par contre, les chercheurs ont récemment montré que le cerveau peut garder sa capacité à se restructurer positivement en réponse à la stimulation, même à un âge avancé ainsi que l'efficacité de programmes spécifiques. Outre les interventions de type clinique, la promotion de la santé cognitive des aînés est maintenant considérée comme une stratégie prometteuse dans une optique globale de vieillissement actif. À ce jour, les recherches ont principalement porté sur l'identification des déterminants individuels de la vitalité intellectuelle des aînés. Par ailleurs, on reconnait maintenant l'importante contribution des facteurs socio-environnementaux sur plusieurs dimensions de la santé. Quelques rares études ont examiné les liens potentiels entre les caractéristiques sociales, physiques et organisationnelles du milieu et le niveau cognitif des aînés. De nombreuses autres études ont montré l'influence de l'environnement de proximité sur les déterminants comportementaux de la vitalité cognitive. La présentation vise à rappeler quelques faits au sujet du vieillissement cognitif et des déterminants individuels qui y sont associés, explorer les facteurs environnementaux potentiellement influents puis proposer des cibles d'action pour une approche écologique de promotion de la vitalité cognitive.

P169

Personal Support Workers Perspective on Palliative Care in Long Term Care

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Background Long term care (LTC) homes are a major site of death in Canada. However, most LTC homes lack a formalized palliative care (PC) program to care for residents living with life-limiting or chronic illnesses. Personal support workers (PSWs) play a vital role in the care of long term care residents. Objectives The goal is to examine the role of personal support workers in providing PC in LTC. Methods Participatory action research methods have been implemented in four Ontario LTC homes. Results The PSWs identified there are clear education needs surrounding providing culturally competent care and PC best practices. Interprofessional communication was seen as a key challenge and also communicating with families about death and dying. PSWs show strong team work within their discipline and are resident focused. Discussion There are over 30 national and international researchers and 40 community organizations partnered in this project. These partners will work collaboratively to establish educational and practical interventions in order to support the PSWs in providing PC. The end result an evidence-based toolkit for developing PC for LTC homes that can be applied nationally. Funders This Community University Research Alliance is funded by the Social Sciences and Humanities Research Council entitled Improving the Quality of Life of People Dying in Long Term Care Home.

P170

Detection of Delirium and Its Symptoms by Nurses Working in Long-Term Care Facility

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A prospective, observational study with repeated measurements over a six-month period assessed the ability of nurses to recognize delirium and its symptoms among long-term care residents aged 65 years and older. Factors associated with undetected delirium were also investigated. Delirium and its symptoms were assessed using the Confusion Assessment Method (CAM). Ratings of delirium by nurses based on their observations during routine care were compared with delirium ratings by trained research assistant (RA) based on a one-time formal structured evaluation (CAM and MMSE). This procedure was repeated for 10 delirium symptoms. Sensitivity, specificity, positive and negative predictive values were calculated. The method of generalized estimating equations was used to identify factors associated with undetected delirium. The RA identified delirium in 43 of the 202 residents (21.3%). Nurses identified delirium in 51% of the cases identified by the RA. However, for cases without delirium according to the RA, nurses identified 90% of them correctly. Detection rates for delirium symptoms ranged from 28.9% to 75%. Undetected delirium was associated with higher number of depressive symptoms manifested by the resident. Detection of delirium is a major issue for nurses. Strategies to improve nurse recognition of delirium could well reduce adverse outcomes for this vulnerable population.

P171

Acute Care of the Elderly (ACE) at Queensway Carleton Hospital, Ottawa

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The Queensway Carleton Hospital (QCH) is an acute community hospital with 260 beds. 80% of patient days are occupied by patients over 80 most of whom have complex Geriatric needs. The Geriatric Evaluation Unit (GEU) has 13 beds comprising 5% of the total capacity of the hospital. There could be a total wait of up to 14 days before appropriate Geriatric assessment and principles of treatment were in place, and the length of stay on the GEU was long, as patients required more time to regain functional status. The arrival of a Geriatrician in February 2007 and at a Departmental retreat in November 2007 it was determined that a new view on the acute management of Geriatric patients at QCH was required. A Literature review showed that Acute Care of the Elderly (ACE) Services improve patient outcomes. It was determined that the best way forward was a concurrent model of care with the geriatric (ACE) team providing expertise at the bedside to help direct care planning early in the patients' acute episode of care. Actions were taken to address improved awareness of Acute Geriatric Medical & Nursing management, improvement of the referral process and data collection A reduction in LOS for the GEU and readmission rates for the ACE group of patients was demonstrated in the first two quarters of implementation

P172

The Implementation of the Systemic Falls Investigative Method in an Acute Hospital Geriatrics Unit: A Case-Study

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Issues of patient safety are rapidly becoming a priority for many health organizations. Safety culture within an organization is a significant indicator of its readiness for change and ability to implement necessary improvements. This study assesses the implementation of the Systemic Falls Investigative Methodology (SFIM) in a geriatrics unit of an acute care hospital. SFIM is a comprehensive method of identifying organizational causes and contributors to falls in healthcare. A mixed methods case study design was used to assess safety culture within the unit pre and post SFIM implementation. Data from interviews with managers, focus groups with frontline staff and the Patient Safety in Healthcare Organizations Survey were collected to explore the SFIM implementation in the context of safety culture and within the OMRU framework. The results indicated highly siloed professions, inadequate communication, lack of resources and a punitive environment which present organizational environmental barriers to improving patient safety. Limits to the implementation of SFIM included only one investigator with limited time commitment, little knowledge, and lack of staff involvement in SFIM. The SFIM shows promise in contributing to improved patient safety in the acute care hospital when environment, adopters, and innovation characteristics are present prior to the implementation process. *Funded by CIHR

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Translation and Validation of the Wheelchair Use Confidence Scale (WheelCon) Into Canadian French

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The Wheelchair Use Confidence Scale (WheelCon) assesses an individual's level of confidence related to manual wheelchair use. The 62 item WheelCon assesses six different areas: negotiating the physical environment, activities performed in a manual wheelchair, knowledge and problem solving, advocacy, social situations, and managing emotions. Each item is rated from 0% (not confident) to 100% (completely confident) by the wheelchair user. The Total Score is calculated as the sum of individual item scores divided by 62. This poster presents: 1) the methodological approach to translate the WheelCon into Canadian French (WheelCon-F) for a population of older adults (50 years plus), and 2) the WheelCon-F measurement properties (test-retest reliability, content validity and applicability). The Wheelcon was translated into French using a translation/backtranslation method. Participants were evaluated twice by the same tester, approximately 10 days between T1 and T2. Preliminary analyses (n=7 of 25) of the WheelCon-F test-retest reliability indicates the ICC = 0.85 (95% CI = 0.35-0.98). Also, the WheelCon-F seems to be a valid measure with regards to its content and applicable over a phone interview for a population of older French-Canadian speaking adults who use a manual wheelchair.

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Analyse critique des outils d'évaluation des risques de chutes dans l'environnement domiciliaire des aînés

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Les études liées à la prévention des chutes chez les aînés révèlent que pour être efficaces, les interventions doivent cibler un ensemble de facteurs de risque, notamment les facteurs de risque environnementaux. Plusieurs outils ont été développés pour évaluer les risques de chutes dans l'environnement domiciliaire des aînés. Toutefois, aucune analyse n'a permis jusqu'à maintenant d'avoir une vue d'ensemble de ces outils. Une revue systématique des écrits ayant recours à plusieurs stratégies de recherche a été réalisée dans le but de combler cette lacune. Cette revue a permis de recenser 17 outils d'évaluation qui ont été analysés à l'aide d'une grille détaillée s'intéressant tant aux propriétés métrologiques, qu'à d'autres caractéristiques des outils. Sept outils se sont démarqués des autres, soit pour certaines de leurs caractéristiques générales ou pour leurs qualités métrologiques. Cette analyse sera certes utile pour les professionnels de la santé et les chercheurs soucieux d'utiliser un outil d'évaluation de la sécurité de l'environnement domiciliaire des aînés qui soit à la fois rigoureux et adapté au contexte d'utilisation. Il s'avère toutefois crucial de poursuivre les travaux de recherche sur le développement et la validation d'outils pour évaluer les facteurs de risque de chutes, nommément les facteurs de risque environnementaux.

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Perceptions of Barriers and Facilitators to Improving Quality of Life for Long-Term Care Residents

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The purpose of this study was to explore the current perceptions related to improving the quality of life for long-term care (LTC) residents, while addressing related strategies that are used and some of the barriers and facilitators to improving it. This study was grounded in an exploratory descriptive design utilizing thematic content analysis. Data were collected at seven LTC homes located within a western Canadian province. In total, 13 focus groups were held; 4 with licensed nurses and 9 with special care aids. Also, 26 individual semi-structured interviews were conducted with 15 other members from the health-care team and 11 members of administration. The findings revealed that participants perceived a good quality of life for LTC residents meant that all residents' needs were being met safely and with residents having autonomy in their care decisions. Staff attempted to provide quality care to residents by providing holistic, individualized care; allowing residents choices in care decisions; providing palatable food and access to services; and, treating residents like family - with respect and dignity. Participants described a number of barriers and facilitators that influenced the provision of quality care, which ultimately shaped the quality of life for LTC residents. Future work is needed to improve the quality of life for LTC residents.

S1

Mobility and Physical Activity in the Urban Built Environment: Population-Based Insights and Methodological Advances

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OVERVIEW

Mobility is a challenge for a significant proportion of the older population. Currently of those 60 years of age or over, 13% have mobility impairments; the proportion climbing to 30% by 80 years of age. Barriers in the urban built environment (e.g. inaccessible public transportation, discontinuous sidewalks, uneven pavement, a lack of cross-walks and pedestrian amenities) can pose a particular challenge for adults with underlying mobility difficulties (or other impairments), serving to limit their day-to-day activities such as shopping, banking, recreational walking or other forms of physical activity. This symposium brings together experts from Canada and the United States who are examining the role of the urban environment for the health and independence of older adults. The symposium opens with two substantive papers based on population-based survey data. The first examines the role of built environment characteristics (urban design elements as well as the type of destinations within walking distance) for neighborhood walking among older Michigan adults both with and without mobility difficulties. The second investigates the role of neighborhood social networks for physical activity among a sample of older Montreal adults. The symposium closes with two papers that share opportunities for methodological advances in this area of research. Time-geography perspectives are used to demonstrate the utility of thinking about space and time-use behaviors for better understanding mobility within the urban environment. Insight into the optimal design of the built environment for older adults is provided in the final paper reporting on empirical evidence from a new state-of-the-art Canadian research laboratory that has the capacity to simulate various built environment conditions for older adults with a range of impairments and mobility limitations. Collectively the papers in this symposium emphasize the importance of intelligent urban design for the health and well-being of older adults.

Abstract #1

Neighborhood Walking in Older Adults With and Without Difficulty Walking

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Objectives: Walking is an excellent form of physical activity. This cross-sectional study examined the influence of self-efficacy, outcome expectations and neighborhood environment (design and the presence of neighborhood destinations) on neighborhood walking in older adults (OA) with and without difficulty walking (n=298, aged 60-99 years, M =76.1, sd=8.34). Methods: Measures included the Neighborhood Physical Activity Questionnaire, Multidimensional Outcome Expectations for Exercise Scale, Neighborhood Environment Walkability Scale, self-efficacy scales, and one question regarding difficulty walking _ mile. Results: Hierarchical multiple regression revealed that the model explained 19.9% of the variance in neighborhood walking (p<.001) in OA without difficulty walking (n=195). Both self-efficacy/outcome expectations (R2=.118) and neighborhood environment (R2=.066) were significant (p=.001). In the final model, self-efficacy exerted the strongest influence (_=.336, p=.001) followed by neighborhood design (_=.173, p<.05) and gender (_=.148, p<.05); outcome expectations were nonsignificant. In OA with difficulty walking (n=64), 24.3% of the variance was explained by the model (p<.001); neighborhood environment added 18.6% (p<.01). In the final model only the presence of neighborhood destinations (_=.535, p=.001) was significant. Outcome expectations and self-efficacy were nonsignificant. Conclusions: Walking interventions for OA should be consider walking difficulty, with emphasis on the role of self-efficacy in OA without difficulty walking. Future research should examine the relationship between neighborhood destinations and difficulty walking.

Abstract #2

Ego's Neighbourhood Social Networks and Physical Inactivity Among Older Montreal Adults

Spencer Moore, PhD, School of Kinesiology and Health Studies, Queen's University, and Axe en santé, centre de recherche du centre hospitalier de l'Université de Montréal; S Stewart, PhD, School of Kinesiology and Health Studies, Queen's University; L Richard, PhD; Université de Montréal.

Objectives: Research on social networks and health have highlighted the degree to which obesity and smoking spreads through population networks. The following study examines among older Montreal adults the association of physical inactivity with the exercise profile of their social networks, and whether this association varies according to where network members reside. Methods: Cross-sectional network data on 835 Montreal adults older than 65 years come from the Montreal Neighbourhood Networks and Healthy Aging study (MoNNET-HA). A name generator was used to elicit the names of adults' core network members (i.e., alters); a name interpreter asked if alters exercised regularly. The IPAQ measured physical inactivity. Multilevel logistic regression was used to account for the clustered sampling design. Analyses adjusted for sex, marital status, socioeconomic status, and social participation. Results: Older adults who had a regularly-exercising alter in their neighbourhood were less likely to be physically inactive than those who did not (OR: 0.59;95%CIs: 0.38-0.92). Being divorced, male, and of high SES also decreased the odds of physical inactivity. Being socially active, or having household or outside-neighbourhood ties who exercised were not associated with physical inactivity. Conclusions: Public health interventions to decrease physical inactivity should target the neighbourhood networks of older adults.

Abstract #3

Mobility in Aging: Time-Geography Perspectives

Antonio Páez, PhD, School of Geography and Earth Sciences, McMaster University.

Objectives: Is it widely recognized that mobility, in all its manifestations, is a critical aspect of the quality of life of seniors. It is a truism that participating in many activities requires the ability to reach physically dispersed locations.Transportation ceases to be a luxury to become a necessity. Until recently, however, relatively little was known about the out-of-home mobility patterns of seniors and how these patterns may differ from those of the general population. The evidence is mounting that seniors have different spatial use behaviors, and there is a need to better understand the factors that influence their mobility. The objective of this paper is to discuss the mobility of seniors from the lens of time-geography. Methods: Time-geography provides a powerful conceptual framework to think about space and time use behaviors, and provides valuable insights regarding the implications of mobility as people age. Results: Insights derived from time-geography are contrasted with the available evidence, and knowledge gaps are identified. Conclusions: The findings help define a research agenda to further our understanding of the factors that influence mobility, and the implications for quality of life.

Abstract #4

Optimal Design of the Built Environment for Older Adults: Empirical Evidence From a New State-of-the Art Research Facility

Geoff Fernie, PhD, Vice President of Research, Toronto Rehabilitation Institute and Professor, University of Toronto.

Objectives: The ground we walk or wheel on has a major influence on our ability to move around easily and safely. Quantitative evidence is needed to establish design guidelines for inclines, cross-slopes, ramps, curb cuts, steps and stairs indoors and outdoors in all weathers. Methods: We are gathering this evidence both in the laboratory and in the field with adults of all ages and various disabilities. The laboratory studies are currently being expanded to take advantage of extraordinarily advanced simulation capabilities that are coming on-stream at the time of this conference. These simulation facilities can emulate all weathers and ground inclines. They include an instrumented stairway. All of the environments can be moved suddenly to perturb balance in highly controlled ways and all are equipped with sophisticated falls arrest systems to protect the safety of the subjects. Full 3D motion analysis and ground reaction force measurement are available. Results: One of the environments includes a high resolution visual and auditory immersive environment that is a virtual copy of an area of Toronto surrounding our institution and includes intelligent pedestrian and vehicle traffic. The field studies use wearable instrumentation and instrumentation integrated into wheeled walkers. Conclusions: The presentation will highlight results obtained so far and will emphasize opportunities for researchers from other centres to share in the use of our laboratories.

■ S2

Geriatric Oncology: The Québec Experience

Doreen Wan-Chow-Wah, Jewish General Hospital; Flavia De Angelis; Christine Dionne; Linda Alfonso; Fay J. Strohschein; Johanne Monette; Judy Bianco; Carmela Pepe*

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OVERVIEW

As cancer incidence and mortality increase with age, the emerging specialty of Geriatric Oncology is becoming more important and relevant to the health care system in order to ensure optimal care of older cancer patients. Older patients consist of a diverse group of individuals with varying numbers and severity of health problems, to whom a diagnosis of cancer will further add to the complexity of their care. At the present time, Geriatric Oncology is well established in Europe and the United States. In Canada, a few select groups in the province of Québec have demonstrated an interest in this field and are at various stages of development with regards to providing specialized care to older cancer patients, as well as promoting research and teaching in Geriatric Oncology. This symposium will focus on sharing the experience and expertise of the teams working in Geriatric Oncology in the province of Québec, namely at the Segal Cancer Center of the Jewish General Hospital in Montreal, at the Centre de lutte contre le cancer de la Montérégie (CICM), and the Centre hospitalier universitaire de Québec (CHAUQ). In addition to presenting the clinical work and research being conducted at each center, we will also highlight the important and unique role of the nurse navigator (infirmière pivot), a model of nursing commonly used in Oncology which forms an integral part of the Consultation Service for Senior Oncology Patients at the Jewish General Hospital. We hope to sensitize the audience about the increasing reality of caring for older patients with cancer and emphasize the importance of collaborative work between the Oncology and Geriatrics teams.

Abstract #1

Older Cancer Patients: A Growing Challenge

Doreen Wan-Chow-Wah, MD, FRCPC Johanne Monette, MD, M.Sc
Carmela Pepe, MD, FRCPC Fay Strohschein, N, Ph.D (student)
Linda Alfonso, N, M.Ed Judy Bianco, N, M.Sc

The risk of developing cancer rises with age. In Canada, 43% of cancer incidence and 61% of cancer mortality occur in persons aged ≥ 70 years. Geriatric Oncology is a relatively new field and to our knowledge, the Geriatric Oncology program at McGill University is the first of its kind in the province of Québec, and likely across Canada. In May 2009, the Geriatric Oncology team of the Segal Cancer Center, Jewish General Hospital obtained the designation of supra-regional team, in recognition of our expertise in this field. Our innovative program is developing on several fronts: clinical, research and teaching. We have created a Consultation Service for Senior Oncology Patients, an outpatient clinic where we assist oncologists in caring for their older patients. Research projects include the usefulness of frailty markers in the assessment of older cancer patients, a survey of oncologists across Québec on their experience in caring for older cancer patients, and qualitative studies on physicians' perspectives in caring for older cancer patients. Finally, McGill University offers a fellowship program in Geriatric Oncology to promote teaching in this field to ultimately improve the care of the elderly with cancer.

Abstract #2

Innovations in Geriatric Oncology Care Delivery: The 4 year Experience of the Consultation Service for Senior Oncology Patients

Linda Alfonso, N, M.Ed Fay J. Strohschein, N, Ph.D (student)
Doreen Wan-Chow-Wah, MD, FRCPC Johanne Monette, MD, M.Sc, Carmela Pepe, MD, FRCPC

In Canada, 70% of new cancer cases occur in individuals over the age of 60. Management of these patients is complicated by vast individual variations in physiologic, functional, and cognitive health status, as well as biological, psychological and social aspects of aging which affect cancer treatment and care. Integration of clinical expertise in oncology and geriatrics is necessary for comprehensive, appropriate, and tailored care delivery. Independence of these disciplines frequently leaves patients and families to negotiate gaps in care delivery. The Consultation Service for Senior Oncology Patients was initiated in 2006 to promote a comprehensive approach to the care of older patients with cancer and their families by collaborating with oncology treating teams to develop individualized, integrated plans of care. Patients are referred for assessment of suspected vulnerability to adverse effects of cancer treatment, impaired functional status, impaired mobility (e.g. falls), cognitive impairment, polypharmacy, and/or multiple comorbidities. An interprofessional, multidimensional assessment guides recommendations to tailor subsequent cancer care and manage geriatric syndromes with consideration of the patient and family's experience of cancer, ensuring continuity of care and access to appropriate information and resources. Collection of detailed clinical statistics guides ongoing quality improvement and clinic development.

Abstract #3

Nurse Navigator in Geriatric Oncology: Enhancing Care of Older Individuals With Cancer and Their Families

Linda Alfonso, N, M.Ed Fay J. Strohschein, N, Ph.D (student)

Older individuals with cancer express unmet needs in terms of exploration of patient's personal situation, individualized information, and sensitive communication throughout the care trajectory that includes engagement of the family. The oncology nurse navigator role in Quebec was developed to meet similar needs in the general oncology population, however little work has been done to explore its application to the unique needs and concerns of older individuals with cancer and their families. This presentation discusses the role of the nurse navigator in the Consultation Service for Senior Oncology Patients. Implemented in 2006, this role is characterized by availability, partnership and expertise in both oncology and geriatrics. It facilitates continuity between outpatient geriatric and oncology care, inpatient care, and community resources. Blending the role with that of a clinical nurse specialist enables this nurse to act as resource to other nurses, both in outpatient clinics and on inpatient wards, as well as educate nurses, other health care professionals, and the public about geriatric oncology and the services available. Overall, the actions taken by the geriatric oncology nurse to individualize care, implement integrative interventions, and promote aging-sensitive care strive to enhance quality of life for older individuals with cancer and their families.

Abstract #4

Oncologie gériatrique en Montérégie et Québec : L'expérience du Centre de lutte contre le cancer de la Montérégie (CICM) et du Centre hospitalier universitaire de Québec (CHAUQ)

DeAngelis F, Joannette S, Latreille J (Montérégie). Dionne C (Québec).

OBJECTIFS : Présenter l'expérience des équipes pluridisciplinaires en oncogériatrie et les développements en recherche réalisés au CICM et au CHAUQ. PRÉSENTATION : En Montérégie, nous développons une équipe pluridisciplinaire et une expertise spécifique qui sera partagée avec les membres du réseau cancer de la Montérégie. Avec l'objectif d'optimiser l'accès des personnes âgées aux traitements oncologiques tout en évitant les sous et sur traitements et les morbidités secondaires, un outil de dépistage gériatrique, le DOG, est en élaboration. Parallèlement, nous étudions des recommandations pour la gestion et le contrôle glycémique des patients diabétiques en chimiothérapie et pour la diminution du risque de neutropénie fébrile. Dans la région de Québec, nous sommes à développer un programme régional d'oncogériatrie, sous l'égide du Centre d'excellence sur le vieillissement de Québec (CEVQ). L'activité clinique prendra principalement la forme d'une consultation externe soutenue par une équipe interdisciplinaire. Les activités de recherche permettront premièrement de caractériser notre population. Elles porteront également sur le développement et la validation d'un outil de dépistage gériatrique, les répercussions de la prise en charge gériatrique en oncologie, et la tolérance des sujets âgés aux nouveaux traitements.

■ S3

Psychology and Aging Today: Research by Emerging Behavioural Scientists

Maggie Gibson, St. Joseph's Health Care; Anthony Kupferschmidt; Krista Frazee; Véronique Boudreault; Janet Love; Tara Stewart*

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OVERVIEW

As the field of gerontology has grown in Canada, the path that trainees may follow to study in the area of psychology and aging has broadened and branched. This change is now reflected in the heterogeneous student and recent graduate membership of the CAG-ACG Psychology Division. New and emerging scholars with a wide-ranging focus on behavioural science in later life and from a variety of disciplines (such as health studies and gerontology) now join members pursuing a more traditional course of study in a psychology department.

The Psychology Division is pleased to showcase examples of geropsychology research conducted by individuals at different levels of graduate and post-doctoral training in Canadian universities. The presenters are Krista Frazee, who is finishing her last year of the Masters in Gerontology program at Simon Fraser University, Véronique Boudreault, a new doctoral student in the School of Psychology at Laval University, Janet Love, a second year doctoral student in the Laboratory for Integrative Lifespan Developmental Research at the University of Victoria, and Dr. Tara Stewart, a Post-Doctoral Fellow at the Laboratory for Aging and Health Research (LAHR), University of Manitoba.

The presentations by these new and emerging scholars illustrate attention to a range of psychological aspects in the study of age-related issues. These issues include: the impact of the physical environment of dementia special care units on residents' quality of life; barriers and facilitators to the implementation of guidelines for the management of behaviours in long term care homes; cognitive, physiological and health markers that may identify differences in individuals who are less likely to experience non-normative decline; and different psychological factors, such as personal control beliefs, that can enhance or maintain older people's health, physical activity, and well-being.

Abstract #1

From Loneliness to Liveliness: How Activity Spaces and Activity Programming Work Together to Support the Psychological Needs of Residents With Dementia in Special Care Units

Frazee, K., Chaudhury, H.

There is growing evidence that therapeutic physical and social environments in dementia special care units (SCU) can enhance residents' quality of life. For example, activity programming plays a key role in supporting the key psychological needs of people with dementia as outlined by Kitwood (1997). However, little is known about the physical environment of activity spaces; in particular how characteristics of these spaces can influence the quality of residents' engagement during group activities. This study examined the relationships between activity spaces, activity programming, and resident outcomes in two dementia special care facilities. These settings were purposely selected to represent maximum variation in physical environment: one older, secure unit attached to a larger complex-care facility; and one newer, purpose-built, freestanding special care facility. Using a mixed-methods approach, we gathered information through standardized environmental assessments, resident observations, and staff-member interviews and questionnaires. The findings suggest that aspects of the physical environment such as room size, location, and furniture configuration play an important role in supporting inclusion, autonomy, and social engagement. This information has implications for architects, design professionals, and facility planners as they move forward in their efforts to improve SCU environments in the future.

Abstract #2

Implementation of Guidelines for the Management of Behavior Disorders in Long-Term Care Facilities: Pilot Study of Barriers and Facilitators

Boudreault, V., Landreville, P., Tétreault, D.

Adherence to clinical practice guidelines regarding the management of behavioral and psychological symptoms of dementia seems variable and even low in some cases. The objective of this pilot study was to provide an overview of the main obstacles and facilitators that could influence the implementation of the Canadian Coalition for Seniors Mental Health (CCSMH) guidelines for the management of behavioral disorders in long-term care facilities. A list of 38 potential barriers and 21 facilitators was developed and assessed by 5 health professionals of 3 different disciplines (medicine, nursing and psychology) with working experience in nursing homes. Variability is observed concerning the importance of barriers: many are recognized by all participants (e.g. lack of discussion), while some are not recognized by any participant (e.g. guidelines too detailed). In comparison, variability among facilitators is much smaller. The 17 barriers and 16 facilitators recognized by all participants are mainly organizational (e.g. communication between caregivers) and structural aspects (e.g. availability of specialized units). The results of this pilot study suggest factors that may influence the implementation of practice guidelines for the management of behavioral disorders in long-term care facilities.

This study was made possible by an award to the first author from the Fonds de la recherche en santé du Québec.

Abstract #3

Age Related Change: Identifying Individuals at Greater Risk of Functional Impairment

Love, J., MacDonald, S., Hultch, D.

Searching for reliable early indicators of decline represents a critical avenue in aging research. Chronological age (CA) is commonly used as a developmental index; however it offers little insight into the causal mechanisms underlying non-normative change. In contrast, Biological Age (BioAge), as measured by a function of biological, physiological, and social factors, represent a promising operational model of developmental time, highlighting potential causal influences underlying late-life functional change. A six year longitudinal study examined the functional capacity of older adults (65 - 94 years; N=337). We show that cognitive performance and physiological indicators are both related to an increased difficulty in functional performance. In addition we explore the possibility that BA as opposed to CA may better explain individual differences of healthy aging. We conclude that more complex and multidisciplinary models are essential to better understand why some individuals age more successfully than others and to determine the multi-causal influences guiding age-related change and cognitive resiliency. This research could help inform public health policies targeted to those at risk for sub-optimal aging.

Janet Love is supported by a Canada Graduate Scholarships from CIHR. Stuart MacDonald is supported by a Career Investigator Scholar Award from the Michael Smith Foundation.

Abstract #4

Attributing Poor Health to "Old Age": The Negative Effects of Self-Directed Age Stereotypes

Stewart, T.L., Chipperfield, J, G.

Health researchers continue to untangle the effects of chronological aging from the effects of disease. Viewing poor health as an inevitable result of "old age" is not as accurate as once believed. In fact, such self-directed "old age" stereotypes may compromise future health and well-being. An analysis of older adults' (N = 102, aged 80+) beliefs about the causes of poor health revealed that they were most likely to endorse "old age" as the cause of poor health, as compared to "unhealthy behaviors" ($t = 5.68$, $p < .001$), "doctor" ($t = 9.39$, $p < .001$), and "bad luck" ($t = 5.65$, $p < .001$). Regression analyses controlling for gender, age, income, physical health status, and functional status demonstrated that attributions to "old age" predicted higher stress levels (_ = .22, $p < .05$), a reduced likelihood of maintaining routine positive health behaviors (exercise, nutrition, sleep, etc.; _ = -.28, $p < .05$), and higher odds of being deceased at three-year follow-up ($B = .44$, Wald = 4.32, AOR = 1.55, $p < .05$). To the extent that self-directed age stereotypes negatively impact subsequent well-being and health, findings may inform the development of Attributional Retraining treatments for older adults.

■ S4

Supporting Depression Self-Care in Primary Care Settings Among Older Adults With Chronic Physical Illnesses: Perspectives of Patients, Their Family Members, and Their Doctors

Jane McCusker, McGill University; Tamara Sussman; Mark Yaffe; Maria Mireault*

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OVERVIEW

Depression is a frequent, chronic, and serious problem among older adults in primary care settings. Depression (both major depression and subsyndromal depressive symptoms) are more prevalent among those with chronic physical conditions and lead to increased morbidity and mortality via multiple pathways, that include reduced adherence to treatment recommendations, and difficulty initiating and maintaining health behaviors (e.g., physical activity). Although efforts to encourage self-care are included in most depression management models, little is known about the feasibility, acceptability, and effectiveness of specific tools and modalities, or about how much support is required for patients to play an effective role in their care. In the initial phase of our research program, our multidisciplinary team aims to explore the feasibility and acceptability in this population of a multi-media self-care toolkit (including a self-care manual, mood monitoring, action plan, e-course, audio-visual materials, referral to community groups, and information for family members). The results of this study will inform the design of a self-care intervention to be evaluated in a randomized trial. Using both quantitative and qualitative methods, we are exploring these issues in a cohort of depressed older adults (n~200), their family doctors (n~60), and their family members (n~100). The objectives of this symposium are as follows: 1) present an overview of the literature on self-care for depression among physically ill older adults, 2) based on the literature and preliminary results of our ongoing research, explore the following: a) perceptions of health professionals with regard to depression self-care in this population; b) the roles of family doctors and family members in supporting depression self-care in this population. The symposium will conclude with a discussion period aimed to elicit the perceptions and experiences of members of the audience with regard to depression self-care in older adults with comorbid physical conditions.

Abstract #1

Is Self-Care an Acceptable and Effective Option for Depressed Older Adults With Comorbid Physical Conditions?

J. McCusker, R.Simco, M. Cole

Recent systematic reviews have found promising evidence of the effectiveness of certain self-care interventions for depression (e.g., bibliotherapy and computerized interventions). However, the limited evidence from clinical samples suggests lower effectiveness than in non-clinical samples. Furthermore, the amount and type of support required is unclear. The objectives of this paper are to present: 1) a systematic review of the literature pertaining to the acceptability and effectiveness of self-care interventions for older adults with medical comorbidity; and 2) the methodology of an ongoing mixed-methods study designed to assess the feasibility and acceptability of a multimedia self-care toolkit supported by a self-care coach who is trained to provide minimal telephone support for up to 6 months. Preliminary results will be presented on the feasibility of this intervention in a cohort of older adults with a chronic physical illness and comorbid depressive symptoms, recruited in Montreal family practices.

Abstract #2

Health Professionals' Views on Self Care as a Strategy for Managing Late-Life Depression

T. Sussman

There is increasing recognition that detection and management of depression in primary care can be significantly improved by adopting a chronic care model that supports the effective management of long-term conditions. One key element of this disease management model is the activation of patient participation through supported self care strategies such as education, symptom identification, goal development, and skill building. While it is important to gain more empirical knowledge on the effectiveness of these strategies with the population of older adults, it is equally important to identify practitioners' and policy makers' views on self care strategies for the management of late life depression. Lack of research attention to these aspects of acceptability could result in the development of efficacious treatments that are not adopted into practice. This paper will present findings from three focus groups exploring health professional's views (n=21) on the use of supportive self care strategies for the management of late life depression. The results reveal important barriers to implementation including fears of overwhelming patients and apprehensions about self directed goal formulation. Accumulating evidence to address these concerns is paramount if the evidence emanating from self management research hopes to be adopted into practice.

Abstract #3

Self-Care Coaching for Older Adults With Depression: Can Family Physicians take on that role?

MJ Yaffe, M. Cole, R.Simco, M Jiang

The chronic care model proposes patient empowerment by encouraging varying levels of structured self-care to complement other strategies necessary to help get better or to achieve illness stabilization. Some advocate for the assistance of self-care coaches (SCCs) in this process. Our structured literature review on SCCs suggests their background and training is variable, and dependent on locale, disease under treatment, and funding. Since in most communities family physicians are involved in a continuum of patient – related activities (diagnosis, treatment, advocacy, support, education, etc), one wonders if family doctors can expand their roles to include that of SCCs. This presentation will explore this question through a review of some of the knowledge, attitudes, and skills/attributes the literature attributes to SCCs, as well as an examination of some of our preliminary data on participating family doctors' attitudes to self-care. We will apply this information to: (a) suggest which attributes fit within the traditional family physician-patient relationship; and (b) discuss what factors might promote or inhibit the SCC role by these doctors. We will conclude with consideration of how an SCC role might positively or negatively affect the doctor-patient relationship.

Abstract #4

The Importance of Considering Family Participation in Self-Care Interventions for Chronic Conditions

M. Mireault

The essential role of informal caregivers in providing assistance and ongoing care for family members and friends with chronic conditions is well established. An estimated 2.7 million family caregivers provide 80% of the care given to older Canadians with chronic conditions and associated disabilities. This informal, unpaid care enables many older adults to have their care needs met at home. Within this context of family caregiving it is important that any program aimed at improving chronic illness care by involving patients in the management of their conditions also document and consider the participation required of family members and the potential impact on their well-being. This paper will draw from the literature on family caregiving and chronic illness, and on some of our preliminary data from qualitative interviews as well as survey questionnaires on the caregiving roles of family members. This paper will propose important considerations when developing and evaluating self care interventions for older adults with depressive symptoms comorbid with chronic conditions.

■ S5

The Aging Brain: Dimensions and Strategies

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OVERVIEW

The increase in life expectancy and the shift towards an aging population is associated with higher prevalence of age-associated decline in brain functions that may lead to dementia and other neurological disorders. These changes contribute to the reduced functional ability, independence, and quality of life in older adults. The etiology of the age-related progressive cognitive decline is not well understood. Moreover, the current anti-Alzheimer treatments offer modest effects and are not approved as a treatment in the pre-Alzheimer stages. Several risk factors have been identified including cardio- and cerebro-vascular factors. In this symposium we will cover a range of topics related to the aging brain: vascular changes that progress with aging and role of the brain blood flood; how does the brain blood flow respond to aerobic exercise and what are the protective mechanisms that exercise initiates?; we will also discuss the age related cognitive and sensorimotor factors and their effect on the functional abilities of older adults; finally, we will present the role of several preventative strategies to maintain and enhance brain performance in the aged.

Abstract #1

State of the Art Strategies for Enhancing Cognition With Aging

Michael Sharratt

In spite of the decrease in the incidence of chronic diseases such as stroke and heart disease, Alzheimer's disease has increased over 45% in the first half of this decade. Although advancing age is the most important risk factor for cognitive decline leading to dementia, controlling the other risk factors can delay the onset and modify the course of the disease. Neurogenesis and other forms of brain plasticity are suggested to persist into the eighth decade of life. Neurobiological changes start to occur decades before symptoms of cognitive decline are obvious. Establishing a healthy life style at earlier age can mitigate the risk factors leading to the age-related cognitive decline. This presentation will highlight the different strategies that are recommended to enhance the brain function in old age and prevent further deterioration. These recommendations include: regular physical activity, maximizing cognitive stimulation, maintaining social interaction, adequate nutrition, and regular sleep pattern. We will discuss the role of these factors in maintaining brain plasticity.

Abstract #2

Arterial Stiffening and Brain Aging

Richard Hughson, Andrew Robertson

Increased arterial stiffness with aging is a risk factor for cardiovascular and cerebrovascular disease. We have investigated whether increased arterial stiffness is associated with a reduction in brain blood flow in the normal, healthy elderly population. Arterial stiffness was determined from the brachial-ankle pulse wave velocity (baPWV). Brain blood flow was assessed noninvasively by quantitative ultrasound from the internal carotid arteries to evaluate the anterior cerebral blood flow (aCBF). 26 older adults (67 to 92 years) were studied during supine rest. We observed that baPWV was associated with resistance to flow into the brain which was in turn strongly correlated with aCBF ($rs = -0.89$; $p < 0.001$). The aCBF was not related to arterial blood pressure. These data showing a positive relationship between baPWV and brain blood flow in the elderly suggest that factors affecting peripheral arterial stiffness have a negative impact on brain blood flow which could have important consequences for the maintenance of cognitive function and independence in the elderly population. Future research should be directed at understanding the mechanisms and at developing intervention strategies to minimize the impact on brain health. Supported by CIHR.

Abstract #3

Enhancement of Brain Blood Flow by Endurance Exercise in Older Adults

Safa Elgamal

Research evidence suggested an association between higher levels of physical activity and enhanced cognitive functions in older adults. Several mechanisms are suggested to mediate the effect of exercise on cognitive function including improved cerebral blood flow. Improving the blood flow to the brain may prevent the progression to Alzheimer's disease. I will discuss the various mechanisms underlying the protective role of exercise in maintaining brain performance in older adults. I will present data from a study that our group conducted to show how the level of physical activity affects the brain blood flow in a community based population of older adults aged 60 to 80 years in the Kitchener-Waterloo region, Ontario. We will also present our recommendations for the type and the level of physical activity that can induce the highest beneficial effect on the brain blood flow in older adults. Supported by the Schlegel-University of Waterloo Research Institute for Aging

■ S6

Age-Friendly Communities-University Research Alliance (CURA): Reflections on Conducting a Mixed-Methods, Interdisciplinary, Partnership-Based Program of Research

Verena Menec, University of Manitoba; Richard Milgrom; Jim Hamilton; Sheila Novek; Lucelia de Melo*

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OVERVIEW

The Age-Friendly Communities-University Research Alliance (CURA) is a five-year program of research funded by the Social Sciences and Humanities Research Council of Canada. It creates a partnership between community members and organizations, including seniors, representatives of seniors' organizations, government, and service providers, and a group of researchers at the University of Manitoba and Brandon University. The overall purpose of the Age-Friendly Alliance is to optimize older adults' quality of life by making communities more age-friendly. An age-friendly community, according to the World Health Organization (WHO, 2007) provides supports and opportunities in eight areas: outdoor spaces and buildings; transportation; housing; respect and inclusion; social participation; civic participation and employment; communication and information; and community supports and health services. Having supports and opportunities in these areas should allow people to age safely, enjoy good health, and continue to participate fully in their community into old age. The Age-Friendly CURA is built around three goals: develop knowledge in the area of age-friendly communities through research and evaluation activities; help communities in Manitoba become more age-friendly, and build research and community development capacity. Given its partnership with the Manitoba government's Age-Friendly Manitoba Initiative, the Age-Friendly CURA is currently involved with 66 communities ranging in scale from small villages to larger urban areas in all parts of Manitoba. In this Symposium we will describe some of the methodological strengths and challenges of conducting mixed methods research in a partnership-based program, both from a knowledge generation perspective, as well as from a community development perspective. We will further reflect on bringing together researchers from different disciplines.

Abstract #1

Enhancing a Survey Study With Photovoice Methodology: A Mixed Methods Design

Sheila Novek & Lucelia Luna de Melo, Centre on Aging, University of Manitoba

In this paper, a sequential mixed methods design will be presented to highlight how results from a survey study can be enriched by qualitative photovoice methodology. Survey data analyses were based on 1015 individuals aged 45 or over who were interviewed in person in 2007/08. Perceptions of the neighborhood environment (e.g., presence of sidewalks, walking paths etc.) were assessed, as were individuals' activity level, health, well-being. Results indicate, for example, that sidewalks, interesting things to look at, and having well lit streets are associated with increased life satisfaction. The qualitative study employed photovoice technique with 30 community-based seniors in four Manitoba communities. Older adults were provided with cameras and took photographs of community features that impacted their quality of life. The photographs were used to generate discussion in interviews and focus groups. Photovoice data were analyzed from the perspective of convergence or divergence from survey findings. The strengths and challenges of using such as mixed methods design from a methodological and community perspective will be discussed.

Abstract #2

A Mixed Methods, Community-Based Needs Assessment Approach

Verena Menec, Dept. of Community Health Sciences, University of Manitoba

A goal of the Age-Friendly CURA is to help communities become more age-friendly. An important aspect of our work has been to assist communities with the first step: starting a dialogue about age-friendliness in the community and helping with identifying age-friendly priorities. Using the eight WHO age-friendly domains as a framework, a community consultation process was developed that balances communities' need for a rapid, flexible process that allows timely reporting back of findings, while at the same time ensuring some degree of standardization across communities to allow broader generalization and knowledge generation. Similar to rapid appraisal approaches used in other contexts, the consultations involve a facilitated group discussion and a survey. The key product emerging from the consultation is a report that summarizes the community's age-friendly priorities and barriers. In this presentation, the community consultation process will be described and communities' use of the information will be highlighted. How the information generated is integrated into a larger program of research and age-friendly evaluation framework will also be discussed.

Abstract #3

Producing Age-Friendly Cities: An Interdisciplinary Challenge for Research and Practice

Richard Milgrom, Dept. of City Planning, University of Manitoba

Research about what would make a city, a community, or a neighbourhood age-friendly is developing well in Canada and around the world in response to the anticipated surge in senior population that will come with the retirement of baby boomers. However, implementation of appropriate strategies to accommodate this demographic change are much slower in coming. Progress towards implementation requires the building of political will – to change the built environment and the introduce services – and requires collaborative efforts between researchers (who focus on the generation of knowledge) and planners (who focus on action). Collaboration of this nature presents many opportunities to find strength in diverse knowledge bases and broadening of possible approaches to issues. However, there are challenges that must be addressed – about the different research cultures of the disciplines, a range of understandings about how research findings can be applied, and different perspectives about engagement with political processes.

S7

End of Life Care in Alzheimer's Disease: Improving Family Support / Soins de fin de vie dans la maladie d'Alzheimer: améliorer le soutien aux familles

Marcel Arcand, University of Sherbrooke; Kevin Brazil; Alain Legault*

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OVERVIEW

Un nombre croissant de personnes décèdent aux stades tardifs des démences, la majorité dans des établissements de soins de longue durée. Dans les mois qui précèdent le décès, plusieurs travaux de recherche ont mis en évidence des difficultés de communication entre les familles et l'équipe soignante et aussi des conflits à l'intérieur même des familles. Le symposium portera sur les moyens d'améliorer la qualité des soins dans ce contexte. Nous aborderons les questions suivantes : 1- le rôle des familles en soins de longue durée et leur vécu lors des situations de fin de vie 2- l'empowerment et le soutien des familles par rapport aux décisions de fin de vie pour un proche inapte et 3- la formation continue pour augmenter la compétence des infirmières à soutenir les familles lors des situations de fin de vie. A growing number of people die of advanced Alzheimer's disease and related disorders, mostly in Long-Term Care Facilities. This period can be very stressful for family members who must act as substitute decision makers and there is evidence of insufficient support and frequent conflicts between families and health care providers as well as between family members.

This symposium will look at 1- family members experiences of end-of life care in Long Term Care Homes 2- empowerment and support of families in the medical decision process at the end-of-life 3- training programs to increase nurses' competence in supporting families during these difficult times.

Abstract #1

Family Members Experiences of End-of-Life Care in Long Term Care Homes

Kevin Brazil PhD St. Joseph's Health System Research Network McMaster University

Care in long term care homes has been described as a three-way care process that includes the resident, the health care provider and the family. Most family caregivers continue their caregiver roles after the institutionalization of a family member. However, little is understood about the experiences of family caregiving in LTC homes and in particular the relationship between families and LTC staff during the period when a family member is dying. Family member's involvement in long term care homes can have an impact on the caregiving experience as conflicting expectations around caregiving roles and methods may create unnecessary tension. The purpose of this presentation will be to review the character of residential long term care and the role of families in this environment with a particular focus at the end of life. The implications of the evidence will be summarized to offer policy and practice considerations that can strengthen ties with families and defuse or prevent problems.

Abstract #2

Understanding and Supporting Families of Patients With Advanced Dementia Near the End-of-Life

Marcel Arcand MD MSc Professeur au département de médecine de famille, Université de Sherbrooke et chercheur, Centre de recherche sur le vieillissement de Sherbrooke

Most experts think that advanced dementia should be considered a terminal disease for which a palliative care approach is relevant. When medical complications occur, family caregivers are often required to participate on behalf of loved ones to difficult clinical and ethical decisions. A review of interventions to support families of advanced dementia residents of long term care institutions shows that discussion of advance directives is one way to do so. Palliative care training of nursing staff and physicians seem to improve communication between family and healthcare team and global family satisfaction with care. However, family education about progression of disease and the palliative/comfort care option has not been much studied as a mean to improve family satisfaction with care. Using qualitative research methodology, we have examined the concerns of family caregivers regarding their relative's care and explored how end-of-life treatment decisions are made. Following this research, we wrote a booklet entitled "Comfort Care at the End of Life for Persons with Alzheimer's Disease or Other Degenerative Diseases of the Brain: A Guide for Caregivers". We will present results of research about the potential usefulness of this booklet.

Abstract #3

Deux approches de formation continue pour augmenter la compétence des infirmières à soutenir les familles lors des situations de fin de vie en soins de longue durée

Alain Legault , inf., Ph. D., Anne-Marie Martinez1, , inf., M. Sc., Louise-Andrée Brien1, inf., M. Sc., Suzanne Lebel , M.D., Louise Francoeur1,3, inf., M. Sc., Fabie Duhamel1, inf., Ph. D., France Dupuis1, inf., Ph. D 1-Faculté des sciences infirmières, Université de Montréal. 2-Centre universitaire de santé McGill (CUSM) 3-Institut universitaire de gériatrie de Montréal

Les infirmières oeuvrant en soins de longue durée sont souvent les intervenantes les plus présentes lors des situations de fin de vie. Elles sont donc dans une situation privilégiée pour soutenir les familles dans ces moments difficiles. Afin d'augmenter la compétence des infirmières à jouer leur rôle auprès des familles, notre équipe a expérimenté deux approches de formation continue. La première est une formation interprofessionnelle de trois jours sur les soins de fin de vie en soins de longue durée. La seconde est une formation d'une journée centrée sur l'approfondissement de l'approche systémique familiale en situation d'arrêt de traitement et de fin de vie. Nous présenterons d'abord les bases théoriques de chacune des approches de formation, puis les activités éducatives qui soutiennent le développement de la compétence à accompagner les familles. Pour la formation interprofessionnelle, nous présenterons les résultats d'une évaluation d'implantation en cours. Pour la formation sur l'approche systémique familiale, une évaluation de satisfaction a été réalisée. Nous conclurons cette présentation en comparant les forces et les limites de chacune des deux approches de formation et en proposant qu'une approche synthèse, qui combine le meilleur des deux approches jusque-là utilisées séparément, pourrait produire de meilleurs résultats.

■ S8

Gerontology Through the Lens of Scholarship of Teaching and Learning

Kathleen Cruttenden, University of New Brunswick; Stacey Stewart; Tricia Woo; Ghyslaine Lalande; Leah Weinberg*

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OVERVIEW

This year the theme for the Conference spotlight is on Integration of Knowledge and Practice. How appropriate for the Interdisciplinary Education Division! The question for our division is: How do we integrate knowledge and practice within the scholarship teaching and learning to know that students are learning? In his report, Scholarship Reconsidered: Priorities of the Professorionate (1990), Boyer discusses scholarship from an earlier time when scholarship meant a variety of creative work carried out in a variety of places and its integrity was determined by the ability to think, communicate and learn. He introduced the later notion of theory that leads to practice and practice that leads to theory. Further, he noted that teaching at its best shapes both research and practice (pp.15-16). Perhaps we need to consider the bridging effect of theories as we measure the scholarship of teaching and learning. Since Geriatrics/ Gerontology requires the integration of knowledge and practice, it is time to explore what it is that the professions bring to this partnership for integration leading to scholarship. With an aging Canadian Society, educators across the professions are examining scholarship of teaching and learning in Gerontology/Geriatric practice. Today, we have four panellists: a Doctoral Student, the Director of a University Centre of Gerontology, a Physical Therapist/Educator, and a Geriatrician/ Educator who will discuss how they are approaching the introduction of scholarship into their teaching and learning.

Abstract #1

Geriatrics and Gerontology in Medical Education: One View From the Trenches

Tricia Woo, PhD

Expanding geriatrics medical education at undergraduate medical schools remains an important health care imperative. The Michael G. DeGroote School of Medicine at McMaster University is a three-year program that uses a problem-based approach to learning. The geriatrics curriculum is based on the core competencies developed by the Canadian Geriatrics Society and is infused throughout the preclinical and clerkship years. The curriculum can be viewed through Boyer's Model of Scholarship including discovery, integration, application and teaching.

This presentation will share examples of the geriatric experiences available for undergraduate medical students as well discuss the challenges and strategies on enhancing learner interest in the field.

Abstract #2

Education in Gerontology: A Meeting of Disciplines

Dominique Lorrain Dominique Lorrain, PhD, Abdel Khalil PhD and and Ghyslaine Lalande, MA

Most higher education programs on aging favor cross-disciplinary and multi-dimensional approaches. Mainly because aging being multifaceted, its study cannot be achieved through a single discipline. Therefore, through a holistic, integrated, collaborative and interdisciplinary view of aging, our graduate research program in gerontology strive to maximize the comprehension of factors promoting autonomy and well being in later stages of life. The curriculum promotes the importance of biological, psychological and sociological aspects of aging, and the professors come from different areas and disciplines ranging from fundamental to professional fields. In this presentation we will address issues relating to the manners by which these students, also coming from different fields, acquire new knowledge from their own research in gerontology, while taking into consideration views from the various disciplines underlying their object of studies.

Abstract #3

Un diplôme de 2e cycle en gérontologie : enjeux et processus d'évaluation

Ghyslaine Lalande, MA

Contexte: Le Centre universitaire de formation en gérontologie (CUFG) offre des programmes orientés vers la recherche : maîtrise et doctorat. Il a aussi développé un diplôme de 2e cycle (graduate certificate) pour des professionnels en exercice. Ce diplôme est découpé en 2 microprogrammes de façon à faciliter la conciliation études-travail.

Méthodologie : Basées sur la définition de certaines compétences (savoirs, savoirs faire, savoirs être) requises pour travailler en contexte gérontologique, des activités pédagogiques (cours) ont été développées. Une évaluation des enseignements est réalisée selon une formule traditionnelle. Cette évaluation doit être révisée pour être cohérente avec les compétences définies et permettre d'améliorer le programme. Un processus d'évaluation se met en marche : formation d'un comité d'évaluation pour définir les principaux enjeux de la démarche d'évaluation et cerner les indicateurs à rechercher. Il aura à définir les sources d'information et une stratégie de cueillette d'information.

Objectifs : Présenter les microprogrammes et le diplôme en gérontologie (compétences visées, parcours, pédagogie, contenus). Partager les enjeux de ce programme de même que le processus et le devis d'évaluation.

Abstract #4

How Do You Educate Health Professional Students About Interprofessional Teaming Skills With Only One Profession Available?

Leah Weinberg, PhD

The primary goals of teaching health professional students about interprofessional teaming skills and competencies is to promote understanding of each team member's health profession, and how to work together collaboratively as a client-centered interprofessional team. The question is how to do this when you have only one profession you are working with, and cannot coordinate a collaborative experiential session with other health professional students. This paper focuses on the experiential methods used among physiotherapy students, and the qualitative comments gathered from a five minute paper gathered at the end of the experiential session. Comments were gathered from three consecutive classes over a three year period. In general, despite having only one profession involved, by acting out the roles of other health professionals and using a case-based scenario the basic concepts of teaming skills and competencies, collaboration, and a client-centered focus was learned by the students.

Abstract #5

Understanding How Students Learn: An Examination Related to the Scholarship of Teaching and Learning

Stacey Stewart

This abstract explores the question: How do students learn? As a graduate student, my purpose is to provide an overview of how students in aging may benefit from evidence related to the scholarship of teaching and learning.

The integration of the scholarship of teaching and learning into gerontology and geriatric education is imperative to promote the professional development of students. Such educational initiatives provide students with the knowledge to meet the needs of an aging society, and become our future scholars. The purpose of this presentation is two-fold, 1) to provide participants with an understanding on how students in aging learn and 2) to discuss how students may benefit from evidence related to the scholarship of teaching and learning. The presentation will provide a platform for further discussion to shape further gerontology and geriatric educational initiatives.

■ S9

'Just Another Fish in the Pond': Understanding Care Transitions for Older Rehabilitation Clients

Paul Stolee, University of Waterloo; Elisabeth Hicks; Helen Johnson; Mu Zhu; Bert Chesworth; Dorothy Forbes; Joanie Sims-Gould; Kerry Byrne*

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OVERVIEW

Transitions between health care settings are a high-risk period for care quality and patient safety. This is especially significant for older persons with hip fracture and other musculoskeletal (MSK) disorders who have complex care needs and who often require management by numerous health professionals across multiple care settings. Although there has been increased recognition of the risks associated with care transitions, existing research has focused on 'single' points of transition resulting in limited understanding of multiple points of transition across the continuum of care. InfoRehab is a pan-Canadian program of research, funded by a CIHR Emerging Team Grant, that aims to improve the use of health information for older rehabilitation clients. The team is using ethnographic methods to understand how health information is used and shared during care transitions for persons with hip fracture. A parallel research process is applying advanced statistical techniques to large (and under-utilized) health databases to address important information gaps relevant to care planning for persons with MSK disorders. The work is being conducted in collaboration with a Knowledge Exchange Board comprised of clinicians, consumers and decision-makers representing key stakeholder groups. Our research is working toward a more integrated and effective model of information sharing that will lead to improved care quality and outcomes for persons with MSK disorders. This symposium will provide an overview of research methods and findings from the first two years of the InfoRehab project. Presenters will describe: methodological and logistical challenges encountered in ethnographic studies of care transitions; challenges associated with unclear roles and expectations of health care providers, patients and family members; factors associated with smooth patient transitions and handoffs by care providers); and statistical algorithms that could be used to guide resource allocation and care planning for rehabilitation clients.

Abstract #1

Care Transitions Post Hip Fracture: Considering Challenges and Strategies for Conducting Ethically Sound Ethnographic Research

Elisabeth Hicks, Joanie Sims-Gould, Kerry Byrne, Karim Khan, Paul Stolee and the InfoRehab Team

The Inforehab qualitative program of research focuses on the experiences of hip fracture patients, their family members and those health care providers who work with them as they transition through the hospital system to community (i.e.home or residential care). The interdisciplinary research team (involving seven Canadian Universities), chose an ethnographic field study approach because of its a) resonance with patient centred care; b) emphasis on understanding context and c) detaileddescription of processes (Germain, 2001; LeCompte, Preissle, & Tesch, 1993; Roper & Shapira, 2000). Our study has been influenced by nursing ethnographers and incorporates: participant observation, semi structured interviews and document review. Conducting context specific work in complex health care systems in a pan Canadian project, we encountered several challenges. Engaging in ethnographic methods in a hospital setting presented ethical considerations such as informed consent during participant observation, access to private medical records and variety in patient trajectories. In this presentation we will discuss the strategies used to address these challenges including: the development of a framework to guide participant observation; integrated knowledge translation activities with clinical partners; process consenting and shadowing key informants. Implications of an ethnographic methodology for studying care transitions with an interdisciplinary team will be discussed.

Abstract #2

Which Home Care Clients Are Most Likely to Benefit From Rehabilitation?

Mu Zhu, Lu Cheng, John P. Hirdes, Jeff W. Poss, Paul Stolee and the InfoRehab Team.

While there is considerable evidence for the feasibility and effectiveness of home-based rehabilitation for older persons, many who could benefit do not receive needed rehabilitation services. Standardized assessment instruments, such as the RAI-HC used with home care clients in Ontario and other jurisdictions, have the potential to guide appropriate care planning and allocation of limited rehabilitation resources. The RAI Contact Assessment (CA) is a new instrument comprised of a subset of RAI-HC items, designed to be used as a pre-screener to identify which potential clients should be referred for a full RAI-HC assessment. An algorithm embedded in the CA is used to identify clients who would be most likely to benefit from rehabilitation services. To investigate which client characteristics are most relevant in predicting rehabilitation use, we compared the items in the CA rehabilitation algorithm with items identified by several machine learning variable-selection algorithms, using variables available in the full RAI-HC assessment. The analyses confirmed the importance of functional decline and mobility variables in the CA rehabilitation algorithm, and suggested other items may be less relevant to targeting rehabilitation services. This work adds to previous InfoRehab findings demonstrating a potential role for machine learning algorithms in planning rehabilitation services.

Abstract #3

How Are Care Transitions for Hip Fracture Patients Affected by Unclear Roles and Expectations of Health Care Providers, Patients and Family Members?

Paul Stolee, Justine Toscan, Brooke Manderson, Christine Glenny, Jordache McLeod, Selena Santi and the InfoRehab Team.

For older adults, high usage patterns combined with the complexity of treating co-morbid health issues often results in largely fragmented care across multiple care settings. Specifically, persons with hip fracture may undergo treatment in acute hospital care, inpatient rehabilitation, home care, and long-term care. With these shifts, accompanied by fluctuating provider responsibilities, it can be challenging to maintain clear communication regarding formal and informal caregiver roles. To gain a better understanding of transitional care, we recruited older hip fracture patients from acute care and followed them as they moved through the health care system. Using an ethnographic approach, field observations, semi-structured interviews and document reviews were conducted with the patients and their caregiver networks to gain multiple perspectives surrounding each transition. Healthcare providers, informal caregivers and patients all experienced confusion related to their responsibilities as well as roles of others at many points during the transition. This confusion was exacerbated by role strain, time pressured environments, and fragmented care responsibilities and may have a negative impact on the quality of care the patient receives. Based on these issues, strategies for improved care coordination between stakeholders across the continuum of care will be discussed.

Abstract #4

What Are the Challenges and Facilitators of Smooth Transitions and Hand-offs Following a Hip Fracture in a Rural Setting?

Helen Johnson, Jacobi Elliott, J., Bert M. Chesworth, Dorothy Forbes, Paul Stolee and the InfoRehab Team

Much research on transitions through multiple care environments has taken place in the United States after the Joint Commission on Accreditation of Healthcare Organizations mandated transitions be included in National Safety Goals. Transitions across the care continuum in Canada have received less attention. Following a hip fracture, older patients typically undergo transitions through several care settings during the course of their recovery. This study examined care transitions experienced by older patients following a hip fracture in rural settings in southwestern Ontario, Canada. Patients were followed from acute care through each post-acute care setting. Utilizing an ethnographic approach, semi-structured interviews, observations and document reviews were completed with patients, family caregivers and health care providers to examine expressed information needs and actual information exchange. Smooth transitions depend on clearly communicated information flowing smoothly in both directions between care settings, as a variety of health care professionals hand-off and take on responsibilities for patient care. Challenges and facilitators of information exchange included rural staff familiarity with community resources, availability of family supports, and discharge destination other than home. These interacted with health system factors such as alternate level of care policies and inaccessibility of electronic health records in some rural settings.

■ S10

Chutes, peur de tomber et étourdissement : défis recherche

Fernando Gomez, University of Caldas; Antoni Salvá; Carmen-Lucia Curcio*

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OVERVIEW

Les chutes, la peur de tomber et l'étourdissement sont des conditionnes gériatriques qui ont fait l'objet de nombreuses études pendant les dernières années. Tous les trois sont multifactorielles, les trois ont une haute prévalence et affectent fortement la qualité de vie des aînés. Malgré les efforts en recherche et l'augmentation des connaissances dans le domaine, il persiste encore des lacunes et il y a des controverses à son égard. Dans cette symposion on réunira trois régions du monde, en l'occurrence, l'Europe, l'Amérique du nord et l'Amérique du sud. Trois chercheurs, un de chaque région, présenterons des résultats de recherche sur trois thèmes différents, mais reliées, soit : le premier, conférencier Dr Antonio Salva de L'Université Autonome de Barcelone (Espagne), présentera les résultats d'une étude multicentrique visant la prévention des chutes chez les personnes âgées au milieu d'hébergement. La deuxième conférencière, Dr Carmen-Lucia Curcio, candidate au doctorat de l'Université de Sherbrooke (Canada), montrera les résultats d'une étude qualitative visant à établir de sens de la peur de chuter chez les personnes âgées, plus spécifiquement, elle parlera de la gestion de la peur de chuter dans la vie quotidienne des aînés. Finalement, le Dr Fernando Gomez, de L'Université de Caldas (Colombie) présentera les résultats d'une étude mène dans la région caféière de la Colombie. Il fera une comparaison des similarités et des différences des facteurs de risque entre les trois conditions gériatriques mentionnés : l'étourdissement, les chutes et la peur de tomber. Après la présentation les participantes seront invités à faire une discussion autour des thèmes présentés.

Abstract #1

Étourdissement, chutes et peur de tomber : facteurs de risque partagés ?

Fernando Gómez, MsC, Carmen-Lucia Curcio, PhD.

Plusieurs facteurs de risque des chutes ont été identifiées au milieu rural en Colombie: déficience cognitive (OR: 3.67 IC:1.36-10.1), dépression (OR: 3.25 IC:1.15-9.18), se lever d'une chaise (OR:1.99 IC:1.10-3.60), utilisation des médicaments (OR: 1.80 IC:1.21-2.67) et problèmes aux pieds (OR: 1.73 IC: 1.02-3.03). Les facteurs de risque de peur de tomber chez les personnes âgées des Andes Colombiennes sont: avoir 75 ans ou plus (OR: 2.21 IC: 1.26-3.88), sexe féminin (OR: 4.48 IC: 2.49-5.10), arthrites (OR: 2.39 IC: 1.38-4.15), étourdissement chronique (OR: 2.20 IC: 1.23-3.96), auto perception des problèmes de vision (OR: 2.28 IC: 1.32-3.94), altérations pour les (OR: 3.03 IC: 1.31-3.03), mauvaise auto perception de santé (OR: 2.17 IC: 1.25-3.76) et dépression (OR: 2.12 IC:1.07-4.23). Pour ce qui est de l'étourdissement les facteurs de risque sont: mauvaise auto perception de santé (OR: 2.25 IC: 1.62-3.12), nombre des maladies chroniques (OR: 1.30 IC: 1.17-1.46), dépression (OR: 1.38 IC: 1.02-1.86), déficit cognitive (OR: 1.97 IC: 1.31-2.98), troubles visuels (OR: 1.48 IC: 1.05-2.08) Cette présentation vise à discuter et comparer les facteurs de risque pour les trois conditions gériatriques chroniques chez les personnes âgées rurales et urbains de la région des Andes colombiennes et propose des voies physio pathogéniques communes.

Abstract #2

La peur de chuter dans la vie quotidienne des personnes âgées

Curcio, C.L. ; Corriveau, H. ; Beaulieu, M.

Introduction: La peur de tomber est très répandue chez les aînés, même chez ceux qui ne sont jamais tombés. Un nombre important d'aînés admettent avoir réduit leurs activités à cause de cette peur. Ainsi, sa prise en charge paraît essentielle au maintien de l'autonomie de la personne âgée. Objectif: Établir les stratégies déployées par les personnes âgées pour gérer la peur de chuter dans le quotidien. Méthodologie: La méthode qualitative de la théorisation ancrée a été retenue pour cette étude. L'échantillonnage théorique par étapes a été utilisé pour saturer les concepts qui ont émergé. Les entrevues ont été menées auprès de 37 personnes âgées de trois villes de la région caféière colombienne. Le protocole d'entrevue a évolué au fur et à mesure, en fonction des résultats des analyses menées de façon itérative. L'analyse respecte les principes de la théorisation ancrée : codification ouverte et mémos pour dégager les catégories ; codifications axiale et sélective et mémos pour la construction du modèle théorique. Résultats/Discussion : Dans la vie quotidienne les aînés gèrent la peur de chuter de trois façons, soit, une continuité, une discontinuité et/ou une rupture. Deux stratégies sont déployées pour la maitriser, soit la précaution et l'évitement. Les participants maîtrisent leur environnement privé, le modèlent et l'influencent. Par contre, ils perçoivent l'environnement public comme étant dangereux, pas sécuritaire et incontrôlable. Conclusion : La gestion de la peur de chuter entraîne pour les personnes âgées une réorganisation de la vie quotidienne.

Abstract #3

La prévention des chutes au milieu d'hébergement : une étude multicentrique

Antonio Salva

OBJECTIFS: Déterminer l'efficacité d'une intervention systématique pour réduire les chutes et leurs conséquences chez les personnes âgées au milieu d'hébergement.

POPULATION: Des personnes âgées de 65 ans ou plus, avec ou sans altérations cognitifs, complètement autonomes pour marcher, demeurant au milieu d'hébergements etqui ont accepté de participer à l'étude.

DESIGN: Essai clinique randomisé et stratifié. La stratification est faite en tenant compte des activités et/ou programmes visant à prévenir les chutes qui se développent dans chaque centre d'hébergement. Une randomisation par cluster est faite pour prévenir la contamination des groupes.

MESURES: Etude longitudinal d'un an. Questionnaire ad hoc pour mesurer les variables d'intérêt. Enregistrement de suivi des chutes, MMS, WHOQOL, Barthel index, échelle de Tinetti, SPPB, FES-I et Geriatric depression scale. Les variables de résultats sont l'incidence et la prévalence des chutes et de fractures, la qualité de vie et les activités de la vie quotidienne. Les variables indépendantes sont les facteurs de risque des chutes.

INTERVENTIONS: Il y a des groupes témoin que reçoivent les soins habituels pour éviter les chutes. Le groupe d'intervention participe à un programme d'interventions multifactorielles, standardisée. Ce programme d'intervention a été conçu en fonctions des facteurs de risque des chutes.

■ S11

Age-Supportive Built Environments

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OVERVIEW

Since 1997 the Engineering and Physical Science Research Council (EPSRC) of the UK has funded a series of programmes with streams specifically concerned with understanding and improving the impact of the built environment on the lives of older and disabled people. Its Extend Quality Life (EQUAL) Initiative, has pioneered novel forms of multidisciplinary research involving a very wide range of agencies and organisations which work with and provide services to older and disabled people, and engaging older and disabled people as experts not just as subjects for research. It has had a significant impact on policy and practice and directly on the lives of many older and disabled people, their families and carers. The EQUAL I'DGO consortium has made a significant contribution to improving accessibility in urban environments, with especial success in addressing the needs of people with dementia. The Sustainable Urban Environments (SUE) Programme, a portfolio of research looking at ways of improving sustainability in the urban environment, has also had a major concern for the needs of older and disabled people. This is especially true of the VivaCity2020 Project on urban sustainability for the 24 hour city and the Accessibility and User Needs in Transport for Sustainable Urban Environments (AUNT-SUE) project which has developed a comprehensive 'toolkit' that has integrated policy, design and operational issues for considering the whole journey environment, not least those undertaken by older and disabled people.

Although the two main presentations in the symposium will deal largely with urban environment and transport issues, other EPSRC funded built environment-orientated work has been particularly fruitful in the development of guidance on: the design of new mainstream and specialist social housing; the adaptation of existing housing; the application of smart home technology, and establishing business cases for this; and, the design of facilities which are more inclusive of those with hearing, vision and cognitive impairments. This has been achieved in various ways, including best practice guides for design and health professionals, advice for those who commission buildings and products, and prompting changes to, for example, Building Regulations, British Standards and International Standards.

Abstract #1

Accessibility & User Needs in Transport for Sustainable Urban Environments (AUNT-SUE)

Evans, Graeme

Accessibility and mobility within the modern urban environment has been dictated by the design and layout of buildings and road infrastructure. Both, in their separate ways, have created problems of safety which have conspired to limit pedestrian confidence and therefore movement and travel choice particular amongst older people. Furthermore, benchmarking of accessibility does not tend to reflect everyday journeys and trips taken or desired by older age groups, and the perceptual barriers felt by many people.

This presentation reports on a recently completed 6 year research study into accessibility, urban design and social inclusion (www.aunt-sue.info), funded under the UK EPSRC's Sustainable Urban Environment (SUE) programme. The development and validation of an inclusive street design index and evaluation of routes is presented through test bed case studies, based on user consultation with groups experiencing barriers to pedestrian access and therefore to engagement with the transport system and wider social inclusion. This involves the use of GIS-participation techniques and map walks with older residents, integrated with digital data analysis and visualisation of the whole journey environment and whole area population. Particular attention is paid to the mobility and journey needs of users, as well as perceptual and safety issues, since these present some of the major barriers to transport access for more vulnerable groups. The study brings together design, transport and social researchers and practitioners/end-users around the theme of transport, design and social inclusion. This includes research disciplines of human factors and urban design, and community planning incorporating ethnographic, GIS mapping, observational, social survey and econometric modelling and techniques.

Abstract #2

Inclusive Design for Getting Outdoors

Ward Thompson, Catharine

The Inclusive Design for Getting Outdoors (I'DGO) consortium project was funded by the UK Engineering and Physical Science Research Council (EPSRC) Programme for Extending Quality Life for Older and Disabled People (EQUAL). The overall aim of I'DGO is to identify the most effective ways of ensuring that the outdoor environment is designed inclusively and with sensitivity to the needs and desires of older people, to improve their quality of life. The consortium project team combines the skills and experience of academics across five institutions: Edinburgh College of Art with Heriot-Watt and Edinburgh Universities, Salford University and Warwick University.

Our research has set out to address two main questions:

• How do outdoor environments affect older people's quality of life?

• What aspects of design help or hinder older people in using the outdoors?We used a range of techniques that placed older people at the centre of the process. We held 15 focus group discussions across the UK; we accompanied older people in walks around their neighbourhood environment; we conducted in-depth, semi-structured interviews and two cross-sectional surveys of people aged 65 or older, living in their own homes or in sheltered accommodation; and we completed physical audits of two hundred residential environments around older people's homes in different parts of Britain. We also conducted workshops and a wider survey with designers, planners and managers working within urban environments.

Our findings reveal how access to the outdoor environment provides opportunities for physical activity, for contact with nature and for social interaction. Older people living in an environment that makes it easy and enjoyable to go outdoors were more likely to be physically active, healthier and more satisfied with life. Interviews with two hundred older people, however, showed that at least half faced problems getting outdoors due to barriers in the environment and lack of supportive facilities. Using choice-based conjoint analysis, we examined potential trade-off scenarios among diverse open space features. We identified what features were most important in local open space for our sample as a whole and for different sub-groups in the older population.

A second phase of the project was launched in June 2007 and focuses on current policies and strategies promoted as part of the sustainability agenda, including urban renaissance, integrated communities and inclusive environments. We ask: how well do outdoor environments in developments built in line with these policies contribute to older people's health, well-being and quality of life? three different levels of detail to research the following:

- *The implications of high-density urban housing on residential outdoor space, such as gardens and balconies*
- *Pedestrian-friendly approaches (such as Home Zones) in street environments*
- *The practical consequences of using tactile paving (designed to assist people with visual impairment) for older people in the urban environment.*

Preliminary results from these studies will be presented although analysis is ongoing.

■ S12

Multimensional Approach to Pain in Older Persons

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OVERVIEW

Pain is a frequent problem in older adults. In community-dwelling older adults, its prevalence is estimated at 50-75% and it is the most frequently reported symptom. Chronic pain is associated with numerous detrimental impacts on functioning and quality of life, including decreased autonomy to perform activities of daily living, sleep and cognitive impairments, decreased appetite with weight loss, anxiety, depressive symptoms, social isolation and increased health care utilization and costs. Unfortunately, pain remains undertreated in a high proportion of older adults. An appropriate assessment of pain in an older person should address all dimensions, including physical characteristics, functional and affective impact, and other variables influencing the pain experience. The presence and intensity of pain is sometimes more difficult in older adults compared to younger ones, but can usely be done satisfactorily if appropriate pain assessment scales are used. Due to limitations to pharmacological treatment of pain in these patients, it is crucial that they are well informed on self-management approaches to alleviate their pain, and be active partners in the therapeutic plan.

Abstract #1

Epidemiological and Clinical Aspects of Pain in Older Adults

David Lussier

Chronic pain is an important problem in older adults, either community-dwelling or institutionalized, because of both its high prevalence and multiple detrimental impacts on functioning and quality of life. It is also a multidimensional experience, including pain characteristics and impacts, as well as variables influencing the pain experience of a given person. These include comorbidities, cognitive functions, coping strategies and beliefs about pain and its treatment. Although there is no significant difference in pain perception in older adults when compared to younger ones, some age-related changes in mechanisms of pain have been identified, and are important to consider when evaluating and older adult with chronic pain. These include changes in the peripheral nervous system as well as in the descending inhibition. Several changes in pain perception in cognitive impaired older adults have also been identified, which can interfere with its assessment and management. This presentation will present a discussion of the epidemiology of chronic pain in older persons, as well as age-related changes in pain perception in cognitively intact and cognitively impaired older adults.

Abstract #2

Assessment of Pain in Cognitively Intact and Impaired Older Adults

Lucia Gagliese

Assessment is the cornerstone of pain management and requires the use of validated, standardized scales. Most of the scales commonly used to measure pain intensity were developed for use with younger adults. In this presentation, the validity and reliability of pain assessment tools for use with cognitively intact older people will be reviewed. In addition, recommendations regarding the assessment of other life domains impacted by pain will be made, for instance depression and quality of life, although there is much less evidence for these instruments. Finally, an overview of pain assessment tools for older people with cognitive impairment will be provided.

Abstract #3

Self-Management Approaches to Pain in Older Adults

Thomas Hadjistavropoulos

Although pain self-management approaches to pain in young adults have been demonstrated to result in reductions in subjective pain levels, fewer health care visits and improvements in mood, relatively little self-management program development and evaluation work has been conducted with a focus older persons. This presentation discusses the rationale behind pain self-management, a recently developed chronic pain self-management program for older adults and data on its controlled evaluation.

■ S13

Social Policy and Practice Division Symposium

Penny MacCourt; Janice Keefe; Nadine Henningsen; Bonnie Schroeder*

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OVERVIEW

The challenges facing Canadian caregivers are well documented, yet their experiences and needs are rarely acknowledged, assessed or addressed by health and social services in most Canadian jurisdictions. Very little policy or program development has occurred, in part due to the complexities and interconnectedness of the issues facing caregivers. Additionally, most public policies that affect caregivers directly or indirectly have been developed without taking into account their needs and may have unintentional negative effects on caregivers and their families. In this symposium sponsored by the Social Policy and Practice Division of the Canadian Association on Gerontology, programs and policies needed to support caregivers, and initiatives to facilitate caregiver policy, will be presented for discussion.

Abstract #1

Financially Supporting Caregivers: Learnings from the International Community and a Canadian Example

Janice Keefe, PhD

Canada lags behind other countries in policies and programs to support family and friends in the care of older people needing assistance and has made little headway in developing a national consensus on a policy direction in this area. Many obstacles block a national vision on caregivers the operational challenge of health and homecare policy being under provincial and territorial level jurisdiction. Nevertheless, Canadians need to learn from other countries in Europe, the United Kingdom, Australia and others and develop a strategy to address the looming demand of chronic home care. A range of policies to support family and friend caregivers as well as enhance entitlements for chronic home care services would be an essential beginning.

This presentation will outline key policy instruments and assess their applicability in Canada. Particular attention will be on policies that financially support caregivers and challenges inherent in these approaches. Although the focus will be primarily at a national level, an analysis of the recently enacted Nova Scotia Caregiver Allowance will be presented as a mechanism to discuss obstacles and opportunities to introducing policies that financial support caregivers.

Abstract #2

Caring for the Family Caregiver

Nadine Henningsen

The Canadian Caregiver Coalition (CCC) is a diverse group of organizations from across Canada that join with caregivers, service providers, policy makers and other stakeholders to identify and respond to the needs of caregivers in Canada. The vision of the Coalition is - a Canada that recognizes and respects the integral role of family caregivers in society, and supports this role with the understanding that it is not a substitute for public responsibility in health and social care.

The CCC provides leadership in identifying and responding to the needs of caregivers in Canada. Coalition members recognize and respect the integral role of family caregivers in society, and through the CCC work to have government and the public understand that caregiving is not a substitute for public responsibility in health and social care. The work of the CCC involves: advocacy, research, education, resource development and communication.

Abstract #3

Caregiving as a Strategic Priority -
VON's Experience Supporting Caregivers

Bonnie Schroeder

In 1999, VON Canada established caregiving as a corporate theme. Since then, the organization has embarked on a journey to champion caregiving issues in Canada. This presentation will highlight VON's journey to develop an organizational caregiving agenda to

- Enhance support for caregivers by improving the services and programs offered to caregivers in the community

- Create partnerships that will support caregivers and ensure they are appropriately supported in the community

Building on the agenda, the presentation will focus on the four streams of Caregiver Support (including Caregiver Connect); Research; Policy; and Partnerships. It will also reflect on key challenges and opportunities. Based on our experience, VON believes the impact of our work can be applied to other health care delivery organizations who want to support caregivers.

Abstract #4

Moving Caregiver Policy Forward: The Caregiver Policy Lens

Penny MacCourt, PhD

"Supporting Caregivers of Older Adults" is a multi-year project designed to support caregivers through the development of practical support tools to increase cross and inter-sectoral capacity to address caregiver needs across Canada. One tool that we are currently developing to facilitate this outcome is a Caregiver Policy Lens. As a critical lens that is value and principle based, and situated within an ethical context, the Caregiver Policy Lens will be a practical tool for use by policy makers and program planners, enabling them to plan and review policies, programs and practices from the perspective of Canadian caregiving families. Through the use of the CPL, policy makers and program planners will be able to provide caregiver support that decreases the likelihood of them becoming "second victims", and will allow caregivers to direct more of their energy on themselves, other family members, their workplaces and communities.

S14

Age Friendly Cities in Canada: Evidence-Based Knowledge Emerging From Implementation and Evaluation

Marie Beaulieu, U. Sherbrooke; Louise Plouffe; Suzanne Garon; Verena Menec; Elaine Gallagher*

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OVERVIEW

The Age Friendly cities program was launched by WHO in October 2007 after 2 years of work in 33 communities around the world. The program Age Friendly Cities pursues the goal of creating supportive environments for older adults. This means creating policies, services, programs and surroundings that enable active aging (health, security and participation) in the settings where older people live, work, learn, recreate and worship. Since its beginning, in 2005, Canada has played a very active role in crafting, then in promoting the program not only in Canada but in numerous countries of the world. Three years after the launching of the program (2007), several provinces are now implementing the WHO program in their specific ways, by adapting it to their local, political and funding realities, leading to a diversity of approaches. This symposium will set the Canadian context (Louise Plouffe) by presenting the views and orientations of the Canadian Public Health Agency. It will be followed by an in-depth presentation of what can be learned from 3 very unique experiences (Québec - Suzanne Garon), Manitoba – Verena Menec and British-Columbia –Elaine Gallagher). After a short presentation of each approach and social policies, all 3speakers will describe their evaluation model and core data of implementation and effects will be presented. The following discussion between the members of our panel and the room will focus on the evidence-based knowledge that we can extract from the evaluation of those initiatives.

Abstract #1

Building and Using Evidence to Promote Age Friendly Communities in Canada: What is the Public Health Agency of Canada doing?

Louise Plouffe

As the lead federal agency and catalyst in the implementation of Age Friendly Communities (AFC) in Canada, the Public Health Agency of Canada is developing resources in collaboration with partners: 1) to gather and disseminate existing evidence about age-supportive environmental features and interventions in order to guide community projects; 2) to generate and share evidence of successful age-friendly initiatives by encouraging evaluation at the local level and by sharing common evaluation approaches and indicators among governments ; 3) to stimulate further research and knowledge exchange regarding aging-supportive communities. These 3 strategies will be exposed and developed.

Abstract #2

Evaluation of the Implementation and Effects of the Age Friendly Program: 7 Case Studies in Progress in Québec

Suzanne Garon, Marie Beaulieu

The implementation of the Age Friendly Cities program in Québec, a five years project (2008-2013) in seven pilot-communities of various sizes is sponsored by the Government of Québec. It includes important amount of resources to enable the communities to introduce significant programs, activities or actions to facilitate the aging population to enhance active ageing. The implementation of the various actions put in place in the different milieus and the appraisal the outcomes of theses experiences are evaluated by looking at different sources (actors, organizations, public policies, etc). The research design is consequently in the wake of the community buildings and participatory approaches that are intrinsically rooted in the Madrid Plan (2002). We will expose our research design (inspired by the logic model) by presenting the various strategies used to conduct simultaneously a process evaluation and an outcomes evaluation. Finally, the main focus will be placed on the primary results as well as the practical issues arising in the fieldwork. All this presentation will aim to contribute to knowledge building related to social determinants of effective changes in our societies for a better inclusion of older adults in communities that should be fitted and welcoming for all ages.

Abstract #3

The Manitoba Age Friendly Cities Experience

Verena Menec

A 5-year Community-University Research Alliance (CURA) grant from the Social Sciences and Humanities Research Council of Canada has enabled researchers in Manitoba to create a partnership with the provincial government, seniors organizations, and governmental organizations in order to generate knowledge about age-friendly communities, help communities become more age-friendly, and evaluate communities' success in becoming more age-friendly. Currently, 66 communities in Manitoba are part of the government's Age-Friendly Manitoba Initiative. Given the number and range of communities involved (villages, towns, and cities in all parts of Manitoba), this provides a unique opportunity to gather important knowledge as to the issues and challenges involved in becoming more age-friendly that will be of benefit to other communities in Manitoba and elsewhere. This presentation will highlight aspects of the evaluation framework being used. Moreover, select findings of Phase I of the evaluation will be presented.

Abstract #4

Age-Friendly British Columbia: What Have We Learned?

Elaine Gallagher

British Columbia was one of the lead agencies in the original WHO Age-Friendly project and a leader in the Age-Friendly Remote and Rural Project. Since then we have formed an Implementation Team and have worked with the Union of BC Municipalities and the Ministry of Healthy Living and Sport to take the message across the province. The three-year plan culminates October 31, 2010. The results of our evaluation will be presented, illustrating the process and outcome indicators of success. We will also highlight challenges and make recommendations for improvement in the process of implementing this important and exciting initiative. Opportunities for research will be identified as well.

S15

Optimizing Nutritional Status in the Elderly

José Morais, McGill University; Johane Allard; Hope Weiler; Heather Keller*

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OVERVIEW

Malnutrition is a common problem in vulnerable older adults, attaining a prevalence of 50-60 % in the hospital and long term care settings or in the community. These vulnerable older adults are mainly the sick elderly and the frail one. Protein-energy malnutrition is potentially reversible and has profound effects in the functional capacity and recovery from disease in older people. One doesn't chose to be deficient in one particular nutrient but due to particularities associated with aging, low vitamin D is quite prevalent. When considering the pleotrophic positive effects of vitamin D in the body, it is without saying that its deficiency has definitive consequences to the health and well-being of the elderly population, especially in those who have borderline functional capacities. There are several screening tools available to diagnose malnutrition but a systemic policy to prevent and treat malnutrition is lacking. An important constraint to solve the problem of malnutrition is the lack of awareness by health care professionals. Guidelines with specific approaches to reverse malnutrition in different settings need to be proposed. To this end, several initiatives have been undertaken to better delineate the nutrition status of the elderly population in different settings with measures to prevent or to counteract malnutrition. This symposium will present some initiatives to optimize the nutrition status of the elderly in different settings by experts in the field.

Abstract #1

Malnutrition in the Hospitalized Patient

Johane P Allard, MD, FRCP. Professor of Medicine, University of Toronto and Director, Division of Gastroenterology, Toronto General Hospital, Toronto, ON. EW 217A-200 Elizabeth St., Toronto, ON M5G 2C4. johane.allard@uhn.on.ca.Tel: (416) 340-5159. Fax: (416) 348-0065

The objective of this presentation is to review the prevalence of malnutrition in hospitals as well as its impact on organ function, clinical outcomes and healthcare costs. The reported prevalence of hospital malnutrition in North America and Europe is between 20% and 60%. These figures depend on the type of patient populations, the underlying diseases and the techniques used to assess nutritional status. Malnutrition is particularly prevalent in the elderly and may deteriorate during hospitalization because it is frequently under-recognized and under-treated by physicians and other health care professionals. Issues related to food services and access to food can be a problem. In addition, under-prescription of nutritional supplements or nutritional support is frequent and poor patient compliance regarding oral supplements likely contributes to this problem. Significant weight loss, especially over 10%, will affect organ function, predisposing malnourished patients to complications that will extend their length of stay. Infections, poor wound healing, post-operative complications, high re-admission rates and mortality have all been linked to malnutrition and increased healthcare cost. In this context, nutritional interventions may be of benefit.

Abstract #2

Vitamin D Intake and Status in Aging

Hope Weiler, RD(CDO), PhD, Associate Professor, School of Dietetics and Human Nutrition, Faculty of Medicine, McGill University. 21,111 Lakeshore Road, Ste. Anne de Bellevue, Qc H9X 3V9. hope.weiler@mcgill.ca. Tel.: 514-398-7840. Fax: 514-398-7739

Vitamin D has long been recognized for its importance in maintaining bone health. New status targets set on the basis of parathyroid hormone and bone mineral density now exceed 75 nmol/L of serum 25-hydroxy vitamin D. Dietary recommendations for vitamin D set by Health Canada and the Institute of Medicine in 1997 are up to 600 IU per day for aging and based on evidence that such intakes are consistent with reduced risk of fracture. Canada's Food Guide includes the recommendations for adults over 50 y of age to take a multivitamin supplement containing 400 IU of vitamin D. Recently in healthy aging Quebecer's (68 to 82 y of age), combined dietary and supplement intakes consistent recommendations increase the likelihood of reaching new status targets of 75 nmol/L. Summer season and supplement usage were associated with higher vitamin D status. In contrast, men 80 years of age and residing in a Montreal long-term care facility also have intakes above 600 IU daily, but serum 25-hydroxy vitamin D is below target. Dietary strategies to improve vitamin D status in advanced aging are required in view of existing polypharmacy and quality of life issues.

Abstract #3

Nutrition Screening in the Community: Surveillance, Case Finding and Path to Prevention

Heather H. Keller, RD, PhD, FDC, Department of Family Relations and Applied Nutrition, University of Guelph and Research Scientist Schlegel-UW Research Institute of Aging. University of Guelph, 50 Stone Road East, Guelph, ON N1G 2W1. hkeller@uoguelph.ca. Tel: 519-824-4120 ext 52544. Fax: 519-766-0691

Nutrition concerns are common in older adults due to physiological, social, and psychological changes with ageing. Although nutrition risk is often consistent with the aging process, it is not inevitable and improvements in food intake and nutritional status can improve health and wellbeing. Nutrition screening can serve many purposes including surveillance that promotes planning of programs and services, as well as helping older adults to find the services they need. Valid and reliable tools are available for surveillance, but data collection is only the first step. If screening is done 'upstream' there is the potential to delay comorbidity and functional deficit among a significant proportion of the older population. A screening program involves not only collecting data on individual level nutrition risk, but following this identification with education, referral and nutrition assessment and treatment to promote improved food intake. The potential of screening to be used as secondary prevention will be reviewed as well as the barriers to secondary prevention in Canada.

S16

Responsive Behaviors: A New Perspective for Care and Policy

Sherry Dupuis, University of Waterloo; Katherine McGilton; Christine Jonas-Simpson; Lori Schindel Martin*

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OVERVIEW

"Challenging" or "disruptive" behaviours, as they are commonly referred to, have been conceptualized in a number of different ways in the literature depending on the model or paradigm within which the researchers and practitioners are working. The traditional biomedical model proposes that these behaviours are mostly a result of the disease process.

New evidence and approaches recognize that all behaviours have meaning. Behaviours may not necessarily be related to pathology, and in many cases are likely not. Instead behaviours are often indicative of an unmet need in the person (e.g., physical, cognitive, psychological/emotional, social, environmental) or a response to circumstances within the social or physical environment that may be frustrating, frightening or confusing for the person. This research demonstrates the unnecessary suffering that can be caused when behaviours are misunderstood and persons are labeled because of misunderstood behaviours.

This shift in conceptualization requires a change in health policy and practice. During this symposium, we will provide a brief summary of the philosophical underpinnings of responsive behavior and what an alternative conceptualization of behaviours might mean for all persons in the care context. We will then share three situations where we have changed understandings of behaviours and influenced policy and practice. One presenter will focus on her work with policy makers with the MOH< C during the development of regulations for the LTC Act and with RNAO best practice guidelines. One presenter will discuss her work related to the application of this philosophy to guide a change in practice in LTC through education of front-line staff. Finally, one presenter will show how the arts, specifically research-based drama, can help change images, understandings and actions related to behavior. A discussion period will follow which will focus on the limitations of and possibilities for implementing this practice philosophy into LTC settings.

Abstract #1

Re-Thinking Behaviours in the Dementia Context

Sherry L. Dupuis, PhD

Persons living with an illness causing dementia are often described and labeled by their behaviours and come to be identified, for example, as "challenging", "aggressive", "disruptive", "violent", "a wanderer", or "a hoarder". These negative images and depictions continue to perpetuate the stigma that surrounds dementia, causing unnecessary suffering to persons with dementia. Perhaps most importantly, these labels have a profound influence on how persons with dementia are ultimately treated. What would it mean to persons with dementia if behaviours were talked about and thought about in a different way? I will explore this question with participants in this presentation. More specifically, using the voices of persons with dementia and drawing on the work of Fazio, Seman and Stansell (1999), this presentation will challenge the biomedical/clinical or illness approach to dementia and behaviours by describing how, in working with persons with dementia, we can come to understand what behaviour means to them. It will describe what persons with dementia have taught us about how we can understand the meaning being communicated; comfort those experiencing pain, discomfort or distress; and support the remaining abilities and dignity of persons living with dementia.

Abstract #2

Translating Evidence-Based Dementia Research Through Policy: Collaboration Between Researchers and Policy Makers

Kathy McGilton, RN, PhD, Lynn McCleary, RN, PhD, Laura Wagner, PhD, and Sue Calabrese, RN, MN, GNC

This presentation will highlight the work of a group of researchers and Ontario Ministry of Health policy makers who collaborated to influence the Long Term Care Homes Act regulations and RNAO best practice guidelines. The purpose of the collaboration was to ensure that the Regulations provided evidence-based information to staff in LTC on broad topics such as care planning, nursing and personal support worker roles, physical restraint use, and dementia care. The team of researchers was able to infuse research throughout the draft regulations. For example, one revision offered referred to "responsive" rather than "aggressive" behaviours, signaling a philosophical difference that could have a future impact on staff regulations and training needs. The team was also able to influence the revisions of the RNAO guidelines on dementia, delirium, and depression, by including information on responsive behaviors. Researchers have the ability to provide valuable knowledge that policy makers can use to develop more efficient and effective health services. This partnership has the potential to improve the quality of care delivered to elderly in nursing homes.

Abstract #3

Responsive Behaviour in Persons With Dementia: Using Person-Centered Theories to Shift Educational Curriculum and Clinical Practice

Lori Schindel Martin, RN, PhD, Barb McCoy, RN, BA, Maureen Montemuro, RN, BSCN, MHSC, and Kate Ducak, BA

This presentation will provide a brief overview of some of the responsive behaviours that are often perceived as challenging when experienced by front-line personnel working with older adults living with dementia across health-care sectors. In most instances, persons with dementia have difficulty expressing their needs, fears and anxieties in spoken language that is understandable by others. This presentation will explain how responsive behaviour is the individual's way of communicating distress of a physical, psychosocial or environmental nature. It will discuss the theory-based best practices necessary for the prevention and management of crisis episodes of responsive behaviour in an appropriate, person-centred fashion. The presentation will include discussion of key best practices associated with the Gentle Persuasive Approaches (GPA)TM educational curriculum developed specifically to shift the conventional negative clinical discourse about responsive behaviour in a positive direction.

Abstract #4

Arts-Based Research as a Pedagogical Tool: Transforming Practice

Christine Jonas-Simpson, RN; PhD

To understand the meaning of a person's actions can shift the way we are with them. Never more often are people's behaviours judged and misunderstood than are those persons diagnosed with a dementia. In this presentation the audience will be shown how the arts, and specifically the research-based drama entitled, I'm Still Here, can help shift healthcare professionals images, understandings and actions. Clips from the DVD of I'm Still Here will be shown of particular scenes that persons continue to discuss even one-year after seeing the performance. Descriptions from the perspectives of those who have engaged with the play will be provided about how the research-based drama has shifted their images, understandings and practices. Further to this, suggestions for an arts-based pedagogical approach with staff will be discussed whereby images and understandings can be explored through creative expression. Audience members will be invited to also engage in this process of exploration. It is hoped that this research-based drama may contribute to what Finley (2005) describes, in keeping with Freire and Denzin, as the "two primary tasks of human social inquiry in the context of a revolutionary arts-based pedagogy: (a) to unveil oppression and (b) transform praxis" (p. 689).

Finley, S. (2005). Arts-based inquiry: Performing revolutionary pedagogy. In N.K. Denzin and Y.S. Lincoln (Eds.), Qualitative research (3rd ed.). (pp. 681-694). Thousand Oaks: Sage.

■ S17

Intégration des services sur une base locale: approches toujours novatrices et nouvelles tendances

André Tourigny, Institut national de santé publique du Québec; William Murray; Yves Couturier; Louis Demers; Andrée Sévigny; Manal Guirguis-Youngers; Nicole Dubuc; Sébatien Carrier*

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OVERVIEW

La population âgée de 65 ans et plus est très hétérogène. Près de 80% se considère en bonne santé et près de 90% vit toujours à domicile. Cependant, pour un sous-segment de la population âgée, les besoins de santé sont nombreux en raison de la présence d'incapacités et de maladies chroniques. Ils requièrent souvent l'expertise de différentes disciplines et l'apport de multiples services d'organismes publics, communautaires ou privés. La fragmentation des soins et des services trop souvent rencontrée pour répondre à ces besoins a mené à la mise en place de réseaux intégrés de services au Québec et au Canada au cours des années '90. Ce symposium comprend quatre conférences. Après avoir fait un bref rappel de l'état des preuves sur l'intégration des services aux personnes âgées, la situation au Québec dans ses 95 réseaux locaux de services sera décrite et discutée (conférence #1). Cela permettra d'identifier les composantes de l'intégration qui sont les plus lentes à se mettre en place, dont celle de l'intégration clinique. Les raisons qui font en sorte que l'intégration clinique tarde à se mettre en place seront discutées à la lumière d'une étude de cas dans trois régions achevée en 2010 (conférence #2). L'intégration des services aux personnes âgées doit aussi se faire avec le souci de travailler en étroite collaboration avec les partenaires privés et communautaires. La conférence #3 portera sur l'expérience de partenariat dans la mise en place de huit projets novateurs d'alternatives à un mode d'hébergement plus traditionnel. La conférence #4 rendra compte d'une recherche multisites visant à comprendre les éléments qui facilitent ou freinent la participation des bénévoles qui ont de plus en plus à collaborer avec les familles et les intervenants professionnels au soutien à domicile d'aînés en fin de vie.

Abstract #1

L'intégration des services au Québec:
où en sommes-nous au Québec en 2010

André Tourigny, Institut national de santé publique du Québec; William Murray*

L'intégration des services aux personnes âgées est à l'agenda des planificateurs et décideurs depuis plus de 20 ans déjà. Au Québec, la mise en place des réseaux de services intégrés pour les personnes âgées (RSIPA) est préconisée depuis 2001 dans les orientations du ministère de la Santé et des Services sociaux (MSSS). À l'heure actuelle, la concrétisation de ce modèle d'organisation s'est réalisée à des degrés forts variables dans les 95 réseaux locaux de services (RLS) de la province. Dans un premier temps, les impacts des réseaux intégrés mesurés au Québec et au Canada seront passés en revue. La méthodologie suivie pour construire un outil mesurant le degré d'implantation des RSIPA au Québec sera ensuite présentée. Les résultats de l'étude réalisée avec cet outil en 2008 dans les RLS du Québec seront discutés et permettront d'identifier les composantes pour lesquelles l'implantation est la plus lente. Des constats seront faits sur les différentes modalités organisationnelles des RSIPA : un mécanisme de coordination, une personne responsable, la gestion de cas, un outil unique d'évaluation des besoins, le plan de services. L'utilité de l'outil développé pour les planificateurs et les effets de son utilisation dans les RLS seront présentés.

Abstract #2

Pourquoi une bonne idée comme l'intégration des services
prend-t-elle autant de temps à s'implanter ?

Yves Couturier, Ph.D., Université de Sherbrooke, Centre de recherche sur le vieilissement Sébastien Carrier, Ph.D.(c.), Université de Sherbrooke, Centre de recherche sur le vieilissement Louise Belzile, M.a (c), Université de Sherbrooke, Centre de recherche sur le vieilissement Dominique Gagnon Ph.D.(c.), Université de Sherbrooke, Centre de recherche sur le vieilissement Louis Demers Ph.D. Ecole nationale d'administration publique (ÉNAP)

L'intégration des services dans le domaine de la santé et des services sociaux est l'une de ses principales cibles de la réforme enclenchée en 2004. L'intégration des services peut se définir comme la mise en cohérence de ressources, de normes, d'outils et de pratiques professionnelles. Sa dimension clinique est réputée la plus difficile à implanter, et constitue pour cette raison un excellent observatoire. Dans le cadre d'une étude de cas dans trois régions du Québec, nous avons réalisé une analyse de l'intégration des services du point de vue clinique, à l'aide d'analyses de dossiers cliniques, d'entrevues compréhensives auprès des usagers, de leurs proches aidants et de professionnels, et d'observation de la pratique. L'implantation des réseaux intégrés de services prend des formes très variées d'un contexte à l'autre, et semble endeçà des attentes, notamment en ce qui concerne la valeur préventive de l'intégration, soit sa capacité à maintenir l'autonomie des personnes. Parmi les conditions expliquant cette implantation partielle et différenciée se trouve l'absence d'identification du noyau dur du modèle intégrateur, une appropriation de l'innovation dans un modèle hospitalocentrique plutôt que domicilo-centrique, et des conditions de travail de la gestion de cas qui induisent de l'instabilité dans le modèle réalisé.

Abstract #3

Innovative Residential Projects for Frail Elderly in Quebec: A Promising Partnership?

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Most older persons wish to live as long as possible in their home, insofar as appropriate services are available to help them cope with their eventual loss of autonomy. They also wish to gain access to a variety of residential settings if staying in their home is no longer possible. In line with these wishes expressed by older persons, Quebec's Ministry of Health and Social Services launched in 2003 an experimental program of "innovative residential projects". Under this program, older persons would benefit the quality of care available in nursing homes, but in a more homelike environment. The program consisted in a partnership in which public health and social services centers provided professional services in residential buildings owned and managed by private or public partners, also responsible for residents' board and lodging. The program can be considered a success as measured by residents' and their main caregivers' satisfaction, quality of care provided and desire of the parties to renew their agreement. To understand the conditions that helped or hindered these novel partnerships, a representative group of 8 projects was studied through 30 semi-structured interviews. In this presentation, we will highlight the pitfalls and "winning conditions" of such partnerships.

Abstract #4

L'intégration des bénévoles au soutien à domicile des aînés en fin de vie

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Les bénévoles sont des piliers du mouvement des soins palliatifs. Dans une perspective d'intégration des services, ils auront de plus en plus à collaborer avec les familles et les intervenants professionnels. Pourtant, les études qui s'intéressent à ces questions sont quasi inexistantes. La présente étude est multisites, (5 sites au Québec) et vise à mieux comprendre les éléments qui facilitent ou qui freinent la participation des bénévoles au soutien à domicile auprès des aînés en fin de vie. La démarche s'appuie sur l'approche structurationniste et sur des méthodes qualitatives. Les 81 participants aux entrevues individuelles semi-structurées sont : Des aînés en fin de vie à domicile; des proches aidants; des intervenants professionnels du soutien à domicile; des bénévoles. Les facteurs identifiés sont liés à la capacité d'agir des acteurs impliqués et à la structure dans laquelle ils agissent. Au-delà de l'identification de ces facteurs, la notion d'équilibre apparait centrale. Par exemple, deux facteurs identifiés peuvent sembler contradictoires : la capacité d'établir une relation de confiance et celle de garder une distance. Toutefois, c'est l'équilibre entre la capacité du bénévole de s'approcher de la personne aidée tout en gardant une certaine distance qui favorise la participation des bénévoles.

■ S18

Creating an Interest in Gerontology: How Can We Get It Right?

Katherine McGilton, Toronto Rehabilitation Institute; Veronique Boscart; Lynn McCleary; Chris Frank*

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OVERVIEW

Across practice settings, most care is provided to older adults but most health care professionals do not receive enough education for care of older adults with complex needs. Care of older adults is the "core business or health care, comprising 25% of ambulatory care visits, 48% of hospital patient days, and 85% of nursing home residents" (Burbank et al, 2006; p 91). One in 7 Canadian seniors receives home care. Seniors are three times as likely as younger Canadians to be admitted to hospital and are more likely to be readmitted. Their length of stay is twice as long as younger Canadians (Data from the 2003 Canadian Community Health Survey)

During this symposium, each speaker will provide an overview of their experiences in influencing the image of aging and recruitment. The first presentation will focus on two faculty members' pursuits of influencing their colleagues to ensure that undergraduates have the required content in their curriculum to meet the needs of older persons. One presenter will discuss their work related to the evaluation of a knowledge institute focused on enhancing the knowledge and skills of faculty teaching undergraduates in nursing faculties across Canada. Finally, one presenter will focus on his work with other health care professionals to increase recruitment into the area of geriatrics and will summarize the work plan of the collaboration between professionals, industry and consumers groups. A discussion period will follow which will focus on strategies to enhance health care professional's interest in gerontology.

Abstract #1

Influencing One Faculty at a Time

Katherine S. McGilton, RN, PhD, Veronique M. Boscart, RN, PhD

There are many ways to infuse gerontology into the curriculum and create an interest in caring for the elderly. This presentation will focus on the work of two faculty members at the Lawrence S. Bloomberg Faculty of Nursing, University of Toronto, who are trying to do just that. The presenters will discuss how they developed a Gerontology Education Advisory Group to provide strategic guidance and feedback on building academic geriatric nursing capacity within the Faculty. The role of the group is to i) act as a resource to the Faculty on the assessment, planning, implementation and evaluation of integrating gerontology education across the curriculum; ii) serve as a communications vehicle for the education, clinical and policy sectors on the work of the Faculty in relation to gerontology; iii) promote collaborations with clinical sites where students can enhance skills in caring for older persons; and (iv) to provide learning opportunities at special events for both faculty and students. Several examples will be provided on how this group, in its first year, was able to enhance gerontology content in both the undergraduate and graduate curriculum and began to prepare students to care effectively for older persons.

Abstract #2

One Year Outcome of Knowledge Transfer to Nursing Educators to Enhance Curriculum

Lynn McCleary, RN PhD, Veronique Boscart, RN PhD,
Katherine McGilton, RN PhD

With funding from the National Initiative for the Care of the Elderly and the CIHR, 30 Canadian nursing faculty and PhD students participated in a 1 1/2 day Knowledge Exchange Institute for Geriatric Nursing education. The Institute: (1) transfered new research based evidence and knowledge about care of older persons to Canadian nursing educators; (2) provided tools to incorporate evidence based gerontology and geriatrics content in undergraduate curriculum; and (3) engaged particiapants as knowledge transfer champions for evidence based gerontology content in nursing curriculum within their universities, provincially, and nationally. Guided by the Knowledge-to-Action Process model, participants received usable summaries of the best research evidence about care for older adults and tools to increase the likelihood of successful integration of these resources in their teaching and curriculum. Results of a one year follow-up evaluation will be presented, including the depth and breadth of curricular enhancement that participants achieved after the Institute.

Abstract #3

Taking a Broad Approach: The GERI Collaboration

Dr. Chris Frank, MD, CCFP

In 2007 the Canadian Geriatrics Society hosted a meeting entitled "The Future of Geriatrics in Canada" to discuss the human health resource shortage in medical geriatric care. One recommendation was the development of a coalition to improve the image of aging and of caring for the aged. The Geriatric Education and Recruitment Initiative (GERI) was developed based on this recommendation. This collaboration of health disciplines is working to increase recruitment to all fields that have a focus on seniors by a range of strategies that attempt to highlight the positive aspects of geriatric care, both for the practitioner and for society. This is the first time different professional organizations have worked together on this goal.

During the presentation, we will discuss the challenges of developing the collaboration and summarize the work-plan and strategies to improve the image of caring for seniors; including Geriatric Interest Groups, linkages with industry and consumer groups.

■ S19

Active Aging in Supportive Communities

Kathleen Cruttenden, University of New Brunswick;*
Maggie Gibson; Verena Menec; Yvon Thibideau

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OVERVIEW

The Interdisciplinary Education and Psychology Divisions of the Canadian Association on Gerontology recognize that relationships between the built and natural environment and health and well-being are critical issues for study and intervention, reflecting demographic and societal evolution. Active aging is supported by universal design across the lifespan and requires teaching and learning to reconsider how we design and live in supportive communities. Designing the built environment means being cognizant of the need for social support for all age groups within caring communities and understanding that health promotion is fundamental to design. Indeed, in its 2009 Final Report, the Standing Senate Committee on Social Affairs, Science and Technology Subcommittee on Population Health has added "housing" as the thirteenth Social Determinant of Health. In this inter-divisional symposium, we are pleased to feature two presentations by experts that contribute answers to the question, "How do we work together with populations and age groups to promote Active Aging within the built environment?" The two invited speakers approach this question with different objectives, methodologies, and contextual frameworks. Verena Menec is a Canada Research Chair in Healthy Aging, Director of the Centre on Aging and Professor in the Department of Community Health Sciences at the University of Manitoba. Yvon Thibideau, Manager, Project Development, for Avide Real Estate Developments, builds and develops multi-housing facilities for diverse age groups, from single-parent families, non-elderly singles, and seniors, for both affordable housing and market projects. Following the two presentations, Discussant Kathleen Cruttenden will consider both societal implications and on a more immediate level, implications for future developments for the field of interdisciplinary education on gerontology in Canada.

Abstract #1

Building Age-Friendly Communities to Promote Healthy, Active Aging

Verena Menec, PhD

The idea that the environment in which people live has a profound impact on their lives has a long history in gerontology (Lawton & Nahemow, 1973). Recently, there has been an increasing interest in making communities "age-friendly", with the World Health Organization (2007) proposing that a range of supports and opportunities must be available in order to promote healthy, active aging, including a built environment that accommodates older adults' needs (e.g., buildings that are accessible, community design that is conducive to walkability, etc.), appropriate and affordable housing, transportation, and so forth. Drawing on the work conducted as part of the Age-Friendly Communities-University Research Alliance (CURA), a SSHRC-funded program of research that brings together a diverse team of researchers and community partners, the importance of the built environment for older adults will be addressed in this presentation. More broadly, the need to examine age-friendly communities in a holistic way will be highlighted, as well as the need for interdisciplinary, partnership-based research. Moreover, some of the issues and challenges that communities are experiencing as they move towards becoming more age-friendly will be discussed.

Abstract #2

The Senior Cohousing Process

Yvon Thibideau

Previous senior housing projects and the issues experienced through years of property management have shown the need for planning as a collaborative and cooperative process with seniors' groups planning and building their own homes. The 'cohousing' process is very much welcomed by all since the project becomes specific to the population's needs and reflects a friendly, cooperative and socially supportive environment for the aging community. The project presented today is an example of democratic, self-determination practice that favors a caring community life with social sustainability. Senior cohousing communities erase the 'fear of aging' as seniors support and inspire each other, become empowered in their new social roles, and develop relationships that support a strong foundation for continued community growth. Seniors planning for the future maintain personal values and respect for each other as the true foundation for cohousing and is achieved by the participation of seniors as a community.

S20

Applicability of an Age-Friendly Community Lens in Different Contexts

Sherry Dupuis, University of Waterloo; Elizabeth Esteves; Lou Kelley; John Lewis*

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OVERVIEW

McKnight (2005) stated that the best communities are those "where all kinds of methods create all kinds of situations in which each of us finds relationships where our gifts are recognized and magnified" (p. 117). Communities should be places where all citizens, no matter what age or ability, are able to remain actively engaged, grow and thrive throughout the life course. This is at the heart of the age friendly community concept - creating communities in which the physical, social and service environments enable and support older people - and people of all ages - to live in security, enjoy good health, and participate meaningfully in society. Using examples from four different initiatives, this symposium will demonstrate the applicability of the age friendly community concept to diverse settings, including wider community settings, acute care settings, and long-term care homes. More specifically, Sherry Dupuis will describe the translation of the Alzheimer's Disease and Related Dementias Planning Framework to a more universal age-friendly communities framework and web-based tool. Elizabeth Esteves will describe an Ontario initiative which involved regional forums across the province focused on creating age-friendly communities. Mary Lou Kelley will present data from her assessment of seniors care in a hospital emergency department using an age-friendly hospital lens. And, John Lewis will outline his research using the concept of age-friendly communities in assessing long-term care homes and urban neighbourhoods.

Abstract #1

Expanding an Alzheimer's Disease and Related Dementias Framework Into an Age-Friendly Communities Tool

Sherry L. Dupuis, PhD

Most approaches to policy and practice in dementia care have been dominated by biomedical and psychological models that focus on "servicing the illness". These approaches have often meant that the wider social, cultural, political and physical environmental contexts in which people with dementia and their family members live their lives have been relatively ignored. The Ontario Roundtable on Future Planning for Alzheimer Disease and Related Dementias (ADRD) came together in 2004 to develop a planning framework that would not simply service the illness but instead would focus on helping persons with dementia and their families get on with living their lives. In piloting the resulting framework and tool-kit in 2006, many spoke about the broader, wide-spread applicability of the framework and tool, beyond the dementia context, and strongly encouraged us to translate the tool into a more universal, age-friendly community tool. In partnership with the Alzheimer Society of Ontario, we brought together a working group to expand the ADRD framework into an age-friendly community tool that would complement the WHO checklists. The value-based, interactive, web-based tool was launched in June 2010. In this presentation, I will share our process of moving the ADRD Framework to an age-friendly community resource, introduce participants to the tool, and describe how communities can use the tool in creating supportive and enabling communities for all citizens.

Abstract #2

Promoting an Age Friendly Ontario

Elizabeth Esteves

The Ontario Seniors' Secretariat (OSS), in 2009-10, held eight regional forums across Ontario to bring awareness of the Age-Friendly Communities framework and resources. The forums were organized in partnership with seniors' organizations and community leaders and acted as a "Call to Action", encouraging communities to become age-friendly. Building on this work, in 2010-2011 the OSS partnered with the Murray Alzheimer Research and Education Program (MAREP) to enhance MAREP's Age Friendly Community website. Together OSS and MAREP have been capturing local stories related to age-friendly communities and facilitating knowledge exchange by providing an opportunity for communities to share the steps they have taken in becoming more age-friendly. To date 21 community initiatives have been posted on the website http://afc.uwaterloo.ca and up-dates of these stories are planned into 2011. Prior to this work, OSS has contributed to the development of the Federal/Provincial/Territorial Age-Friendly Rural and Remote Communities: A Guide, modeled on the World Health Organization/Public Health Agency of Canada "cities" approach but focusing on smaller rural/remote communities with a population of 5,000 or less. This presentation will describe these Ontario initiatives showcasing the potential of Ontario communities in becoming age-friendly.

Abstract #3

Senior-Friendly Emergency Department Care: An Environmental Assessment

Mary Lou Kelley, PhD

This presentation describes an environmental assessment of an Emergency Department (ED) and its impact on care of adults aged 75 and over, using a 'senior-friendly' conceptual framework that included the physical environment, social climate, hospital policies and procedures, and the wider health care system. Data collection included interviews with seniors or their proxy decision makers, staff and key community informants; on-site observations; a staff survey; and hospital administrative data. Findings indicated that the ED was fast-paced, overcrowded, chaotic and lacked orientation and wayfinding cues, and appropriate equipment and furniture; all creating barriers to providing appropriate care. Seniors' expectations often went unmet and staff expressed moral angst, recognizing unmet needs. Some hospital policies and procedures compounded these difficulties, including hallway practice, lack of off-hour access to multidisciplinary health care professionals, and inability of patients to access food and drink. Better communication and coordination between the ED and other components of the health care system are needed. This assessment provides a method that can be replicated elsewhere to generate site-specific recommendations and initiate capacity development processes to enhance senior-friendly care in EDs and throughout acute care hospitals.

Abstract #4

An Evaluation of Assessment Frameworks, Criteria and Indicators of Age-Friendly Built Environments

John Lewis, PhD

In the Region of Waterloo, low-density urban development, a characteristic of many growing communities, is not particularly age-friendly. Features such as rapid suburbanisation, dispersed development patterns, the lack of adequate pedestrian infrastructure, and land use separation all present significant obstacles to senior independence, physical and social activity. A significant issue challenging urban planners and designers is the range of assessment frameworks (e.g., accessibility standards, universal design principles, walkability indices, neighbourhood quality of life frameworks, etc.) that relate to the capacity of the urban environment to support people in later life. My research team is working with senior residents and organizations throughout the Waterloo Region to evaluate a range of methods for assessing architectural and public environments in order to document their capacity to generate defensible (i.e., reliable and valid) indicators of environmental design that is supportive of healthy aging. The outcomes of this research for urban planning and design professionals include an appraisal of the relative strengths and limitations of alternative built environment assessment methods. Ultimately, this research will work towards the development and iterative testing of a built environment assessment framework that builds on the merits of previous tools and compensates for recognized deficiencies.

■ S21

Cognitive Training and Rehabilitation for Older Adults

Lisa Koski, McGill University; Sylvie Belleville; Véronique Bohbot; Louis Bherer*

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OVERVIEW

Cognitive training and rehabilitation interventions are receiving increasing attention as a larger portion of the population begins to experience age-associated declines in cognitive abilities. Work in previous decades provided little empirical support for cognitive training. However, our past perspectives are giving way to a more promising future since the publication of several positive clinical trials in recent years. In this symposium, neuropsychologists who have completed clinical trials of cognitive training interventions will present some results of their research. We will conclude by attempting to integrate these findings and discussing how they might be translated into improved cognition for older adults.

Abstract #1

Memory Training and Memory Compensation: A Pilot Study in Patients With Mild Cognitive Impairment

Lisa Koski, PhD; Jerine Anton, BSc; Susanna Konsztowicz, BSc; Joelle Crane, BSc; Guylaine Bachand, RN; Yves Bacher, MD; Gary Inglis, MD; Assunta Pietrantonio, RN; Alyson Turner, RN, MPH

A pilot study evaluated the feasibility and efficacy of two cognitive rehabilitation programs for patients with mild cognitive impairment (MCI). Memory was tested before, after, and 6 months following the 7-week intervention. 18 patients were randomized to a memory-training (MT) group, memory-compensation group (MC), or to a wait-list control group (WL) that was later randomized to active treatment. Post-intervention evaluations were completed for 8 MT, 6 MC, and 4 WL participants. Self-rated memory ability increased by 5+% in 6 MT (group level p=0.01), 1 MC, and 3 WL patients. It remained above baseline at 6 months in 2 of 5 MT and 1 of 1 MC patients. Satisfaction with memory increased in 5 MT, 4 MC and 1 WL patients. Word list recall improved by 20+% in 2 MT, 1 MC and 0 WL participants. Short story recall improved by 10+% in 3 MT, 4 MC and 2 WL participants. Face-name associations improved by 10+% in 2 MT, 3 MC and 1 WL participants. These results support the short-term efficacy of memory training to improve self-rated memory ability and satisfaction in patients with MCI. They did not support the efficacy of training or compensation for improvement on objective memory tests.

Abstract #2

Comparing Cognitive to Psychosocial Intervention in Persons With MCI Using a Randomized Controlled Design

Sylvie Belleville, Bianca Bier, Nathalie Bier, Catherine Brodeur, Christian Bocti, Francine Ducharme, Francine Fontaine, Lise Gagnon, Brigitte Gilbert, Sébastien Grenier, Carol Hudon, Samira Mellah, Marie-Christine Ouellette, Chantal Viscogliosi.

Cognitive interventions are designed to restore, increase or optimize capacities in persons suffering from cognitive impairment. These interventions are promising in the field of aging. As there are no disease-modifying drugs for Alzheimer's disease, it is critical to assess the efficacy of cognitive training as a symptomatic intervention for older adults suffering from Alzheimer's disease or for those at risk of developing the disease (ex: mild cognitive impairment). In this presentation, we will present two randomized-controlled trials that have tested the efficacy of memory training in persons with mild cognitive impairment (MCI). Participants with MCI were randomized to either MEMO, a program designed to promote memory by teaching semantic-based and imagery-based mnemonics, or to a psychosocial intervention focusing on psychological well-being and stress management. Outcome measures included memory tests, psychosocial measures and questionnaires measuring metamemory and activities in daily life. Results indicate that memory training results in significant improvement of cognitive functions (delayed word recall and face-name association) whereas persons randomized to the psychosocial intervention showed no such improvement. Notably, persons who received psychosocial intervention showed improvement in some of the target psychosocial outcome measures suggesting that this type of intervention might benefit persons with MCI.

Abstract #3

Spatial Memory and Healthy Aging

Véronique Bohbot

Young healthy participants spontaneously use different strategies in a virtual radial maze, an adaptation of a task typically used with rodents. We have previously shown using fMRI that people who use spatial memory strategies have increased activity in the hippocampus whereas response strategies are associated with activity in the caudate nucleus. In addition, we used Voxel Based Morphometry (VBM) to identify brain regions co-varying with the navigational strategies individuals used. Results showed that spatial learners have significantly more grey matter in the hippocampus and less grey matter in the caudate nucleus than response learners. The relationship between spatial memory strategies and grey matter of the hippocampus was replicated with healthy older adults. Furthermore, we found a positive correlation between spatial memory strategies and the MoCA, which is a test sensitive to mild cognitive impairment. Since low grey matter in the hippocampus is a risk factor for cognitive deficits in normal aging and for Alzheimer's disease, our results suggest that using spatial memory in our everyday lives may protect against degeneration of the hippocampus and associated cognitive deficits. These results have important implications for intervention programs aimed at healthy and successful aging.

Abstract #4

Cognitive Training Intervention for Attentional Control in Older Adults

Louis Behrer

Executive functions rely on a subset of attentional control mechanisms (planning, inhibition, dividing attention, etc) that play an ubiquitous role in everyday functioning (e.g., driving). Moreover, in community-dwelling women aged 70 – 80 years, a decline in executive functions could precede memory declines by up to 3 years (The Woman's Health and Aging Study ll, Carlson, 2009) and can lead to reduced mobility and increased risk for falling (Holzter et al., 2007; Ble et al., 2005; Hausdorff et al., 2005). In this presentation we will review recent studies from our group that suggest that laboratory-based cognitive training interventions can lead to substantial improvement in attentional control mechanisms in older adults. Moreover, such improvement is associated with significant changes in brain activation pattern in brain regions that are known to be involved in attentional control process. We will also report results showing specific transfer effects in non-trained tasks, in mobility tests that involved executive control and in clinical neuropsychological tests after laboratory-based training for attentional control. Together, these results suggest that specially designed computerized cognitive training programs can efficiently enhance attentional control functions in older adults.

■ S22

Advocating for Equitable Dementia Home Care Services: Linking Practice, Policy and Research

Catherine Ward-Griffin, The University of Western Ontario; Ryan DeForge; Jodi Hall; Oona St-Amant*

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OVERVIEW

The aims of this critical ethnographic study were to acquire in-depth information about the relational experiences of clients, family caregivers, and home care providers involved in dementia care, to identify contextual factors that influence the formation and negotiation of those relationships, and to identify changes needed in health services, policy and program delivery in dementia care. A purposeful sample of 9 dementia care networks, including 9 persons with dementia, 27 family caregivers and 14 home care providers, was obtained. Drawing on the analyzes of in-depth interview and participant observation data collected over 19 months, this symposium will focus on how persons living with dementia, their family members and home care providers negotiate dementia care through three key relational care processes: managing care resources, evaluating care practices and making care decisions.

Abstract #1

Managing Care Resources in Home-based Dementia Care: A Critical Analysis

Hall, J., Ward-Griffin, C., DeForge, R., & St Amant, O.

This presentation focuses on a critical examination of the management of care resources within homecare dementia networks by exploring how persons with dementia, caregivers, in-home providers and nurse case mangers negotiate their varied values, beliefs and behaviors. Based on our analysis, three interrelated themes were identified. The first theme "Finite Formal Care, Inexhaustible Family Care demonstrates that the current management of dementia home care resources reproduces a double standard, wherein formal resources are positioned as finite, and family resources inexhaustible. The second theme "Accessible Resources Rhetoric/Inaccessible Resources Reality" suggests that resources to provide dementia home care are inaccessible, yet rhetorically positioned as accessible. Thirdly, Diminishing Care Resources/Increasing Care Needs illustrates that care resources need to be assessed on an ongoing basis as the demands of care, and the familial and formal resources available to meet these demands, often change over time. In caring for persons with dementia, care providers need to actively advocate for equitable, not equal, distribution of formal care resources. Ultimately the development of policies and practices that provide available, accessible and appropriate resources ensuring optimal home based dementia care is required.

Abstract #2

(In)visible Evaluations: Evaluating Care Practices in Home-based Dementia Care

DeForge, R., Ward-Griffin, C., St Amant, O., & Hall, J.

In the current socio-political context of 'Aging at home' strategies, it is sometimes easy to lose sight of the varied, uniquely situated perspectives regarding the evaluation of care practices, particularly when considered critically from a view that includes whole networks of care. Oftentimes, power differentials mean that particular voices go unheard and that particular processes and outcomes are valued more than others. This presentation examines how the often-invisible direct care work of caring for a person living at home with dementia is experienced and evaluated by the different members of the care network, and how structurally imposed conditions and expectations often preclude caregivers from being able to enact the kind of relational care that they tacitly understand to work well for their relative. Moreover, we examine how this preclusion of relational care is a phenomenon that occurs within the context of particular evaluations being more highly valued than others. We consider what larger socio-political structures shape those evaluations, and what the consequences are of such socio-political influences. These findings serve to enhance our understanding of the ways that structured forms of power intersect and are enacted within the evaluation of care practices.

Abstract #3

Making Care Decisions in Home-based Dementia Care

St Amant, O., Ward-Griffin, C., Hall, J., & DeForge, R.

The provision of homecare in Canada is an arena of conflicting and competing demands. Decision-making within the formalized homecare system in Ontario tends to be outcome-driven, difficult to retract and laden with legalities. While this approach to decision-making may be convenient for some, data analysis revealed this type of objectivist approach to decision-making is unfavorable for the people who are serviced by homecare as well as those working within this formalized system. This presentation will pay particular attention to making care decisions, more specifically how decisions are socially constructed in home-based dementia care. The findings suggest that clients, family caregivers and healthcare providers enact contextually forced decision-making patterns by way of 1) having to accommodate legally defined competency/incompetency; 2) making untimely decisions under system pressures; and 3) experiencing contextually pre-scribed inclusion/exclusion in decision-making. In order to enhance the health of persons living with dementia and their caregivers, decision-making practices should reflect the needs of those receiving services (rather than being contextually driven), ultimately allowing for collaborative homecare policies and practices.

■ S23

Conceptual Model of Continuum of Care in Dementia and Its Application in Practice

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Katherine Thibodeau; Nancy Grenier; Lisa O'Reilly

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OVERVIEW

Globally the population is aging, and with increased longevity comes increases in functional and cognitive impairment leading to increase in the incidence and prevalence of dementia. According to the World Health Report on Aging 2001, models of best practice are needed to ensure the wellbeing of older persons in the health system, models which conceptualize elements for the delivery of care, considering patient, provider and the system. Such a model was developed at the Moe Levin Centre, based on a paradigm shift from custodial to individualized care. This model is based on a continuum of care for people with early signs of cognitive impairment to people with severe symptoms of cognitive and behavioral problems. In the absence of any cure for dementia at the present time, we need to provide interventions along a continuum which will delay disease progression and functional decline, improve quality of life, support dignity and deal with psychiatric symptoms effectively. This symposium will provide an overview of how a theoretical model is used to develop intervention techniques for the different stages of dementia.

Abstract #1

Application of Strategies for Cognitive Retraining in MCI patients to Delay Disease Progression

Céline Brunelle B.Sc and David Fontaine MA Memory Clinic,
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La remédiation cognitive vise au maintient de l'autonomie chez une clientèle atteinte de troubles cognitifs ainsi qu'à la prévention du déclin cognitif et /ou de l'entrée en démence. Notre programme comporte 3 volets qui incluent, la relaxation et le Tai-chi, l'apprentissage de stratégies mnémoniques ainsi que la stimulation à l'ordinateur. Le but premier de la relaxation et du Tai-chi est de réduire le niveau de stress et augmenter ainsi la capacité d'attention. L'apprentissage de stratégies mnémoniques permet entre autre de mémoriser une liste d'épiceries ou de chose à faire, en utilisant la visualisation ou autre technique. La stimulation à l'ordinateur quant à elle vise principalement à pratiquer l'usage des stratégies apprises. Le programme de remédiation cognitive du Centre Moe Levin a une durée de 20 semaines. Pour le volet recherche, chaque participant sera soumis à des tests neuropsychologiques avant le début du programme, après le volet stratégies mnémoniques puis à la toute fin des activités afin de mesure l'impact de cette thérapie sur les fonctions cognitives des participants. Le groupe contrôle, quant à lui bénéficiera de la relaxation et du Tai-chi, de groupes de psychoéducation sur les facteurs de risques inhérent à la démence ainsi que de la stimulation à l'ordinateur.

Abstract #2

Application of Multimodal Strategies to Maintain Functional Abilities in People With Mild to Moderate Levels of Dementia

Nancy Grenier, BSc and Lisa O'Reilly B Sc, Therapeutic Day Centre, Moe Levin Centre, Douglas Mental Health University Centre, 6875 Boul La Salle, Montreal, Quebec, H4H 1R3

The Moe Levin Therapeutic Day Center offers a therapeutic milieu to individuals who are suffering from mild to moderate degree of dementia with psychiatric co-morbidity to maintain existing cognitive and functional capacities as well as social skills. These individuals are faced with changing perceptions which make adaptation difficult. The Therapeutic Day Center facilitates transition through those difficulties by adapting stage-specific therapeutic activities that provide stimulation and support to the individuals. "What can Nintendo Wii and Step Class do for my Memory? How can Tai Chi and exercise improve my Memory? How can Computer exercises provide me with Cognitive Stimulation?" The answers to these questions lie in the adaptability of the activities to suit the cognitive and functional level of the person. In addition, the adaptations are constantly monitored to respond to the evolving needs of the individual. The Day Center provides therapeutic activities that are appropriate both in the Day Center and at home.

Abstract #3

Respecting Dignity in the Face of Symptoms Associated With Dementia - A Person-Centered Approach

Katherine Thibodeau M.Sc. and Hildegard Brack Ph.D., Moe Levin In-patient Unit,Moe Levin Centre, Douglas Mental Health University Centre, 6875 Boul La Salle, Montreal, Quebec, H4H 1R3

In a dementia unit for people suffering from severe dementia, interventions are based on a person-centered approach and caregiving reaches beyond basics to address psychological, social, cultural and spiritual needs. Caregivers establish a therapeutic relationship, they support the individual, strive to preserve identity and treat the person with dignity. The objectives are the wellbeing of the individual and the overall quality of life in spite of the degenerative and progressive nature of the disease for which there is no cure yet. Behavioural symptoms that are associated with dementia can be avoided when caregivers have good communication skills and interventions meet the person's often unexpressed needs. Providing opportunities geared to the preferences of the individual, working with the present functional capacities and assisting when necessary, contributes to maximizing the person's capacities and to boosting self-esteem at the same time. How conflict can be avoided during bathing, one of the most difficult issues for caregivers, will be addressed to demonstrate the proposed care approach,on the dementia unit of the Moe Levin Centre.

■ S24

Aging in Place: From Statistics to Stakeholders to Sustainability

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OVERVIEW

The idea that health and social policies should enable people to age in the place of their choice is gaining momentum internationally at the confluence of changing demographics, political activism and market forces. This policy ideal is fueled by both humanistic and economic considerations. A broad range of conceptual lenses, methodological approaches and practical implications must be considered to understand the emerging dynamics of the aging in place social and political movement. We turn the spotlight on a diverse sample of aging in place issues in this symposium. The stage is set with an analysis of census data that characterizes changes in living arrangements over time for older adults in Ontario. Moving from statistics to stakeholders, experientially-grounded perspectives are represented through the findings of a focus group study conducted with older adults in three Ontario cities. Results of a facilitated workshop represent the deliberations of a second group of stakeholders: policy makers, health care practitioners and researchers. A pragmatic perspective is introduced through examination of a neglected element of the risk and safety dialogue in the aging in place issue, specifically, interrelationships among seniors' health, technology use, and emergency management. We conclude that there is a critical need for integration among the varied perspectives and agendas within the aging in place discourse to ensure that the societal shifts that are emerging as this policy ideal is implemented are realistic, inclusive, free of unintended effects, and ultimately, sustainable.

Abstract #1

Living Arrangements of Ontario Seniors

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Objectives: Ontario seniors' living arrangements were examined over time and by age and sex to see if community/health care resources should be focused on specific subpopulations. Method: Statistics Canada census data were used to identify the living arrangements of seniors (those aged 65 or more years). Results: Between 1986 and 2006, the proportion of seniors who lived in collective dwellings decreased while the proportion living in private households increased. However, the number in both living arrangements increased. Further, both the relative proportion (55.3% vs. 62.0%) and the number (549,070 vs. 1,023,005) of seniors who lived in census families (risk of caregiver burnout) increased. In 2006, a greater number and proportion of males than females were living in census families at all ages. The greatest sex differences were noted among those 75 or more years (males vs. females: 65-74: 82.8% vs. 65.5%; 75-84: 73.8% vs. 42.8%; 85+: 51.3% vs. 17.8%). Conclusion: While numbers of seniors in collective dwelling and in private households increased between 1986 and 2006, a greater proportion aged within a census family. Home care programs and community agencies might consider further development programs notably for older, community-dwelling men.

Abstract #2

Rethinking the Aging at Home Discourse: A Focus Group Study of Seniors' Perspectives

Briana Zur, Ph.D. Candidate, Debbie Laliberte Rudman, Ph.D., Salinda Horgan, Ph.D., Ruth Wilford, H.B.A., Krista Bray Jenkyn, Ph.D. Graduate Program in Health and Rehabilitation Sciences (Occupational Science), The University of Western Ontario and CIHR IA-St. Joseph's Health Care London Aging, Veterans and Dementia Fellow; St. Joseph's Health Care London, 801 Commissioners Road East, London, ON, N6C 5J1 (briana.zur@sjhc.london.on.ca) Phone: 519-685-4292 ext. 42253

Research purpose: To explore Ontario seniors' perspectives regarding the meaning of aging at home and what supports are required to achieve their desired visions of aging at home. Method: This presentation focuses on a qualitative study involving six focus groups of seniors with and without community-based supports conducted in London, Thunder Bay, and Kingston, Ontario (n=28 females, 4 males). Results: Participants prioritized their sense of personhood and autonomy, while coping with the challenges of aging and resulting tensions and conundrums. They strove to stay engaged in life in meaningful ways, pointing to the need for supports that extended beyond basic necessities. Planning for their future was challenging because of a perceived lack of desired housing and support services, and limited knowledge regarding accessing services and negotiating systems. Discussion and Conclusion: While it is often assumed that seniors seek to 'age at home', there appears to have been little incorporation of seniors' perspectives into 'aging at home' discourse and strategies in Ontario. The results of this study point to the need for 'aging at home' policies and practices to extend beyond ensuring the completion of basic self care and home care activities to consider issues of personhood, meaningful engagement and communication.

Abstract #3

Exploring the Aging at Home Discourse: Breaking Down the Silos to Promote Knowledge Exchange

Krista Bray Jenkins, Ph.D., Iris Gutmanis, Ph.D., Salinda Horgan, Ph.D., Ruth Wilford, H.B.A., Briana Zur, Ph.D.(c), Maggie Gibson, Ph.D. Evaluation and Research, Specialized Geriatric Services, St. Joseph's Health Care, London; 801 Commissioners Road East, London, ON, N6C 5J1 (k.brayjenkins@gmail.com) Phone: 519-685-4292 ext. 42682

Objectives: Study goals are 1) to provide an opportunity for key stakeholders to engage in the Aging At Home (AAH) discourse (an Ontario-based approach that tries to match the needs of seniors and their caregivers with the appropriate local support services in order to avoid premature admission to long-term care homes or hospitals) and 2) to further develop the research base underlying the AAH strategy. Methods: Grounded in work done by Zur et al. (this symposium) and research-based presentations, invited stakeholders representing healthcare, community and city planning will participate in small group dialogue and facilitated consensus building on October 22, 2010 in London, ON to address the study objectives. Results: Inductive thematic analysis will be conducted on the information generated from a literature review, focus groups and the consensus workshop, where workshop participants will add to the themes identified by Zur et al. to identify resonant themes in the AAH discourse. Discussion and Conclusion:The workshop will produce a preliminary framework of key issues impacting AAH for seniors and inform research and knowledge exchange in AAH strategies. This incorporation of seniors' perspectives into the AAH discourse across silos of care will better meet the needs of the senior population.

Abstract #4

Seniors, Technology, and Emergency Management: From Concept to Use

Sandi Hirst, Ph.D., Kelly Fitzgerald, Ph.D., Robert Roush, Ed.D, M.P.H, Gloria Gutman, Ph.D., Maggie Gibson, Ph.D. Brenda Strafford Centre for Excellence in Gerontological Nursing, University of Calgary, 2500 University Drive, N.W., Calgary, AB T2N 1N4 (shirst@ucalgary.ca) Phone: 403-284-4803

Objective: The objective is to introduce the interrelationship of seniors' health, technology use, and emergency management. Method: This paper draws on the literature and research of academics and practitioners committed to promoting seniors' health during large scale disasters. It explores what needs to be done to actualize the potential for gerontechnology to make a substantive, unique, and potentially life-saving contribution to the call for sound and effective practices in all phases of emergency management. Results: The gerontechnology literature reveals a variety of high-tech approaches designed to help older adults function in their daily lives with a greater degree of independence than they might otherwise, given their physical health and cognitive status. Many older adults experience a heightened sense of security secondary to this use of technology. The paper addresses the validity of this perception in the context of disasters, since evidence suggests that older people suffer disproportionately in disasters as a consequence of largely remediable factors. Conclusion: It is time to look beyond the day-to-day applications of gerontechnology and explore how technological solutions that increase safety and capacity for older adults on a routine basis can be utilized in large-scale emergencies and disasters.

■ S25

Age-Friendly Communities: What's the Evidence as a Model for Promoting the Physical and Mental Health of Seniors and Their Caregivers

Louise Plouffe, Public Health Agency of Canada; Nancy Nancy Jokinen; Penny MacCourt; Neena Chappell*

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OVERVIEW

The Age Friendly Community (AFC) Model is built on the understanding that the physical and social environment and economic determinants that surround individuals, families influence healthy aging. All of these factors, and the interaction between them, play an important role in affecting how well individuals age. The AFC Model comprises eight domains of community living that reflect the environmental, social, and economic determinants of healthy aging. In an age-friendly community, policies, services and structures related to the physical and social environment are designed to support and enable older people to age actively -- that is, to live in security, enjoy good health and continue to participate fully in society. In an effort to support healthy aging policy in Canada, it is critical to capture the scientific underpinnings of the AFC Model to demonstrate how age-friendly communities influence healthy aging. The Public Health Agency of Canada commissioned three papers to review the evidence and consider the contributions that an AFC Model can make to the physical and mental health of seniors' and their caregivers. This symposium will present this evidence and provide an opportunity for participants to discuss its implications. Nancy Jokinen, will present findings of a literature review which demonstrates ways in which components of an age-friendly model may influence health of older adults. Penny MacCourt will present the evidence from literature which provides clear associations between each of the eight domains of community living in the AFC Model and seniors' mental health and well-being. Neena Chappell will present on ways in which previous studies demonstrate the critical importance of the elements of AFC to caregivers to older adults. Although not typically discussed explicitly within the AFC model, caregivers and their well-being are impacted by and can in turn influence the AFC model which then relates to the quality of life of older adults.

Abstract #1

How Age Friendly Community Supports the Physical Health of Seniors

Nancy Jokinen, PhD Post Doctoral Fellow, Centre for Education and Research on Aging and Health Lakehead University

Many factors influence the physical health of older adults and either support or challenge well-being in later life. Many of these factors are related to the physical, social and economic environments which shape the communities within which older adults live. The Centre for Education and Research on Aging and Health at Lakehead University undertook a critical review of international research in order to examine the extent of the evidence that supports and demonstrates how an age-friendly community model influences the physical health older-aged adults. It considered the physical, social and economic environments, as well as the effects of interventions related to these environments that reported health outcomes. The findings of the review demonstrate various environments are linked to physical health outcomes of older adults although the evidence varies. Diverse measures of the perceived or objective environment related to different measures of health used by the studies reviewed. This review of the literature provides a foundation from which to pursue a better understanding of how components of an age-friendly community model may influence physical health of older adults.

Abstract #2

How Age Friendly Communities Promote the Mental Health of Seniors

Penny MacCourt, PhD Research Affiliate, Centre on Aging, University of Victoria

Older adults experience unique physical, psychological and social changes associated with aging that individually and together may challenge their mental health, sometimes resulting in mental health problems or illness. Given the increasing number of seniors at risk for mental health problems the burden that such problems place on individuals, their families and communities, it imperative that strategies be identified to promote and support older adults' mental health. A comprehensive literature review was undertaken to examine how, through action on the eight domains of community living, the AFC Model promotes and supports seniors' mental health. This study was guided by the following questions: How does social environment, and economic determinants influence the mental health of older persons? What are the effects on the mental health of older persons of interventions related to these determinants? What evidence is there related to community empowerment and mental health outcomes for older persons? The scientific literature reveals clear associations between each of the eight domains of community living in the AFC Model and seniors' mental health and well-being and there is ample evidence to suggest that the AFC Model is a very promising strategy for promoting seniors/ mental health.

Abstract #3

How Age Friendly Communities Support Informal Caregivers of Seniors

Neena Chappell, PhD Canada Research Chair in Social Gerontology Professor, Centre on Aging and Department of Sociology University of Victoria

In 2007, over 2.7 million Canadians over the age of 45 provided some sort of unpaid care to seniors with long-term health problems and studies have shown that this role can significantly impact the mental and physical health of the caregiver. Despite the relevance of the AFC model for older adults, it has not been applied to caregivers. Yet, there is considerable research that attests to the importance of the key elements of AFC for caregivers and their well-being. This paper makes that link explicit, assessing the extent to which the Age-friendly Communities model can also directly and indirectly contribute to the well-being of caregivers.

■ S26

Gerontechnology and Aging at Home: Perspectives on Technologies and Services for Supportive Housing, Mobility and Care

Patrick Boissy, Université de Sherbrooke; Gérard Cornet; Hélène Pigot; Joelle Pineau; Michel Tousignant*

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OVERVIEW

The high growth in the number of older seniors worldwide, combined with their expectation of aging at home (i.e. the ability to receive assistance and services at home as a person's needs change due to aging) has created interesting research opportunities in the field of gerontechnology. The field of gerontechnology addresses the study of the design, development and evaluation of technologies created to ensure, maintain and promote health, social participation and independent living of older adults throughout their lifespan. This symposium will present an overview on the field of gerontechnology and insights on real life use of three different applications of gerontechnology: 1) technologies for older adults living at home with cognitive impairments, 2) technologies for assisted powered mobility 3) technologies for in-home telehealth services 4) technologies for mobility and activity monitoring in the support of care of older adults living at home.

Abstract #1

Vieillir à la maison et les gérontechnologies

Gerard Cornet, MD

Bien vieillir à la maison dans le contexte du vieillissement massif de la population est à la fois une préférence de la personne et un choix des politiques publiques de santé et des politiques sociales. Le modèle du soin hospitalo-centré n'est plus adapté à cette évolution qui doit prendre en compte la nécessité de prévenir les incapacités fonctionnelles et la dépendance qui résultent de la montée des maladies chroniques invalidantes, de compenser les dysfonctionnements qui se cumulent avec les effets du vieillissement normal, d'accompagner et de piloter le soin, de prendre en compte le maintien de la qualité de vie au quotidien et de la compensation dans les soins de première ligne. Les gérontechnologies se situent au croisement de la gérontologie et des différentes technologies susceptibles d'apporter les ressources complémentaires à l'aide humaine pour répondre à ces besoins dans un contexte démographique qui verra la diminution du nombre d'aidants par rapport a la forte croissance des personnes, la montée de la fragilité des personnes et le risque d'épuisement des aidants. Le foisonnement de l'offre et la gamme des innovations proposées avec les progrès des technologies de l'information pour le soin à distance, les compensations fonctionnelles , la sécurité, le confort via l'habitat intelligent , les loisirs et le maintien du lien social pose différents problèmes à résoudre. Les bonnes réponses viendront d'une action bien coordonnée entre les pouvoirs publics, les laboratoires de recherches et notamment les living lab ,le secteur privé, services/ industries, pme innovantes, réseaux de telecom, financeurs du secteur prévoyance et du capital risque pour relever ces immenses défis.

Abstract #2

Supportive Housing Technologies and Approaches for People Living at Home With Cognitive Impairments

Hélène Pigot, PhD

Dementia is a common clinical syndrome in the older-adult population. Older adults with dementia can experiment difficulties in managing their daily life due to cognitive impairments either from deficits in primary and episodic memory, executive functioning, attention, visuospatial skill and verbal ability. With the onset and progression of dementia, living and staying in one's home can become a challenge, as the performance of complex activities is difficult. With the advent of easy access to mobile computing power, gerontechnologies such as context-aware assistive devices have emerged. Computerized task guidance systems, which can prompt the user into performing a task using sequential messages, are now considered to support older adults living at home with cognitive impairments. In this presentation, on going research at DOMUS (DOmotics and Mobile Computer Science Laboratory at Université de Sherbrooke) on the use of a special interactive calendar with enhanced functionalities that can help manage a schedule, keep in touch with family members living far away, and reminisce about past events will be presented.

Abstract #3

Supportive Technologies for Assisted Powered Mobility: Human-Oriented Design and Initial Validation of an Intelligent Powered Wheelchair.

Joelle Pineau, PhD

New-generation, intelligent, powered wheelchairs promise to increase the mobility and freedom of individuals with serious chronic mobility impairments. And while rapid progress continues to be made in terms of the engineering capabilities of robotic wheelchairs, many projects fall short of the target in terms of ease of use, conviviality, and robustness. This paper describes the SmartWheeler, a multi-functional intelligent wheelchair, which leverages state-of-the-art probabilistic techniques for both autonomous navigation and user interaction modeling, to provide a novel robust solution to the problem of assistive mobility. We also discuss the use of standardized evaluation in the development and testing of such technology

Abstract #4

Supportive Technologies for Telehealth Services: Challenges of In-Home Telerehabilitation for Older Adults

Michel Tousignant, PhD

In-home telerehabilitation, defined as the provision of remote rehabilitation services to individuals with persistent and significant disabilities via information technologies and telecommunications in their home, is growing as a complementary or alternative intervention to traditional face-to-face therapy in home care and outpatient services. The rationale for in-home telerehabilitation is to expand and facilitate the delivery of rehabilitation services to people who cannot access them due to a shortage of or lack of access to services, long waiting lists for home care services or problems getting to and from the clinic. Clinical care that can be provided under in-home telearehabilitation conditions vary with the individual and the environment but include now more than ever interactive treatment and systematic follow-up of treatment plan in diverse disciplines. The purpose of this presentation is to illustrate using on-going in-home telerehabilitation research projects at the Research Center on Aging CSSS-IUGS, the technical, practical and clinical challenges of conducting in-home telerehabilitation for older adult. Results from applications of in home telerehabilitation in physical therapy, speech therapy and cardiopulmonary therapy will be presented.

■ S27

National Advocacy Initiatives in Support of Older Adults

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OVERVIEW

In this interdivisional symposium sponsored by the Social Policy & Practice and Psychology Divisions of the Canadian Association on Gerontology, we are pleased to feature three ongoing, national initiatives that exemplify a commitment to challenging the circumstances that disenfranchise older adults through inadvertent, discriminatory or uninformed actions. These initiatives are united by a common interest in the human condition, and how the social determinants of health interact to influence the well-being of individuals, communities and societies.

The Seniors Mental Health Policy Lens (SMHPL) is an analytic tool, developed with funding from the Public Health Agency of Canada, made up of a set of questions intended to strengthen the capacity of governmental and non-governmental organizations to promote inclusive and non-discriminatory environments that are supportive of seniors whatever their constellation of physical, social and psychological attributes. A national knowledge translation project undertaken in various settings including provincial government, recreation services, health care and housing will be presented.

In collaboration with the Public Health Agency of Canada, both the untapped potential and the disproportionate vulnerability of older adults in all phases of emergency management (prevention/mitigation, preparedness, response, and recovery) are being addressed through a international program of knowledge synthesis, translation and advocacy. The major tenets of this initiative will be presented.

The Canadian Dementia Resource and Knowledge Exchange (CDRAKE) is a free, virtual network that has been developed as a component of the Canadian Dementia Knowledge Translation Network to promote quality of care by supporting learning needs of Canada's dementia care community of practice. CDRAKE innovative technological applications and social networking opportunities will be presented.

Abstract #1

Supporting Seniors' Mental Health and Well Being With the Seniors Mental Health Policy Lens (SMHPL)

Penny MacCourt, PhD

Ageist biases in policies can lead to inadequate planning and design of legislation, programs and services, resulting in unintended and undesirable outcomes for both society and older adults. The SMHPL is a novel approach to combating ageism and supporting seniors' mental health. Made up of a set of questions informed by the expressed values and concerns of Canadian seniors, by the principles of population health, mental health promotion and healthy aging public policy, and by the social determinants of health, the SMHPL provide a framework for identifying any direct or indirect negative repercussions of policies, programs and services on seniors' mental health and well being. The SMHPL is both an analytical tool (to examine in detail a policy, program or practice) as well as a process tool (to generate dialogue, engagement with seniors, collaboration, and new networks and ideas). Piloted in a variety of settings across Canada, project facilitators, sponsored by mentors within the pilot organizations, were employed to facilitate knowledge translation and uptake of the SMHPL. In this presentation implementation of the SMHPL in a rural community, in recreation and in long term care will be described.

Abstract #2

Emergency Management and Older Adults: Milestones, Road Maps and Under Construction

Gloria Gutman, PhD

Natural and human-made disasters are increasing world-wide, secondary to factors including climate change, human pressures on the environment and infrastructure failure. Mounting evidence internationally suggests that older people suffer disproportionately in disasters as a consequence of largely remediable factors that cross the four pillars of emergency management (preparedness, response, recovery and prevention/mitigation). Since 2006, the Public Health Agency of Canada (PHAC), Division of Aging and Seniors (DAS), has spearheaded efforts to create new partnerships among the gerontology and emergency management sectors. DAS serves as a central coordinating body for three international working groups on older adults and emergency management, which are collaborating on knowledge development and exchange, as well as program and policy development. This presentation will provide both a historical and futuristic overview of key issues, and will highlight ongoing activities that are occurring under the auspices of this partnership.

Abstract #3

CDKTN: Breaking KT Barriers with Knowledge Exchange

Sarah Clark, BA

Knowledge exchange (KE) is a powerful and resource-efficient knowledge translation (or utilization) facilitation strategy. KE networks respond to the palpable professional movement toward continuous quality improvement in health care. KE networks can facilitate the flow and use of meaningful information, when it is needed, to support evidence-informed decision making, leading to better care for people across the continuum of care. In Canada, the Canadian Dementia Resource and Knowledge Exchange (CDRAKE) is a free, virtual network that brings together the best and the brightest in dementia care to:

- *Facilitate quick and easy access to the best knowledge for continuous quality improvement*
- *Stimulate, support and share innovations*
- *Build and strengthen collaborative partnerships between stakeholders*
- *Foster direct links between knowledge users and producers*

CDRAKE promotes and supports knowledge utilization through multiple KE platforms to support the learning needs of people seeking practice change. Critical to the success of the KE interventions, and the resultant knowledge translation activities, of the CDRAKE network is a skilled group of knowledge brokers who facilitate the identification, access, assessment, interpretation, and translation of evidence into policy and practice.

■ S28

The Short Physical Performance Battery: Associations With Life-Course Exposures, Frailty, Mobility, Disability, Physical Activity

Maria-Victoria Zunzunegui, Université de Montréal; Ricardo Guerra; Beatriz Alvarado; Marie-France Forget; Angela Garcia; Jack Guralnik; Catherine Lord; Catherine Pirkle*

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OVERVIEW

The Short Physical Performance Battery (SPPB) is one of the most commonly used tools for measuring physical performance in population studies on aging in the United States. The SPPB captures a hierarchy of functioning from complete function to mobility disability and ADL disability. It is composed of three tasks: a hierarchical balance task, a short walk at normal speed, and five repetitive chair stands. Low scores on the SPPB have predictive value for a wide range of health outcomes: mobility loss, disability, hospitalization, nursing home admission, and death. Our aim is to present results of a pilot study assessing the validity and reliability of the SPPB in a population of community dwelling 65-74 years old in St Bruno (Quebec) and Santa Cruz (Brazil). This battery may prove useful in detecting subclinical changes in physical performance at the first stages of the disability process and to target the population at high risk of mobility loss through community interventions on the social, economic and built environments. During this symposium, we will present four oral communications on the associations of the SPPB score with life course exposures, health outcomes, mobility disability and frailty in the 60 participants of St Bruno and the 64 participants of Santa Cruz. We will end with an assessment of the validity of self –reported physical activity by its associations with the SPPB score. The results of this pilot study demonstrate that the SPPB could be used in an international longitudinal study of gender differences in mobility, cognition and mood to be carried out in a community dwelling populations with ages between 65 and 74 of Kingston (Ontario), St Hyacinthe (Quebec), Manizales (Colombia) and Natal (Brazil).

Abstract #1

Validity and reliability of the Short Physical Performance Battery (SPPB) in the Young Old of St. Bruno, Quebec and Santa Cruz, Brazil : Associations With Disability and Health Status

Ricardo Guerra, Aline Falcao, Maria Victoria Zunzunegui

The aim is to assess the validity and reliability of the Short Physical Performance Battery (SPPB) in adults aged between 65-74 years, capable of performing all basic activities of daily living, in Quebec and Brazil. Participants were recruited in St Bruno (Quebec) through local advertisements (n=60) and in Santa Cruz (Brazil) by random sampling (n=64). The SPPB includes tests of gait (4 meters at preferred speed), balance (three tandem positions) and lower limb strength (chair stands). Disability was categorized as complete mobility, limited mobility and difficulty in any of three basic activities of daily living. Means of SPPB followed a decreasing gradient with disability and poor health. Those with no mobility limitations had a SPPB score of 10.5 (SD: 1.5), those with mobility limitations and no difficulties in ADL had a score of 8.1 (SD:2.4) and those with difficulty in any ADL had a mean score of 7.4 (SD:2.7)(p-value<0.001). Intra-observer reliability was high in both samples: 0.89 (95%CI 0.83; 0.93) in St Bruno and 0.83 (95% CI 0.73; 0.89) in Santa Cruz. The SPPB is valid and reliable in two populations living in contexts as different as rural Brazil and suburban Canada.

Abstract #2

Life Course Factors, Physical and Mental Health Factors Related to Physical Performance in Early Old Age: Results From Québec

Maria-Victoria Zunzunegui & Catherine Pirkle & Catherine Lord

Our aim was to identify life course, physical and mental correlates of physical performance among adults in early old age (65-74 years old) in Québec. In a cross sectional study of a population aged 65-74 years with no disabilities in activities of daily living in St Bruno (Québec, Canada) (n=60), we used the SPPB to assess physical performance. Childhood, adulthood and current conditions in old age, self-rated health, self-reported chronic conditions, obesity, cognitive function and depressive symptoms were assessed during home visits. Forty six percent of the sample had high SPPB scores (11 and 12) while 25% had low SPPB scores (8 or less) indicating poor physical performance. In multivariate analysis, childhood adversity and not having finished high school were associated with a low SPPB score while being affluent was associated with a high SPPB score. Reporting excellent and very good health was positively associated with the SPPB score and this association was independent of co- morbidity, cognitive function and depression. The SPPB is a valid indicator of functional status in early old age in these populations. The SPPB could be used to screen people around retirement age in Quebec for functional losses in mobility and for disability.

Abstract #3

The Short Physical Performance Battery and Frailty Phenotype in the Young Old of St. Bruno, Quebec and Santa Cruz, Brazil.

Beatriz Alvarado, Maryline Sicotte, Ricardo Guerra

The aim was to examine the ability of the short physical performance battery to capture frailty in adults between 65 and 74 years old in Quebec and Brazil (n=124). The Short Physical Performance Battery (SPPB), including gait, balance and chair stands was used to assess physical performance and frailty was defined as the presence of three or more of five criteria: unintentional weight loss, exhaustion/poor endurance, weakness, lower extremities limitations, and low physical activity. Twenty one percent were considered as frail, 48% as pre-frail and 31% as non-frail. Those with the highest score in gait, balance and chair stands were less likely to be frail, 9%, 12%, 0%, as compare to those with the lowest scores, 60%, 100%, 66.7%, respectively. Lower SPPB scores (less than 6) had better specificity (100%) but lower sensitivity (34%) to classify people as frail versus non frail; the best cut-off point (SE:88.5%, SP:82%) was found at 9 points. The SPPB is correlated with the frailty phenotype such that people performing better were less likely to be frail. Cut off points for ability to capture frail elderly suggest a good performance of SPPB for ruling out frailty states as has been suggested by previous studies.

Abstract #4

The Short Physical Performance Battery and Physical Activity in Men and Women Between 65 and 74 Years Old in Quebec and Brazil

Marie-France Forget and Ricardo Guerra

Our aim was to assess construct validity of the International Physical Activity Questionnaire (IPAQ) in samples of community dwelling elderly people in St Bruno (n=60) and Santa Cruz (n=64). Participants completed the International physical activity questionnaire. Total METS and time spent in each type of activity were calculated from IPAQ and used to categorize the person in three types: low, moderate and high. In St Bruno, average total METS were 4871, 1766 and 249 for those with intense, moderate and low activity types; the Short Physical Performance Battery (SPPB) score was linearly associated with total METS (p=0.029) and negatively associated with time sitting per day (p=0.008). In Santa Cruz, only one person engaged in intense activity, the average total METS were 2717 and 428 for those of moderate and low activity types; the SPPB score was not associated with total METS but it was negatively associated with time sitting per day (p=0.160) . In St Bruno, the IPAQ is significantly related to SPPB categories giving partial support for its validity. The association between IPAQ and SPPB is less strong in Santa Cruz which may be partly due to the fact that only one person reported engaging in intense physical activity.

W1

Leadership, Teambuilding and Project Management - The Foundation of Successful Research Projects

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OVERVIEW

The successful award of a research grant brings with it responsibilities to effectively lead and manage people, tasks, and budgets. Unfortunately, emerging professionals and scholars often find themselves in a leadership role with little preparation. The purpose of this highly interactive workshop is to provide graduate students and junior faculty with helpful tips and strategies for successfully managing and leading a research team. The first half of the workshop will include a panel discussion in which a graduate student, a junior faculty member and a senior faculty member will share their experiences (challenges and successes) coordinating a research team. The remainder of the workshop will be devoted to providing attendees with a basic toolkit for effective leadership. Attendees will explore their own leadership styles, and learn how to cultivate self-leadership, manage conflict, and implement successful teambuilding strategies.

W2

Using Evidence to Influence Public Policy: The Alzheimer Experience

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OVERVIEW

With the ever-increasing expectation that public sector decsions be based on evidence, researchers are being asked to conduct and present work that is relevant to current challenges. This is especially evident in the health and social sectors. Researchers are challenged to understand the principles of evidence use in public policy decisions, what proceeses are involved and who are the key particpants. This workshop will provide an opportunity for participants to learn about these principles, processes and players using the recent Rising Tide Report, developed by the Alzheimer Society of Canada and 10 by 20, a companion document issued by the Alzheimer Society of Ontario as a case example. Looking at these 2 documents will allow an opportunity to explore the creation and presentation of evidence, the process for engaging policy-makers and the public in examining ecvience and promoting its use in decsion-making. Participants will have an opportunity to share experiences regarding the use of evidence, to discuss new dissemination channels as well as traditional channels like peer review articles, reports, conferences, etc. ,as well techniques such as identifying 'organizational receptors'. New channels for dissemination, like the Canadian Dementia Knowledge Translation Network will also be explored.

W3

The Challenges and Successes of Integrating Evidence Based Tools for Addressing Abuse of Older Adults Into Practice

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OVERVIEW

The Elder Abuse Knowledge to Action Project at NICE is responsible for identifying/developing and disseminating twelve evidence-based tools for detecting, addressing and/or preventing abuse of older adults in Canada with the meaningful involvement of seniors in the project. Tools identified and disseminated thus far will be highlighted as will tools in process. Topics areas for possible tool development include, Theft by Power of Attorney, a Tool for Older Women, a Fact Quiz on Elder Abuse as well as other tools addressing aboriginal practice, community response, safety planning/risk assessment, financial abuse, abuse supports for families with relatives in institutional care, and tools to support inter-professional work.

The purpose of this interactive workshop is to discuss the challenges of, and the strategies being utilized to introduce these evidence based tools into the practice of police, social workers, nurses and other allied health workers, informal community supports, physicians, concerned community members and communities as a whole. Strategies being employed thus far include asking responders what tools they are currently using and what they need, tailoring training on the tools to the intended audience, developing alternative strategies where evidence does not exist, and supporting integration of tools into practice by working individually with various sites and organizations and linking those that can best learn from one another. Evaluative data available at the time will be shared. Discussion in the session will be around strategies others have found useful in making the link between theory and practice in related fields/issues.

W4

Health Care Consent and Advance Care Planning: Getting It Right

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OVERVIEW

Much attention is presently focused on advance care planning programmes in hospitals, long term care homes, and other seniors congregate living sites as well as in health planning networks and regional health authorities. Various programmes and initiatives have been implemented in an effort to help patients plan for a time when they may not be mentally capable to give their own direction about health treatments decisions. However, a number of these advance care planning programmes have been implemented without sufficient attention being paid to the applicable provincial law on health consent. As a result, the advance care planning programmes do not reflect compliance with provincial law or applicable common law, or are implemented in a manner that reduces or restricts a patient's right of choice and, as a result, detracts from and breaches patients' rights rather than supporting and advancing these rights. This workshop will be a review of the law on health care consent and advance care planning across Canada, and a critique and analysis of a variety of advance care planning initiatives in various provinces. The workshop will be interactive and will include a discussion with participants of what could and should be key features of effective and appropriate health care consent and advance care planning programmes.

W5

Health and Wealth: An Interdisciplinary Approach to Understand, Identify and Prevent Financial Abuse and Neglect

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OVERVIEW

Financial abuse has a significant detrimental effect on the health and wellbeing of older adults. There is a need for professionals to know the risk factors, social contexts and indicators of financial abuse and neglect. However, many of the underlying concepts – mental capacity, decision making autonomy, best interests, substitute decision making, guardianship and asset management are complex and not easily explained. The Canadian Centre for Elder Law and British Columbia Centre for Elder Advocacy and Support have developed learning tools for professionals to identify and prevent financial abuse. This workshop introduces an interdisciplinary approach to understanding financial abuse and neglect of older adults. Participants will work collaboratively to identify when an older adult may be at risk and develop best practices. Workshop presenters will introduce legal concepts of elder abuse and advance planning. Participants will discuss the practical ways that health care, financial, and legal professionals can work collaboratively towards protecting at risk older adults from abuse or neglect. An interactive demonstration of best practices will develop how professionals from divergent backgrounds can adapt their practices to better meet the needs of older adults.

W6

Age-Friendly Communities: A Policy-Research Dialogue / Collectivités amies des aînés : dialogue recherche et politiques

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OVERVIEW

Since the launch of the WHO Global Age Friendly Cities Guide and the Age Friendly Rural and Remote Communities Guide in 2007, over 100 Canadian municipalities in five provinces have started on the road to becoming more age friendly. Federal, provincial and territorial governments have endorsed the "age-friendly community" initiative as a promising model to promote healthy aging. The Public Health Agency of Canada (PHAC) provides national leadership and resources to promote and facilitate the implementation of age-friendly communities, as well the development and exchange of successful practices and outcomes. PHAC also is committed to sharing research evidence about age-supportive environments to guide interventions in the community as well as healthy aging policy directions, and to identifying knowledge gaps that the experience from age-friendly initiatives in Canada could help to fill. The purpose of this session is to harvest and explore the lessons from research on age-supportive communities and from presentations on age-friendly community initiatives underway. Invited panelists will highlight key messages and major questions from their perspective with the aim of engaging a lively dialogue among researchers, decision-makers and practitioners. The results of this discussion will help to inform future directions for research, policy and practice focusing on healthy aging in community settings.

W7

Self-Management Support Techniques for Health Professionals

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Purpose To teach participants to use self-management support strategies. At the completion of the training workshop, participants will: 1) know the rationale and justification for self-management support; 2) see where self-management support fits within the Chronic Care Model; 3) understand the similarities and differences between patient education, community self-management programs and self-management support strategies delivered by health professionals; 4) understand the 5A's conceptual framework for delivering self-management support; 5) see how self-management support strategies are applied in clinical settings. 6) have confidence in their ability to use the strategies in their clinical practice. 7) have handy tools to assist when using self-management support strategies; and will 8) have confidence in their ability to use self-management support strategies. Workshop Format The techniques will be explained and demonstrated and participants will have opportuniuties to practice with each other and to receive feedback.

W8

Does the Retirement Homes Act Signal Two-Tiered Health Care for Ontario?

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Currently, the quality of care in retirement homes cannot be guaranteed because there is little or no government oversight. Bill 21, the Retirement Homes Act, which is expected to be law in Ontario in June 2010, will regulate retirement homes. This workshop will review the key features of the proposed legislation, as well as the potential impact on older adults and the health care system. There is a clear and pressing need for a comprehensive regulatory scheme for retirement homes in Ontario to ensure that older adults can live in an environment that promotes their independence while also ensuring their safety and protecting their rights. However, the third-party regulation of retirement homes presumes that health care is a commodity that should be privatized. The legislation fails to stipulate any cap or limitations on the care that retirement homes can offer. By permitting retirement homes to provide the same services available in long-term care homes, the government is creating a two-tiered health care system. Other important topics covered by the legislation, such as restraint, detention and the rights of tenants, will also be discussed.

W9

Ontario Long Term Care Homes Act - A Step Forward?

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The Government of Ontario passed new legislation, the Long Term Care Homes Act, to regulate long term care homes. This legislation came into efffect on July 1, 2010. It includes significant changes to the way abuse, restraints, residents rights, and other matters that directly affect resident care are to be addressed in long term care homes. It also makes changes to the way that the legislation will be enforced and how the Ministry of Health will address compliance. This workshop will be a detailed review of the changes in the legislation as it affects residents rights and care. The workshop will be interactive and will include a discussion with participants of the approach to regulation and whether this type of regulation will improve or support effective care of residents in these health facilities.

W10

Reaching Resolutions: Guardianship and Substitute Decision-Making Mediation

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OVERVIEW

This workshop will provide an opportunity for an interdisciplinary discussion on the significantly different issues raised in elder mediation. Workshop presenters will introduce legal concepts of elder guardianship and substitute decision-making in Canada, mapping current and future trends. Presenters will also discuss the role of elder mediation in promoting elders' social inclusion, rights and independence. Participants will work together to identify when elder mediation may be appropriate and discuss best practices to help educate mediation participants about the challenging issues raised by this emerging practice area. Background: Elder mediation raises serious ethical concerns involving capacity, risk management of abuse, neglect and self-neglect, conflicts of interests, funding, the necessity of legal advice or representation, and the impartiality of mediations. There is limited research and analysis in Canada relating to the ethical, social and legal practice issues raised by elder mediation. The Canadian Centre for Elder Law and the British Columbia Centre for Elder Advocacy and Support are engaged in a project to address this void by creating a body of literature on the topic. The project will provide model recommendations for practice by lawyers, mediators, older adults and other mediation participants such as family, friends and supporters, capacity assessors, health care providers, social workers, educators, advocacy workers, and long-term care employees.

W11

Quick Fixes and Moral Distress: The Piddling in Your Pants Approach to Challenging Healthcare Scenarios or the Friday Afternoon Mattress Mambo

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Our very real and very pressing responsibilities, the countless hours and dollars that are spent on Point A to Point B analyses, the Patient Flow and Lengths of Stay statistics and studies . . . what is the flip side of this coin? Frequently it is made up of real individuals who are in very real crises. The very real 85 year old woman who fractures her pelvis at home on a Monday and finds herself set up to live in a Long Term Care Institution by Friday; or the family who have reached the breaking point and can no longer cope and are unable to deal with Dad's irrational moods and behaviour . The family has now camped out at the Emergency looking for and expecting respect, collaborative solutions that reflect the family's reality, and a chance to make him better than he is now. Is there a tipping point between individual and system need? How do we keep people moving through our systems while maintaining their dignity? How do we challenge the common perception of the older individual as a "bed blocker" or "burden" on our already overtaxed system? The presenters will share some of their experiences and thoughts while working with the Long Term Care system in St. John's, Newfoundland, and as legal advocates for seniors in Ontario and engage in interactive discourse with workshop participants. Discussion will include ideas and alternatives of how not to lose sight of the older individual while dealing with system pressures and demands. Purpose: _ To explore how to maintain the dignity of the older individual through the filter of 'too old' or 'not worthy (bed blocker)' upon admission to our system _ To celebrate successes where they have been gained and discuss how to make the system more age-friendly. _ To explore inherent ageism in the Healthcare System. Objectives: - To examine and explore with a National perspective the engagement of the older individual in our current Healthcare system. - To discuss the impact of, and alternatives to, First Available Bed policies. - To explore the feasibility of offering an acute care service specifically for older individuals.

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