O1
The Transitions Experienced by Family Caregivers to Persons with Dementia

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OBJECTIVES: Family caregivers to persons with dementia provide invaluable care to their relative. Family caregivers undergo a number of transitions as they move along the dementia journey with their relative. Transitions are ongoing processes characterized by change for an individual during which a new situation is incorporated into their lives. The purpose of this presentation is to explore the transition experiences of family caregivers to persons with dementia.

METHOD: This presentation is based on the qualitative survey portion of a mixed methods study. Responses to open-ended questions regarding significant transitions from a mail-out survey to family caregivers of persons with dementia were compiled and coded into themes using Thorne’s interpretive-descriptive technique.

RESULTS: Eighty-six survey’s make up this portion of the study data. The significant themes related to the question “what are the biggest changes you have experienced?” are: (a) being consumed by responsibility, (b) changes in the care receiver means changes to roles/relationships, and (c) decrease in own mental and physical health. Responses to the question “how did you deal with these changes?” resulted in these significant themes: (a) one-day-at-a-time, and (b) actively seeking out knowledge and assistance.

CONCLUSIONS: Responses to the survey by caregivers to relatives with dementia revealed that caregivers undergo a number of transitions as they go through the dementia journey. Given the important and valuable care that family caregivers provide their relative with dementia, researchers and health care practitioners must be cognizant of the transitions family caregivers undergo and find ways to support them appropriately.

O2
"We take responsibility for their well-being...“: Living with dementia in northern Ontario

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The purpose of this research is to understand the needs and experiences of people diagnosed with dementia, their informal caregivers, and formal care providers living in rural areas of northern Ontario. The research is also identifying the services and factors that both limit and facilitate supporting and caring for people with dementia in rural areas of northwestern Ontario. In-depth interviews were conducted with 71 participants including partners in care, people living with dementia, health service providers, and other community members in four communities in northwestern Ontario. The community context provided a supportive environment for people living with dementia. Neighbours and friends looked out for people living with dementia. When people wandered or became confused, neighbours and friends helped out. The small town atmosphere is very beneficial to seniors living with dementia in terms of the close knit community, whether it was walking someone home, contacting their family, or helping them with chores or tasks around the house. However, informal care was not always reliable, and many care issues could not addressed through informal means. The lack of formal support services was significant enough to cause many people to leave the community. Indeed, one of the main reasons participants stated that people with dementia were leaving the community was to be closer to their children. In communities where outmigration of younger people is common due to economic opportunities, families were not often available to provide support and care, and neighbours and friends provided some support that families would often provide.

O3
Expressions of advanced dementia: Exploring the impact of communicative strategy in research and relationships.

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This paper reflects upon the results of qualitative research conducted with persons living with advanced dementia in a care-home in St. John’s Newfoundland. The purpose of the study was to understand how the knowledge and experience of persons living with advanced dementia are
communicated. I employed a qualitative ethnographic approach using naturalistic observation with five persons living with advanced dementia. I also conducted interviews and one focus group with family members and a therapeutic recreation team. As a final component I constructed a permanent artistic wall exhibit in an attempt to represent the different methods of communicating experiences with advanced dementia. In this paper I discuss the role of communicative approach in interacting with someone living with advanced dementia, and its impact on how the relationship is experienced. The qualitative data that emerged from this study suggests that the therapeutic recreation staff have a unique opportunity to share their communicative skill with family members who face the challenge of moving beyond the relationship they previously held with their loved one with advanced dementia. Family members who were willing to communicate in different and new ways were also able to find significance in a new and different relationship with their family member living with advanced dementia. This presentation focusses on the impact of communicative strategy on the care recieved by those living with advanced dementia and their families. Finally, I suggest new methodological research strategies that are supportive of the communicative capacity of participants with and without advanced dementia.

**O4**

**Health Services and Outcomes: the Canadian Cohort Study of Care for Dementia during Transitions**

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People with dementia (PWD) are particularly vulnerable during transitions between health conditions, places, caregivers, care providers, facilities and organizations. The Dementia Services and Health Outcomes Canadian cohort study is evaluating clinical, social and quality of life outcomes for PWD and caregivers in relation to the services provided during these transitions. Participants have been recruited from seniors' health outpatient clinics in hospitals, local Alzheimer's Societies and academic Departments of Family Medicine in Calgary, Edmonton and Ottawa. PWD and caregiver dyads complete a standard cycle of data collection investigating cognitive, physical, emotional and social functioning every six months and are screened for specific transitional events every month. Instruments used include Quality of Life - Alzheimer's Disease (QoLAD), Cornell Scale for Depression in Dementia (CSDD), Montreal Cognitive Assessment (MoCA), Disability Assessment for Dementia (DAD), Caregiver Burden Inventory (CBI), and Functional Assessment Staging Tool. This poster reports the baseline data from the first 100 dyads in the study, and 6-month (N=50) and 12-month (N=30) follow-up data. Demographic characteristics for PWD and their caregivers were not statistically different among three cities. More caregivers in Calgary and Edmonton were spouses, while more caregivers in Ottawa were offspring. Scores of QoLAD, DAD and CBI were not statistically different. Ottawa reported higher depression scores, possibly attributable to a higher proportion of caregivers in Ottawa who were not living with PWD. PWD usually reported better quality of life than their caregiver proxies. This presentation will increase participants' understanding of the association between transitions and health outcomes in PWD.

**O5**

**Partnering, Navigating and Refining. A Critical Grounded Theory of Building Partnerships in Community Dementia Care.**

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The objectives of this critical grounded theory study were to better understand how persons with early-stage Alzheimer's Disease (AD) and their families/friends partner with one another and with care providers as they access and navigate the community-based dementia care system. Ultimately our aim is to expose the challenges and opportunities for refining system access and navigation approaches to enhance the quality of community-based dementia service delivery and care.

Through collaborative activities with a community-based Advisory Group and based on theoretical
sampling, eight persons with ADRD and their familial/professional care providers were invited to participate in a series of in-depth interviews over 16 months. Field note data were analyzed along with the interview transcripts according to the tenets of Charmaz's constructivist grounded theory.

This presentation features two of the primary findings of our research. Firstly, how 'partnerships' are enacted varies dramatically among and between care providers, family caregivers and care recipients, depending on a number of factors such as gender and family networks. Secondly, the often 'faceless' nature of community-based resources presents a challenge to would-be system navigators insofar that the encounters designed to provide information and/or assess care needs do little to establish confidence in those needing to navigate the system. Findings suggest that access to community-based services by persons with dementia require both the ability to navigate and partner; one is incomplete without the other. Implications for practice, policy and research will be addressed in order to improve the quality of community-based dementia service delivery and care.

O6
GPS Tracking of Dementia Sufferers: Legal & Ethical Issues
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GPS tracking offers a potentially effective method of monitoring the movements of dementia sufferers. It helps increase sufferers' safety, and assists caregivers and police locate wanderers quickly and accurately. It also offers sufferers a way to maintain some independence. However, GPS tracking raises a number of legal and ethical concerns. Most notably, electronic monitoring invades privacy, encroaches upon liberty and infringes dignity. The author uses the overlapping areas of human rights law, elder law and ethics as a framework for evaluating the competing interests. In particular, the author discusses whether the benefits of risk and safety management outweigh the infringement upon sufferers' privacy, liberty and dignity. The author suggests that an advance directive may be a suitable legal tool that can help ease the tension between the conflicting interests. By enabling capable adults to state their wishes in relation to health care decisions in the event they become incapable of making such decisions themselves, advance directives may provide individuals with a mechanism to express their wishes regarding the use of GPS tracking. The author explores the drawbacks of advance directives, and suggests how the law in Canada in relation to advance directives may be used to grant sufferers some authority over whether they are subjected to electronic monitoring.

O7
L'implication des aidants dans le traitement pharmacologique de leur conjoint atteint de la maladie d'Alzheimer : une expérience morale construite sur la représentation de leur responsabilité
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Objectif : Décrire le processus de construction de la responsabilité morale des aidants en regard du traitement pharmacologique de leur conjoint atteint de la MA.


Principaux résultats : La construction de la responsabilité des aidants dans le traitement repose, premièrement, sur le processus de constitution de l'identité d'aidant. Deuxièmement, les aidants s'impliquent dans le traitement selon un processus en plusieurs phases. Lors du diagnostic, la médication est perçue comme une prescription médicale les exhortant à accepter le traitement. S'en suit une recherche d'informations sur le médicament afin d'en évaluer les risques/bénéfices. Une période de réflexion amène ensuite une internalisation de la décision de traitement. Les aidants développent enfin une représentation du traitement qui permettra l'actualisation de leur rôle à cet égard. Ces phases se construisent dans un contexte social plus général, de sorte que des déterminants relationnels et institutionnels viennent aussi les moduler.

Conclusion : Cette étude éclaire les chercheurs et les professionnels de la santé sur la nécessité de comprendre la complexité de la responsabilité morale des aidants dans le traitement.
pharmacologique de leur conjoint afin d’encourager et de soutenir leur implication dans ce processus.

O8

A Study of Befriending Program from the Perspectives of Immigrant Seniors and Volunteers

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Background: In befriending programs people without adequate support systems are matched with volunteers who act as a friend and offer support and friendship for a determined period of time. Befriending programs have been used in the past with various vulnerable populations to alleviate their social isolation and enhance their quality of life.

Objective: This study is part of larger study that examined various aspects of a community based befriending program that matches immigrant seniors with foreign-born volunteers in the City of Ottawa. The aim of this paper is to explore the perspectives and experiences of volunteers and seniors vis-à-vis the subjective meanings and the impact of their relationships and joint activities.

Methods: This was an exploratory qualitative study that involved 38 face-to-face in-depth interviews with immigrant seniors and volunteers from six ethno-cultural communities.

Findings: The findings provide insight into the immigrant seniors’ wishes, worries, and life experiences, and the dynamics of their relationships with the volunteers (e.g., their strong emotional attachment to volunteers, the conception of their relationship as a family relationship, the importance of reciprocation, etc.). Moreover, the results reveal the challenges of volunteering with immigrant seniors (e.g., boundary setting, ethical issues, handling difficult behaviors, etc.), the volunteers’ motivations for joining the program (e.g., the desire to reconnect to their own parents, now dead or living outside Canada, seeing their own future in immigrant seniors, etc.). Finally, the findings inform strategies to enhance volunteer recruitment and retention capacity of ethno-cultural communities.

O9

A systematic review of the use of home care services of newly-diagnosed older cancer patients undergoing active cancer treatment

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Introduction: The objective of this study is to systematically review the evidence with regard to the following: For older persons newly diagnosed with cancer that are undergoing active cancer treatment, what nursing care services and other health care services are received, and what are predictors of home care use?

Methods & Results: A systematic review was conducted, searching Medline, Embase, Psychinfo, Cinahl and the Cochrane Library databases for articles published or in press in English, Dutch, German or French between 1996 and December 2010. Twenty-one manuscripts describing 14 studies were included. Nine studies were randomized controlled trial designs, three prospective observational studies, one cross-sectional, and one qualitative study. Fourteen studies described care use, two studies examined predictors of home care, and seven examined satisfaction with care. The care received varied from one telephone call to daily contact. Care received included home visits by nurses, telephone calls and telehealth interventions or a combination. One study showed improved survival, the other randomized studies reported non-significant findings. The predictors of care were advanced disease stage, age 80 years or more, living in rural areas, marital status and race. Most were satisfied with the care received.

Conclusion: There are conflicting results with regard to the benefit of home care for older adults with cancer. More studies are needed to examine which older adults newly diagnosed with cancer might benefit from care interventions received at home.

O10

Relationships that Facilitate and Impede Knowledge Exchange Among Rural Health Care Providers and Family Caregivers of Persons with Dementia

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Abstracts / Abrégés

Objective: The aim of this research was to develop a richer understanding of the process by which knowledge exchange occurs and evidence-informed decisions are made between rural family caregivers of persons with dementia (PWD) and their community health care providers.

Method: A Qualitative Interpretive Descriptive approach was used. A thematic approach was used to analyze data collected from a convenience sample selected through our study collaborators: Alzheimer Society of London Middlesex, Oneida Nation of the Thames, and the South West Community Care Access Centre. Face-to-face interviews were conducted with 9 dementia care networks that included five PWD; 14 family caregivers (six spouses, five children, two grandchildren and one nephew); and 14 community health care providers (nurses, personal support workers, social workers, physicians).

Results: Trusting relationships between family caregivers and health care providers were foundational for the exchange of knowledge to occur. Facilitators and factors that impeded the development of trusting relationships were revealed. Health care providers were more likely to contribute evidence from empirical research, knowledge from clinical practice, and "how to" knowledge, while caregivers were more likely to contribute experiential and contextual knowledge and information about the PWD to the knowledge exchange process.

Conclusions: Trusting relationships enabled health care providers to 'be there' for PWD and family caregivers and assist them in navigating through their dementia journey. It is important for care partners to have an opportunity to develop trusting relationships, to learn from each other, and to engage in conversations about quality dementia care.

O11

My days in Solitary Confinement: The Plight of Older Immigrant Caregivers

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More than 30 million Americans provide care for a family member with dementia. Seventy-five percent of these caregivers are women, many over the age of 65 and struggling with various health concerns. Studies indicate that considerable cultural and ethnic disparities exist in the support available for caregivers. Older immigrant care providers are particularly at risk for becoming socially isolated and developing psychological disorders such as chronic anxiety and depression. This presentation focuses on narratives of 20 older immigrant women who provide care for a family member with Alzheimer's. Their circumstances highlight many of the stressors and concerns of contemporary older immigrant women. For women in many societies, age is accompanied by freedom, freedom from the constraints of early life, from child rearing, from the "tyranny of the shoulds" as Karen Horney stated. The participants in this study have spent a lifetime constrained by obligations and responsibilities. Now in later life, they once again find themselves attempting to cope with the difficult responsibility of providing day to day care for a loved one. Their narratives are full of despair, hope, resilience, and attempts to find solace and happiness in difficult circumstances. Their stories illuminate the complex texture of contemporary immigrant women's lives.

O12

Transitions, Hope and Quality of Life for Family Caregivers of Persons with Alzheimer's Disease

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Objectives: Family caregivers of persons with dementia experience multiple transitions during their experience that may influence their hope and quality of life. The purpose of this mixed methods study was to examine the relationships among transitions, demographic variables, hope and quality of life in this population.

Methods: The Alzheimer Society of Alberta/NWT and Calgary distributed 170 surveys to family caregivers of persons with dementia. Surveys included a demographic form, Herth Hope Index (HHI), World Health Organization Quality of Life - BREF (WHOQOL-BREF) and an open ended survey of transitions.

Results: 80 surveys were completed and returned. The majority of family caregivers were older (Mean age 67.2, SD 10.7), female (85%) and married.
The majority of carees were older (Mean age 78.1, SD 8.7) males (59.5%). Transition qualitative survey data was transcribed, entered into NVIVO8 and was analyzed using content analysis. The themes were given a code number and entered into SPSS along with demographic, hope and quality of life data. Using non-parametric multivariate linear modeling analysis, those caregivers who identified acknowledging the need for self care as influencing their transitions had statistically significant higher mean physical health scores than other caregivers (p=.008). Caregivers who reported having someone else to help with caregiving had statistically significant higher mean scores in the social/relationships quality of life domain (p, =.013).

Conclusions: Acknowledging the need for self care and having someone else to help with caregiving may influence quality of life of family caregivers of persons with dementia.

O13

A qualitative investigation of older adults’ experiences in small social support networks: Exploring the subjective dimensions of social isolation

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Social isolation has been primarily defined in terms of reduced support network size and low frequency of social contacts in the literature. Yet, while having a small social support network is associated with social isolation and the increased risk of physical and emotional vulnerability, this conceptualization ignores the contributions of a host of other factors, including life experiences, family dynamics, and long-term patterns of socialization. This paper argues that alongside quantitative assessments of support systems, the application of a life course perspective is needed to understand small social networks as lived experience.

We report on findings from 28 in-depth interviews with older adults identified as being at risk of social isolation on the basis of the self-reported size of their social networks. We discuss these participants’ experiences in the context of significant life course transitions such as marriage and widowhood.

Our findings suggest that the relationships between small social networks, social isolation and loneliness are complex. For example, several participants actively sought solitude or balanced periods of being alone with opportunities for social interaction. In our study, many persons also described themselves as "loners" or "shy" and indicated a lifelong preference for being on their own and for engaging in solitary activities. Overall, a life course perspective helped to illuminate how these small social networks (based on LSNS-6 scores) could be construed as normative and "successful" despite an outward pattern of under-socialization.

O14

Corps, vieillissement et VIH/sida. Une étude qualitative de l'expérience des changements physiques induits par le VIH et le vieillissement et de leurs répercussions sur la vie intime et sociale.

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Objectifs : Le vieillissement prématuré induit par l'infection à VIH confronte les personnes vivant avec le VIH de 50 ans et plus (PVVIH50+) à des changements corporels précoces, aussi bien au niveau de l'apparence que de la santé. Les objectifs de cette présentation sont de documenter ces changements corporels, d’examiner l’expérience subjective de ces changements et de cerner leurs répercussions sur la vie personnelle et sociale des PVVIH50+.

Méthodologie : Cette recherche de type qualitatif s’appuie sur des entrevues individuelles semi-dirigées réalisées avec 19 participants âgés de 50 à 71 ans vivant avec le VIH. L’analyse des données s’inscrit dans une approche qualitative ethnographique et est réalisée avec l’aide du logiciel QDAMiner.

Résultats : Les PVVIH50+ connaissent de nombreux changements physiques en lien avec leur pathologie, les effets secondaires des médicaments et le vieillissement prématuré. Sur le plan intime, la transformation de l’apparence semble porter atteinte à l’image de soi et affecter la vie amoureuse et sexuelle des participants. Au niveau de la vie sociale, les troubles de santé et la baisse d’énergie peuvent entraver la participation aux activités sociales ou contraindre les PVVIH50+ à renoncer
précoce à leur activité professionnelle, contribuant ainsi à leur isolement. L’analyse des discours de participants révèle des attitudes différentes face à ces changements physiques, allant de l’acceptation au refus.

Conclusion: Les changements corporels liés à l’interaction du VIH et du vieillissement peuvent constituer des obstacles importants à la vie intime et sociale des individus. Leurs dimensions psychosociales doivent donc être prises en considération.

O15
Older lesbian experiences of disclosure: Implications of institutional heteronormativity.

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This paper reports findings of a three-year SSHRC funded study, Older Lesbian Experiences of Ongoing Disclosure of Sexual Orientation. Following ethical approval, thirty three self-identified lesbian women were recruited as participants from rural and urban locations within Western Canada. The women, aged 60 – 85, participated in qualitative interviews and focus groups, which were audiotaped, transcribed and analyzed using a critical hermeneutic approach.

Findings of the study clearly indicate institutional heteronormativity shapes disclosure for non-heterosexual women over the age of 60. Personal histories reflect dominate heterosexual discourses through which disclosure is influenced in family of origin, academic institutions, church and workplace. Despite this reality, participants underestimated or minimized the impact that disclosure and non-disclosure of sexual orientation has on their lives.

Additionally, the findings point to a loss of sexual identity for some, as participants reflect on reduced engagement with political activism and the return to a more private (closeted) existence where they grieve the losses of a vibrant self-image and of interpersonal connections with like-minded community.

As educators of health care providers we are acutely aware of both the demographic shift of older adults and heterosexism still dominant in health care settings. Findings of this study support the need to disrupt heteronormative policy and to educate health care providers about realities of non-heterosexual lives.

O16
Aging and HIV/AIDS: Implications of Altered Future Time Perspectives

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What impact does a perceived sense of time left in life have on the psychosocial well-being of older adults living with HIV/AIDS? Shared historical experiences of impending death in the early days of the North American AIDS epidemic have been largely overlooked thanks to the success of antiretroviral therapies. People living with HIV/AIDS (PHAs) today may have experienced altered or ambiguous future time perspectives (FTPs) across their adult lifespan. Socioemotional selectivity theory (Carstensen, 2009) posits that as FTPs are altered due to salient endings our motivations and emotional preferences change, influencing both the selection of social networks and emotional bias in cognitive processes and decision-making. Socioemotional goals could change based on whether FTPs are expanded or limited, depending on how a person's HIV-disease progresses with age. It remains unclear how altered FTPs impact people's outlooks, social relationships, and what implications this has for risk-taking behaviors. Qualitative interview data from an exploratory study of eleven PHAs aged 50 and over in Ottawa, Ontario describe what participants had to say about life expectancy, and offer compelling evidence to further support the idea of socioemotional selectivity. Lifespan perspectives have potential for informing North American models used to address grief and loss in the context of aging with HIV. Fictional case studies are presented to highlight potential utility of this perspective for allied health professionals working in HIV/AIDS services. Conceptual and practice implications, including the need to scale up psychosocial services for older PHAs, are discussed.

O17
Why Grandma Matters: Managing Low Income by Doing Family and Generation

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This paper is situated at the intersection of sociologies of family and aging. We observe that while studies of low income families and their networks consider how family is socially constructed by families, consideration of generation is often relegated to discussions of support by younger to older generations. Our objective is to explore how family members engage in "doing family" and "generationing" through the instrumental and expressive supports that they give and receive to manage low income. Relying on a life course perspective, we draw on in-depth interviews with multiple family members in generations, ranging in age from 16 to 83 years. Three themes emerge from our analysis: "feels like family," give and take supports, and generational slippage. Our analysis contributes to the debates, including policy debates, on how families are defined and understood. As importantly, it re-imagines generation at the micro level. We argue for a widening of the theoretical lens on family and aging. Through various supportive relationships, people do not just do family in non-conventional ways over their life course; they also do generation differently as well.

O18

"When I am an Old Woman, I Shall Wear Purple": Messages from the Red Hat Society

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This paper presents the findings of a study of the "Friday Message" emailed to subscribers by the Red Hat Society (RHS). The RHS is an organization that characterizes itself as a women's club for "fun and friendship after 50." The research involved an analysis of a full year of the Friday Messages (n=52) using the method of qualitative content analysis. The paper uses a symbolic-interactionist theoretical perspective to apply the concept of "frames" to the data comprised of the texts of the messages. The research findings suggest that the messages frame the RHS identity in terms of attitude and participating in activities that include: wearing ridiculous clothes and being boisterous in public, recreating remembered fun from childhood, and developing friendships based on fun. The paper concludes that the identity framed by the RHS challenges the invisible status of older women while suggesting to a consumerist solution to social problems.

O19

Relationships and Resources: The Two Rs Required for Individualized Care

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This study examined the impact that individual and contextual characteristics exert on care staffs' reported ability to provide individualized care (I-Care) in long-term care (LTC) facilities. Linear mixed models were used to examine 567 care staffs' reported ability to provide I-Care (i.e., care tailored to the unique needs and preferences of the residents) nested within 41 LTC facilities. I-Care was modeled as a function of within-individual (e.g., age, job title, experience) and between-context (e.g., facility ownership status, culture change models, staffing assignments) variables. Independent of these predictors, we also assessed the influence of staffs' perceived access to empowerment structures (information, support, opportunities, resources, informal power, formal power) on reported ability to provide I-Care. The intraclass correlation coefficient indicated that 91.7% of the total variance in perceived ability to provide I-Care reflected within-vs. between-person differences, with the five empowerment variables accounting for 38% of this within-person variance independent of the other context- and person-level covariates. Of the empowerment variables, only informal power (i.e., quality of work relationships) and resources (i.e., adequate time and supplies) uniquely predicted I-Care; holding their effect constant positively influenced LPN's and care aide's perceived ability to provide I-Care. Notably, access to resources also attenuated the significant effect of support, suggesting a possible mediating effect. Overall, these patterns suggest that person-level variables such as the quality of care staffs' work-related relationships and access to appropriate resources exert a greater impact on perceived quality of care than between-context variables such as staffing assignments, union presence, or manager's experience.

O20

La communication comme subtil vecteur de l'âgisme: qu'en est-il des soignants auprès des aînés?

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support services to older adult clients. In-depth interviews were completed with workers in British Columbia, and 115 HSWs responded to questions about their safety concerns. Using topic and analytical coding strategies, a thematic analysis of verbatim transcripts was conducted. Workers discussed the nature and the source of their concerns, and their responses. When safety concerns involved family members, workers identified family caregivers as both a ‘source of’ and ‘solution to’ these concerns. Safety challenges arose for workers because of the expectations placed on them by families and by the home space coordinated by families. However, family members and workers also utilized ‘safety dialogues’ in order to mitigate concerns. Findings highlight the ways in which the worker, client and family safety agendas are inextricably linked. Implications for policy, practice and future research will be discussed. For more details about our project visit: http://nexushomecare.arts.ubc.ca

O22

Making Connections: A Case Study Describing How Primary Care Providers Link Older Adults to Community Support Services

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Community Support Services (CSSs) assist older adults to maintain their quality of life and ‘age in place.’ Research indicates that older adults know little about CSSs and that they identify their primary care providers as key sources of information about such services. This research used a qualitative multiple-case design to assess how primary care physicians and the interprofessional health care providers (IHCPs) in their practices link older adults to CSSs. Face-to-face interviews were conducted with primary care physicians and IHCPs working in four different models of primary health care in Ontario, Canada. A total of 43 interviews were conducted (physicians = 23; IHCPs = 20). Findings indicate that primary care physicians know relatively little about CSSs and when available, turn to other professionals within their practice to link older adults to services. IHCPs usually have greater awareness of CSSs than physicians. Physicians and IHCPs working in multidisciplinary team models of primary care described a reliance on the expertise within the team to make linkages while physicians working in
solo or small group practices faced greater challenges in making these linkages. IHCPs use a comprehensive process of assessment of needs, identifying support services, prioritizing service needs, sharing information with patients, assessing acceptability of services to patients, negotiating a plan with patients, working as a health care team, connecting with community agencies, and following up, in order to link older adults to an appropriate CSS. Strategies and resources that could improve the linkage of older adults to appropriate CSSs were identified.

O23
Disability, aging and unmet health care needs
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The purpose of the research was to determine whether certain types of disability status, either disabled as a result of a work injury, disabled as a result of a disease/illness or disability as a result of any other reason had a differential impact on the likelihood of an individual reporting unmet health care needs. A longitudinal growth curve analysis is used to examine the impact of disability status on reporting unmet health care needs. The data comes from the Canadian National Population Health Survey (NPHS) (1994/1995 to 2008/2009) and follows 7249 participants who are between the ages of 25 and 50 at time one until cycle eight. After controlling for age, gender, country of birth, marital status, household income, years of education, health utility status, health status, labour market involvement and access to general practitioners, people with a disability were more 4.4 times more likely than their non-disabled counterparts to experience an unmet health care need. As a person ages with a disability, the odds of reporting an unmet health care need decreases (approximately 0.9), regardless of the type of disability status. This research shows that people with disabilities have more unmet health care needs, especially injured workers, but that the likelihood of reporting an unmet health care need decreases each additional year a person reports a disability.

O24
The Hidden Elements in the End-of-life Care Experience of Bereaved Family Caregivers to Persons with Advanced Dementia

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OBJECTIVES: Dementia is a terminal illness although, it is often not recognized as such. Little is known about the distinctive experience of providing end-of-life care to a relative with dementia. The purpose of this study was to explore this distinctive experience and critique current end-of-life care practice with family caregivers in the long-term care setting.

METHOD: An interpretive phenomenology was undertaken based on Heidegger's philosophy and Munhall's methodology. Two to three open-ended interviews were completed with 11 family caregivers who had a relative die with advanced dementia in a long-term care home. Interviews were audiotaped, transcribed verbatim, and hermeneutically analyzed.

RESULTS: Twenty-seven transcripts made up the study data. Participants shared deeply meaningful stories about their end-of-life care experience. One of the aims of interpretive phenomenology is to reveal the hidden or taken for granted in a given experience. In the present study the hidden elements revealed by participants included: (a) existing power inequities within the long-term care home, (b) socio-cultural expectations to continue caregiving, (c) fleeting moments of normalcy, and (d) permeating ambivalence.

CONCLUSIONS: End-of-life care can be a rewarding, confusing, and/or exhausting time for family caregivers. By considering the hidden elements in the end-of-life care experience with dementia health care providers can begin to critique current practice. Health care providers should consider their impact on the end-of-life care experience of family caregivers.

O25
Experiences of caregivers and persons with dementia during key transitions

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Residence Dementia after Relocation to a Retirement Occupational Involvement of Persons with Barriers and Enablers to Vital Social and Environmental Factors (e.g., quality of services) are explained in terms of personal (e.g., disease specific) care and relocation to an assisted living setting. Preliminary data explore the lived experience (e.g., triggers, questions were then asked of participants in order to investigate key transitions. When a transition was reported, core screening telephone calls to identify instances of the lived experience (e.g., triggers, availability and use of services). Preliminary data indicates that the 2 most prominent transitions for this sample of participants were admission to acute care and relocation to an assisted living environment. The data for reported transitions will be explained in terms of personal (e.g., disease specific) and environmental factors (e.g., quality of services) as they impact the resolution of the transition. Suggestions for more seamless service coordination will be presented.

O26

Barriers and Enablers to Vital Social and Occupational Involvement of Persons with Dementia after Relocation to a Retirement Residence

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Objectives: To explore the needs and efforts of persons with dementia (PWD) to create meaningful occupational and social involvements after relocation to a retirement residence. Methods: This paper is part of a larger qualitative prospective study involving interviews with 16 PWD and their family caregivers at two-month pre-relocation and two and six-month post-relocation. A grounded theory approach was used to analyze the data. Results: Engagement in meaningful activities and social interactions seemed to be a prerequisite for "feeling at home" in a retirement residence. Most PWD faced challenges in fulfilling their interpersonal and occupational needs. As newcomers, many perceived the social terrain as being strange, confusing, unwelcoming and impermeable. With time, some were eventually able to create new lifestyles, attachments, roles and identities. Others experienced a sense of disconnection and purposelessness in life. Barriers and enablers to their social integration, including the impact of the patterns of age identification, perceived social stigmas attached to living in an "old age home", social homogeneity of the setting, person-activity congruence, and the critical role of "significant others" will be discussed. Conclusion: The need for "vital involvement" comes poignantly to the surface in dementia, when the social, occupational and affective life of the person begins to dwindle away as the disease progresses. The findings inform interventions to foster the social integration and meaningful activity participation of PWD in retirement residences. Examples of such strategies will be discussed.

O27

A Review of Perspectives and Practices of Primary Care Physicians vis-à-vis Early Diagnosis and Continuous Community Care of Persons with Dementia

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Background: Primary care physicians (PCP) are the professionals most consulted by persons with dementia (PWD) & their family caregivers for primary & continuous dementia care. Thus, they are in a strategic position to provide diagnosis, on-going management & support. Objectives: To critically examine the evidence on the perspectives & practices of PCP vis-à-vis dementia diagnosis & community care of PWD. Methods: Over 400 relevant papers were identified by an English language search of electronic databases (Medline, EMBASE, CINAHL, AgeLine, PsycINFO, Cochrance & Current Contents 1994-2011), reference lists, &
other sources. Due to the heterogeneity of the evidence, a qualitative approach was used to synthesize the data. **Results:** Although international research points to some improvements in primary care practice for PWD in the past decade, there remain many challenges in the early identification & the subsequent management of dementia. Self reports of PCP & accounts of PWD/family caregivers confirm the lack of timely diagnosis, ineffective communication, inadequate response to psychosocial needs, suboptimal treatment of symptoms, failure to refer to available community support services, & generally a discrepancy between patients/caregivers' needs & the actual physician practices in most cases. This has been attributed to a variety of physician-, disease-related, & system wide barriers. These include diagnostic & therapeutic nihilism; challenging biomedical, psychosocial & ethical aspects of dementia care; time & reimbursement constraints; lack of adequate physician training; etc. Possible solutions to meet the support needs of PCPs in developing dementia care capacity, including new models of integrated care will be discussed.

**O28**

**Test-retest reliability of functional measures in long-term care residents with dementia**

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**Objectives:** Though a variety of measures of physical function have been shown to be reliable for older adults, individuals with dementia are most often excluded from this analysis. This uncertainty about the reliability of functional measures can lead to those with dementia being excluded from research and program evaluation projects investigating the efficacy of physical activity interventions. Limited previous research has found that functional measures such as timed-up-and-go (TUG) and the six-minute walk test (SMW) are reliable in this population (Ries et al., 2009), but further evidence is needed.

**Methods:** Sixteen older adults with dementia (6 males, 10 females, mean age 83.06 years, mean baseline MMSE score 12.4 ± 6.3) residing in a long-term care facility participated in a 12-week physical or social activity intervention. Participants' physical function was assessed using Mini-Mental State Exam (MMSE) at baseline, six, and twelve weeks.

**Results:** MMSE, TUG, and SMW were all found to have good test-retest reliability (Pearson’s r ≥ 0.7, p<0.05) in this population at all time points (i.e. from 0-6 weeks, 6-12 weeks, and 0-12 weeks). FR scores from each time point did not significantly correlate with any other time point and did not reach a higher r value than 0.501, indicating that this measure is likely not reliable for use with this population.

**Conclusions:** TUG and SMW are likely reliable measures for assessing physical function in individuals with dementia.

**O29**

**Mind-Body Modalities For Older Adults With Early Dementia and Alzheimer’s†**

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Increased body of research shows that relaxation techniques, guided imagery, mindfulness, meditation and hypnosis slow down aging and also slow down signs of dementia and Alzheimer’s. This paper presents some of the most used medical and non-medical mind-body modalities that benefit older adults diagnosed with dementia and/or Alzheimer’s (i.e., increase positive affect, enhance mental focusing, engage imagination, encourage communication, improve sensorial experiences, enrich quality of life). The author presents each modality and provides examples and demonstrations. Evidence-based research will be presented and illustrated with relevant examples.

**O30**

**Redirection: Volunteering as an Extension of Career during Retirement**

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The purpose of this mixed methods doctoral study was to examine formal volunteering among retirees in order to explore whether their volunteer experiences represent an extension of their career in the paid workforce or whether their volunteer activities represent something new. This study was...
interdisciplinary and integrated research and theory on aging, volunteering, learning, and adult career development (Super, Savickas & Super, 1996) to provide a new perspective in the field.

In Phase 1, qualitative interviews were conducted with 12 participants to better understand retirees’ volunteer experiences. Phase 1 informed the design of an instrument for the Phase 2 survey, which involved a larger sample of 219 retirees. The findings indicated that retirees relinquished their paid-work career, took on retiree and volunteer roles, and integrated these roles within their career self-concept to create a new sense of self. To better reflect the experiences of these retirees, it was proposed that Donald Super’s life-span, life-space theory of career development (Super et al., 1996) be extended to include the new stage of Redirection. This study demonstrates that the volunteer role can lead to personal renewal and reshaping the career self-concept in the lives of retirees, or what is labelled as Redirection. This issue will become increasingly important in our aging society as the Baby Boomers enter their retirement years (Statistics Canada, 2007), as Canada has never had so many people on the cusp of retirement before. This study has implications for volunteer management and social policy.

O31

Explicating care: Approaching family caregiving through the angle of care

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Questions of how to manage eldercare in the context of an aging population and scarce resources are abundant in policy, planning, and practice. Yet, such concerns are often cut off from debates about the inherent meanings and implications of choices related to care. This presentation explores the concept of care in order to identify points of tension and clarify new directions for family caregiving to older adults. A comprehensive literature review on the concept of care reveals four primary trends that have emerged since the 1980s: care ethics, care labour, care practices, and active caregiving. While each addresses a unique angle related to care, results reveal how consideration of these issues has remained largely compartmentalized. However, bringing these different approaches to care into dialogue can enrich our thinking around family caregiving and our societal choices regarding eldercare. For example, where do caregivers' experiences fit within increasingly managerial institutional care practices? What are caregivers' experiences of the (often gendered) daily tasks of care labour? Where do caregivers belong in the social arena of the welfare state? Placing family caregiving in a larger framework of social care can contribute to a more complex reading of family caregiving in the contemporary context. It can make explicit the underlying tensions and problems that can help answer the fundamental questions of whose responsibility it is to provide care, where, and how it should be delivered. This exploration forms the base for further research into the everyday lives and experiences of caregivers.

O32

Examining the Health Experiences of Double Duty Caregivers: Striving for Balance

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Double duty caregiving (DDC) is the provision of care to elderly relatives by practicing health professionals. Our previous qualitative work suggested that a dramatic blurring of boundaries between professional and familial caregiving amongst female health professionals resulted in negative health experiences, such as feelings of isolation, mental and physical exhaustion. The purpose of this sequential, mixed-methods study was to examine how and to what extent double duty caregiving among male and female nurses affects health. This presentation will focus on second phase of the study, a constructivist grounded theory.

Guided by a critical feminist perspective, two telephone interviews were conducted with a group of participants selected from the phase 1 dataset (n=32) to uncover the social processes of DDC and to enhance our understanding of boundary blurring over time (oscillation) within the three identified DDC prototypes (Making it Work, Working to Manage and Living on the Edge).

Qualitative data analysis revealed that the health experiences of DDCs are generally poorer for those Living on the Edge, followed by Working to Manage...
and Making it Work. Furthermore, women tended to experience increased boundary blurring over time, resulting in poorer health experiences. Ultimately, DDCs attempted to strive for balance as they negotiated the blurring of boundaries between their professional and familial care domains. Our findings confirm the imperative for monitoring the health of DDC, as well as investing in strategies to support DDCs by creating and sustaining healthy work environments and health care workforces.

O33

A Typology of Paid Companions: From employee to fictive kin and ‘better than a friend’

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Objectives: Paid companions, operating either independently or through private home care agencies, perform a variety of services for the financially secure elderly who can afford to pay for private support in their homes and care facilities. The object of this paper is to examine the different kinds of relationships that exist between companions and clients and drive a typology of different types of relationships.

Methods: The data is drawn from research conducted in 2009-2010 in Victoria, BC. Sample size: 30 qualitative interviews (n=15 paid companions; n=8 elderly clients living independently; n=7 key respondents; and 142 participant photographs). Two combined qualitative methods were used: semi-structured open-ended in-person interviews and autodriven photo elicitation.

Results and conclusions: Paid companion-client relationships vary greatly. There are essentially four types of companion-client relationships: employee, liminal friend status, like fictive kin or friend, and ‘better than a friend.’ The employee type of relationship is professional and detached, maintains strong employer-employee boundaries, and utilizes emotional labour. A liminal friend operates in-between an identity of friend, family and employee. Like a friend or fictive kin has many similarities to ‘better than a friend,’ including a close personal relationship with the client, mutual trust and confidentiality, and an ability to express an ‘authentic sense of self.’ But in ‘better than a friend’ companions can share intimate details of their lives with their clients that they cannot share with anyone else.

Research Funding: SSHRC, University of Victoria, BCNAR, Sara Spencer Foundation, and BC’s Ministry of Labour and Citizen’s Services.

O34

In-home Knowledge Translation: The Family Caregiver’s Experience

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Urinary incontinence (UI) is a principal cause of the collapse of informal in-home eldercare arrangements and care recipient admission to long-term care. The purpose of this study was to explore family caregivers’ UI knowledge translation (KT) experience between homecare providers. Unpaid caregivers who provide personal and health care for 98% of older adult family members receiving homecare (Canadian Institute for Healthcare Information, 2010), may lack knowledge about continence management (Jansen & Forbes, 2006). Research has afforded little insight into our understanding of caregivers’ experience of KT related to eldercare UI management. Not only are both care recipient and caregiver health ultimately undermined by the strain of unsuccessful UI management, but also UI results in annualized in-home Canadian expenditures of $2.6 billion. An interpretive phenomenological approach was used, foundational to a phase-two grounded theory study. Four caregivers who provide UI care to older adults were purposively selected from a rural homecare setting in Saskatchewan, Canada. Immersion and crystallization methods were used to analyze in-depth interviews. KT was experienced as a process of working together/not working together within the contexts of homecare and personal attributes that facilitated or impeded KT. Findings suggest that social interactions, particularly within working relationships, may play a role in how family caregivers’ knowledge is created and enacted. Increased understanding of caregivers’ experience of KT may evolve evidence-based KT interventions related to addressing the challenges of providing UI care and health promotion services to caregivers and older adults, and minimizing UI costs and long-term care admissions.

O35

An Assessment Tool for Identifying Dementia Caregiver Resources, Vulnerabilities and Service Needs
The Paradox of Apocalyptic Demography: Why We Need to Understand the Complexities of Aging Baby Boomers

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40th Annual Scientific and Education Meeting, CAG & 4th Pan American Congress, IAGG
40e Réunion scientifique et éducative annuelle de l'ACG & 4e Congrès panaméricain de l'IAGG
Abstracts / Abrégés

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Objectives: The aims of a two phased study included, 1) a survey using a battery of questionnaires for assessing the personal resources and vulnerabilities of family caregivers of persons with dementia (Alzheimer or other); and 2) a clinic-based feasibility study of an online brief version of the assessment tool to determine its utility for determining allocation of services. Methods: Phase I - Two hundred and thirty-two caregivers of family members with dementia were completed a survey that focused on dementia caregivers' stress response, self-efficacy, physical/mental health status, personality and social support. Phase II - Questionnaires that explained caregiver health status outcome variance were programmed for completion in an Internet environment. Caregivers accompanying a family member with dementia for clinical assessment completed the questionnaires and clinicians had immediate access to questionnaire scores and their interpretation. This information was used during the interview to determine caregiver/patient service needs. Results: Survey regression analysis showed that a personality factor (neuroticism) and self efficacy explained between 15 and 20% of the variance in caregiver mental health status, depression and caregiver levels of distress associated with managing ADLs and IADLs. Qualitative analysis of interviews with clinicians following their experiences with using the questionnaire responses to determine caregiver service needs showed the utility of this assessment tool for quickly targeting issues of greatest concern to caregivers. Conclusions: The results suggest that measures of personality factors, self-efficacy, mental health status, and distress response can be used for determining the combined service needs of caregivers and care recipients.

Apocalyptic prophesies of population aging have been fuelled by the aging of the baby boomers. Typically they entail the creation of crises through exaggerations of demographic patterns, such as arguing that health care systems will crumble under the weight of population aging. Gerontologists have responded by debunking this ‘myth’ drawing heavily from studies that show that population aging has only contributed to a modest amount of health care spending over the past few decades. However, there are several reasons why one should be careful to conclude that population aging in the future will not be a significant factor in health care resource formulae. First, the above analyses were conducted during the 1970s to 1990s at which time the rate of population aging was gradual. This is going to reverse as the baby boomer cohorts move into the 65+ ages. Second, there may be shifts in the primary drivers of health care costs, which could affect the relative weight of population aging. Third, regardless of the relative effect of population aging, there will be a significant increase in the absolute number of older persons requiring more intense health care in the future, especially when these larger cohorts cross the age threshold of 80. Fourth, debates have tended to focus on the numbers of older people with little attention devoted to the unique characteristics of older boomers. It is concluded that the attempt to take a defensive position in this debate can lead policy makers to ignore the salience of population aging.

O37
Trends analysis of old-age disability among Canadians living in private households: the case of the National Population Health Survey and the Canadian Community Health Survey of 1994/95 to 2005

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The ongoing aging of the Canadian population will be accentuated in the coming years and will cause a lot of challenges for health care administration and long-term care services. However, improved functional health status of the population could reduce the rate of growth of disabled elderly. For this reason, we need to have a good idea of the changing levels of disability in order to establish projection scenarios tailored to empirical observations. Using cross-sectional data from the National Population Health Survey (NPHS) and the
Canadian Community Health Survey (CCHS), this study analyzes trends in disability levels among people aged 65 years old and over living in private households in Canada between 1994/95 and 2005.

During this period, the disability level was 33.7%. This rate is a weighted average over the years, and indicates the average level of disability observed between 1994/95 and 2005. That would reflect adequately the reality if there were no trends, either upward or downward, during that time. However, what we observe is that the rate of disability decreased from 37.7% in 1994/95 to 32.8% in 2005. Nevertheless, some limitations in data quality lead us to interpret the results with caution. First, some changes in survey methodology create comparison problems between the estimated parameters. Second, some sampling strategies and decisions are such that the elderly populations are not adequately represented.

At this moment, CCHS is not an adequate survey to assess trends in elderly functional health.

O38
L'Âgisme parlons-en !

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L'Association québécoise de gérontologie a reçu de la ministre responsable des Aînés, Marguerite Blais, une subvention de 608 000 $ sur trois ans pour déployer une campagne de sensibilisation visant à contrer la discrimination en raison de l'âge.

L'objectif de notre présentation serait de présenter comment cette campagne sera planifiée dans trois milieux spécifiques en utilisant les différentes composantes qu'offre le multimédia pour faire passer ces messages (médias traditionnels - radio, télévision, journaux-, Internet, réseaux sociaux. Milieu de travail : Sensibiliser les environnements de travail à l'âgisme afin de permettre aux travailleurs expérimentés de demeurer actifs, plus longtemps, si ils le souhaitent. Milieu de vie : Faire la promotion de l'importance de la formation entre autres, des préposés, œuvrant dans les résidences privées et au maintien à domicile afin de diminuer les abus et la maltraitance. Milieu des médias de masse régionaux et institutionnels : Offrir du matériel d'information (annonces-bouchons, clip-védo, messages audio préenregistrés, etc.) pour le grand public afin de sensibiliser les diffuseurs, les journalistes et les employés du monde des médias.

Cette vaste campagne de lutte contre l'âgisme permettra de combattre les préjugés qui trop souvent font obstacle à l'épanouissement de nos aînés.

L'AQG entend véhiculer son message : L'âgisme parlons-en! à travers le Québec, afin de rejoindre ces trois milieux ciblés avec la participation des aînés eux-mêmes, des principales organisations provinciales et régionales œuvrant dans le domaine des services aux aînés, pliqués dans ces milieux mais aussi de plus jeunes ce qui faciliterait les relations intergénérationnelles, en partenariat avec des experts en multimedia et communication.

O39
Interprofessional Prevention of Delirium: Engaging Emergency Department (ED) Staff

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Objectives: Delirium is a common and serious issue for hospitalized older adults. While difficult to treat, there are non-pharmacological interventions that have been shown to prevent delirium in older adults on inpatient units. The ED is often the hospital entry point for older adults where they may spend a considerable amount of time. As a result, implementing delirium prevention strategies starting in the ED may be warranted.

Most successful inpatient delirium prevention programs involve inter-professional interventions. Knowledge translation principles indicate that context-specific information and staff involvement are crucial for successful uptake and sustainability. A delirium prevention program based on research evidence and prior expertise from another site was implemented in an urban academic hospital ED.

Method: To ensure staff engagement, the following strategies were employed:

1) Baseline ED delirium prevalence and incidence measurement via chart review using a validated delirium identification tool
2) Interprofessional staff representation to develop site-specific delirium prevention interventions

3) Peer dissemination of the interventions using an interactive expo format

4) Integration of the interventions into existing documentation

4) Reinforcement via posters and regular audit and feedback

**Results:**

The baseline chart review (N= 245) indicated that 18% of older adults in the ED were delirious on arrival and a further 29% develop delirium within 72 hours, reinforcing the importance of initiating delirium prevention in the ED. Education sessions captured 75% staff attendance during regular work time and were rated well. The program is viewed as a model for other hospital units. Post evaluation is ongoing.

**O40**

**Influence of Safety Culture on Implementation of Systemic Falls Investigative Method (SFIM) in Five Health Care Organizations across the Aging Continuum**

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The objective of this study was to explore the influence of safety culture on the implementation of the Systemic Falls Investigative Method (SFIM) in five healthcare settings across the continuum of care. Safety culture was defined as shared values, perceptions and beliefs about safety. SFIM is a comprehensive tool for identification of systemic causes of falls. A multiple case study design included an acute care hospital, a rehabilitation hospital, a long-term care home, an assisted-living facility for individuals with acquired brain injury and a community public health unit. Data was collected using the Modified Stanford Patient Safety Culture Survey Instrument, interviews with upper management and focus groups with frontline staff. Survey results showed that all participating organizations (community not involved) required major improvement in the Threats to Safety dimension of safety culture (i.e., perceptions of workload, fatigue, time to complete tasks safely, resources and unreported errors). Major barriers for SFIM implementation were workloads, time constraints, lack of incentives, communication deficiencies, and loss of trained investigators. SFIM investigations confirmed that systemic causes of falls were aligned with areas for improvement by dimensions of safety culture, such as deficiencies in policies, teamwork, communication, staffing levels, training, and patient/resident supervision. Implementation of the SFIM was influenced by local safety culture; however, SFIM offered value as a tool to examine causes of adverse events and hence improve safety culture. This study was supported by a CIHR catalyst grant.

**O41**

**Reducing Depression in Older Home Care Clients: A Prospective Study of a Nurse-Led Interprofessional Mental Health Promotion Intervention**

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**Objective:** This presentation will describe the background, design and preliminary results of the first study in Canada to evaluate the feasibility, acceptability and effectiveness of a 6-month nurse-led interprofessional mental health promotion intervention aimed at older home care clients with depressive symptoms. The issues and challenges involved in designing a practical, transferrable, and sustainable intervention in home care will also be discussed.

**Method:** Pre-test post-test study of 250 long-stay (> 60 days) home care clients, 70 years or older, with depressive symptoms receiving personal support services through a home care program in Ontario.
The nurse-led intervention is a multi-faceted 6-month program led by a Registered Nurse that involves regular home visits, monthly case conferences, and evidence-based assessment and management of depression using an interprofessional approach.

**Results:** Enrolment is currently in progress, and the intervention and follow-up data will be complete in July 2012. To date, a total of 1,220 consecutive CCAC clients have been screened for the study, and 386 (32%) screened positive for depressive symptoms and met all eligibility criteria. In total, 126 (33%) of the 386 eligible home care clients consented and entered the study. Outcomes include the incidence and severity of depressive symptoms, quality of life, cognitive functioning, anxiety, and costs of all types of health services, from a societal perspective.

**Conclusions:** A nurse-led approach has the potential to enhance the health of older home care clients and their family caregivers and reduce use of expensive health services through the prevention, early recognition and treatment of depression.

**O42**

**Adult Abuse Registries: Do the Pros Outweigh the Cons?**

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In 2010, the Manitoba government announced that it is developing Canada's first registry of people who abuse vulnerable adults, including seniors. Adult abuse registries identify people who have abused or neglected an older adult or a person with a disability. People listed do not necessarily have to be charged with or convicted of a criminal offence. Thus, the registries provide employers, volunteer organizations, support agencies and families with a tool to screen potential caregivers beyond criminal background checks. This paper reviews the adult abuse registries in Bermuda and a number of US states. In particular, the paper discusses how the registries define abuse and vulnerability; how perpetrators' names are put on and removed from the registries; who has access to the registries; and the consequences for breaching the registries' confidentiality requirements. The paper then addresses a number of concerns raised by such registries. Specifically, the paper considers issues of wrongful listings; stigmatization of the perpetrator; privacy violations; the conflation of disability and older adult issues; and registries' effectiveness in reducing or preventing elder abuse.

**O43**

**Integrating CBPR with ICP Initiatives to Offset Ageism and Augment Prevention of Elder Abuse and Neglect**

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**Background:** Population aging is accompanied by rising reported incidences of elder abuse and neglect. New and more effective interventions are needed to help combat this trend, including societal tendencies towards ageism. Potential interventions through the use of community-based participatory research (CBPR) efforts are being made, which pursue public involvement in program development and policy decision making. Efforts are also being made towards interdisciplinary collaboration practices (ICP), aimed at enabling a range of health and social care professionals to work together and learn from each other. Scantly addressed however is how both may combine so as to maximize ideas on ways to prevent elder abuse and neglect.

**Objectives:** Key learning objectives here are three-fold. First, emphasis is to increase understanding of what community based participatory research (CBPR) and what inter-collaborative practice (ICP) strategies entail. Second, consideration is made as to how both strategies may be used towards dealing with elder abuse and neglect. And, thirdly theoretical reflections are made pertaining to the potential benefits as well as challenges that integrating ICP and CBPR may bring.

**Methods, Results and Conclusion:** Based on a thorough review of the literature, this reflexive exercise posits a new theoretical undertaking which has its roots in critical theory as well as post modernity. It is evident that sparse information exits to date on combining CBPR with ICP practices. However, both separately and collectively these strategies appear to show great promise in promoting new directions in addressing such timely issues as neglect and abuse of the aged.

**O44**

**The Perceptions of Elder Abuse Held by Marginalized Older Canadians**
We know relatively little about the definitions and perceptions of elder abuse held by marginalized groups of older adults in Canada. This qualitative study used focus group methodology to explore perceptions of elder abuse to address this knowledge gap. We conducted 10 focus group discussions with 87 study participants who were older members of ‘cultural’ minorities (Aboriginals, lesbians), refugees or immigrants (Chinese, Farsi-speaking women, Punjabi-speaking men, Latvians), elder abuse survivors, and other community-dwelling older adults (people with severe mood disorders, family caregivers of seniors with dementia). Members of each group readily identified traditional forms of elder abuse, most commonly speaking about emotional abuse and financial abuse. Most groups also spoke of abuse in nursing homes as well as broader systemic abuse such as the lack of adequate pensions. Aboriginal, immigrant and refugee groups identified the act of institutionalizing a senior as a form of abuse, an abandonment of traditional family expectations of care and respect for elders. Immigrant and refugee groups identified government sponsorship requirements (inability to work or collect a pension for 10 years) as a form of abuse. Older lesbians described emotional abuse (social exclusion), the fear of ‘coming out’ and not being accepted for who they are. Findings highlight the unresolved tension between very broad definitions of abuse, such as those offered by these participants, and the need for precision in definitions for purposes of measurement. Practice and policy implications suggested by this research are discussed.

World Elder Abuse Scan II: The Way Ahead

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The WorldView Environmental Scan on Elder Abuse was the first large-scale global survey on elder abuse ever conducted. Information was obtained from more respondents' representing more countries than any previous research (53 countries, 362 respondents). Respondents came from both developed and developing countries and all WHO regions of the world, yet another research first. Improving upon earlier international investigations, the Worldview Scan included a broad focus, including all forms of elder abuse, professional contexts, and respondent types. As a result, the Worldview Scan represents the broadest inquiry into elder abuse as a problem of international interest and scope to date. The present work builds on the original findings and seeks to further knowledge of elder mistreatment and why people abuse on a global scale. Objectives to accomplish this endeavor include these: revisit original participants and increase the respondent pool; examine how cultural, economic, and social contexts influence elder abuse; explore the consequences of elder abuse for victims and collaterals; and obtain information on perpetrators of elder abuse. Worldview Scan II includes new methodologies: expanded use of the survey, focus groups, interviews, and social media will all contribute to this groundbreaking, definitive, and comprehensive worldview study on elder abuse. Participants attending this session will react to the study design and are encouraged to join in this landmark search for solutions and interventions to the problem of elder abuse on the world stage.

O46

Does self-administration of the Elder Abuse Suspicion Index improve identification of indicators of elder abuse?

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The Elder Abuse Suspicion Index (EASI) is 6 rapidly asked questions by family physicians to help identify mistreatment of cognitively intact older adults. This tool was validated in English and French by our Canadian team; others have independently translated it into Hebrew, Arabic, Spanish, German, and Japanese. While we have demonstrated appreciation of the EASI by physicians, we have also shown high feasibility for the EASI to be self-administered by seniors. Present Study Goal: to examine the degree to which the self-administered EASI actually identifies indicators suggestive of elder abuse. Methods: within waiting rooms of two large
Montreal community clinics adults aged 65 and over, in no acute health distress, reading English or French, having no gross visual impairment, and scoring ≥24 on the MMSE, were asked by research assistants, while waiting to see their family physicians, to self-administer the EASI, and to respond to demographic questions and the SF-12 (measures of physical and mental health). 65.7% (447/680) of seniors approached for the study met eligibility criteria and agreed to participate. Results: we present a comparison of the outcomes from the present self-administered approach with the earlier doctor-administered one which shows that the former identified proportionately fewer possible cases of elder abuse. This occurred despite no differences being found between characteristics of the two samples studied. Conclusions: The findings, while possibly counter-intuitive, support the importance of the doctor-patient relationship in facilitating seniors' disclosure of sensitive topics such as possible mistreatment.

O47

A critical review of mandatory reporting for abuse of older women and men in the community.

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INTRODUCTION & OBJECTIVE: When first exposed to the social issue of abuse or neglect of older women and men, it is commonplace to hear people call for mandatory reporting (MR) “similar to child abuse”. The primary rationales espoused for MR in later life are potential vulnerability, perceived underreporting, clarity, responsibility, improved response/assistance, harm reduction (early intervention), and expectation of funding. However, given MR’s strong paternalist overtones, is there any evidence that MR is effective in responding to abuse and leads to more appropriate helping?

METHOD: Using a systematic literature review post 1990s, this paper a) critically examines the underlying assumptions; b) compares MR for later life abuse with lessons learned from MR in child abuse. Looking at the evidence in both fields, it examines key rationales, practice and outcomes within Canadian, American, and international experience.

RESULTS: MR is primarily a “feel good response”. At a practice level, child abuse and neglect became subject to selective intake (“filtered/raised thresholds) and reduced levels of “substanciation” (Matthews & Kenny, 2008; Loo et al. 1999). MR focuses on physical harms, leaving other equally important harms unaddressed or under-addressed. Support for MR varies with whether or not the person has experienced harms (Roger & Ursel, 2009). While reporting increases identification, there is a lack of evidence that mandatory abuse/neglect reporting in the community for either population leads to improved outcomes, and little evidence that it leads to funding for protection or other services. In general, MR tends to fall far short of the high expectations.

O48

"I've Learned Now to Take Care": Mental Health Experiences of Older Adults Living with HIV/AIDS in Ottawa

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Aging and HIV/AIDS is an emerging issue in Canada. Older adults have been living with HIV for years and new infections among this group are on the rise, but mental health issues of this group remains largely ignored. This study provides an exploratory qualitative description of the mental health experiences of eleven older people living with HIV/AIDS in Ottawa, Ontario. Participants, aged 50 and over and recruited through a local AIDS Service Organization were interviewed as part of a larger study on health and social services. Participants completed a services use questionnaire, a depression scale, and a semi-structured interview. Participants reported experiences with mental health diagnoses, and described their own recovery, psychological resilience, social support and personal growth. Participants reported sorely lacking adequate community mental health services and cited clinician inexperience with and lack of knowledge of HIV/AIDS as barriers to adequate care. The authors argue that participants framed their mental health problems as responses to oppression related to the compounded stigma of aging with HIV. Increased attention needs to be paid to the mental health of older adults living with HIV/AIDS. Mental health services must be scaled up for this emerging population, requiring local and national changes in policy and practice.
Depressive Symptoms in Older Medical Inpatients

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Objective: The purpose of our study was to examine the prevalence, risk factors and outcomes associated with depressive symptoms in older medical inpatients.

Methods: This cohort analytic study included 60 older adults (> 70 years) admitted to the medicine service of a large tertiary hospital in Hamilton, Ontario. Using a structured in-person interview and a chart abstraction tool, data regarding known risk factors for depressive symptoms were collected at baseline on admission. The dependent variable was the prevalence of depressive symptoms using the Geriatric Depression Scale-15 (score of > 5). Using a chart abstraction tool, data were collected from each patient's chart at 30-days post-discharge.

Results: Depression was present in 29/60 (48.3%) of the older medical inpatients at baseline. Of that number, more than two-thirds (67.7%) had unrecognized depressive symptoms. In the univariate logistic regression analysis, four variables were significantly associated with depressive symptoms: poor mental health functioning, low social support and previous history of depression. Notably, the risk of depressive symptoms increased twofold with each additional risk factor present. Patients with depressive symptoms showed trends towards higher mean total length of stay and use of in-hospital rehabilitation services, and lower 30-day hospital readmission rates.

Conclusion: Depressive symptoms in older medical inpatients are highly prevalent, but poorly recognized and treated. The results underscore the value of screening for depressive symptoms in the acute care setting to identify older adults who are at risk for poor outcomes and could benefit most from targeted interventions.

O50

Company or a crowd? A cross-sectional cohort study examining the mental health of middle-aged and older adults exercising in group versus individual environments

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Research has indicated that involvement in physical activity and exercise is associated with better social skills, coping mechanisms, and lower rates of depression. The research as to whether the aforementioned aspects of one's mental health are better facilitated in a group or an individual environment remains inconsistent. This cross-sectional population-based cohort study examines the mental health of adults (aged 50+) in relation to participation in group or individual exercises. Two separate multivariate regression analyses were conducted on data from the Canadian Community Health Survey (cycle 4.1). A linear regression (n=4286) highlighted that participation in individual activities can improve mental health scores (B=0.05, p < 0.0001, CI: 0.91-3.1) more so than group participation (B=0.012, p=0.371, CI: -1.3-3.5). In addition, a logistic regression (n=44 191) illustrated that those participating in group activities were 42% (p < 0.0001) less likely to have a mood disorder, whereas participating in individual activities were only 25% (p < 0.0001) less likely. The findings reveal that group dynamics may have important clinical implications for mental health, while individual exercises may result in better mental health on a general scale.

O51

Efecto del capital social y la autonomía personal en la incidencia de síntomas depresivos en los ancianos: evidencia de un estudio longitudinal en México†

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Los síntomas depresivos (SD) en adultos mayores (AM) se asocian con un mayor riesgo de presentar otros problemas de salud. La autonomía y el capital social podrían ser factores contra la aparición de SD en este grupo poblacional. El objetivo fue evaluar el efecto del capital social y la autonomía personal sobre los SD en AM que viven en condiciones de pobreza. Metodología. Estudio longitudinal con AM participantes en el estudio de
evaluación de impacto de un programa de pensiones no contributivas en México. Se seleccionó al grupo de AM quienes no mostraron SD significativos al comienzo del estudio. Los indicadores de autonomía, capital social y covariables se midieron en la línea de base. En la medición de seguimiento se evaluó la aparición de SD mediante el uso de la Geriatric Depression Scale. El efecto del capital social y de la autonomía sobre la aparición de SD se estimó mediante el uso de un modelo de regresión logística multinivel.

**Resultados.** De los diversos indicadores de autonomía personal, el no presentar dependencia funcional y el saber leer/escribir se asociaron con menor riesgo de desarrollar SD. Un mayor nivel de capital social se asoció con menor incidencia de SD en las mujeres (OR=0.73, p<0.01), mientras que para los hombres no se encontró una asociación significativa (OR=1.04, p=0.69). **Conclusiones.** La autonomía personal y el capital social mostraron ser factores protectores contra la aparición de SD en AM. Se requiere explorar con mayor precisión cuáles de sus aspectos son los más importantes en esta relación.

**O52**  
Impact Evaluation of the Non-Contributory Social Pension Program 70 y Más on Mental Health†

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70 y más es un nationwide program aim to improve living conditions in adults aged 70 and above in Mexico. Beneficiaries receive an unconditional cash transfer (~80USD) every 2 months. Mental health is a serious health problem among elderly, particularly the poor. We aim to evaluate 70 y más impact on mental health in elderly people. Methodology. We applied a discontinuity regression designed based on the 2 eligibility criteria used by the program (age and population size). The intervention (70-74 yr) and a 1st control group (65-69 yr) were selected from localities with <2500 inhabitants. The 2nd and 3rd control groups were selected from localities with 2,501-2,700 inhabitants (70-74 and 65-69 yr, respectively); the later will allow us to estimate potential anticipation effects. A baseline survey was conducted in late 2007 interviewed 5465 elderly in 516 localities in seven states of Mexico. The follow-up survey was conducted in late 2008 and interviewed 96% of the individuals from the baseline.

Surveys collected data on individual, household and locality characteristics. Depressive symptoms (DS) were measured using Geriatric Depression Scale. A dif in dif model will be used for the estimation. Results. DS prevalence in this population (35%) is higher than general population (25%). Preliminary results show that the program reduces the prevalences of DS and severe DS in the beneficiary group. There seems to be a differential impact by sex (larger in women). Conclusions. 70 y más program has a impact positive in the reduce of depressive symptoms in the elderly.

**O53**  
Linking Strong and Weak Ties: The Mental Health and Older Adult Professional Continuing Education Initiative at University of Wisconsin-Madison†

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By the year 2030, one in five US citizens will be 65+. Within 10 years, it is predicted that 20% of the US aging population will have a geriatric mental disorder. The complexities of treating late life mental illness are many including the fact that there are insufficient numbers of professionals trained in geriatric mental health care. The need for an advanced practice training program using evidence based research on late life mental illness is evident.

With support from the Wisconsin Geriatric Psychiatry Initiative, the University of Wisconsin - Madison, Department of Community Health has developed an innovative inter-professional continuing education program on late life mental illness. The Mental Health and Older Adult Professional Continuing Education Program began in 2008 as a result of an inter-professional collaboration between adult learning, geriatric psychiatry, geriatric medicine, social work, psychotherapy and geriatric pharmacy. With the goal of providing advanced practice training in treatment of geriatric mental illness, the MHOA Program is a dedicated effort to create a statewide knowledge network where none had existed.

This case study presentation will:
1. Discuss how small world theory, adult learning principles and evidence based teaching inform this program.

2. Describe the development and implementation methods of this program

3. Present the evaluation training model and outcomes from the 1st cohort group of participants.

4. Discuss the challenges of continuing this effort at a time of scarce fiscal resources.

O54

Can We Measure Individual Aging? Yes, We Can! (Applying a Deficit Accumulation Approach)†

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Background and objectives: The aging process manifests remarkable regularities at a population level: mortality rate increases exponentially with age. On the other hand, health of individuals even at the same age is highly heterogeneous - chronological age is not the major factor defining individual aging. How to account for this heterogeneity was our objective.

Methods: We analyzed the data of 14,713 people aged 15-102 at baseline from the longitudinal component of the Canadian National Population Health Survey, with seven 2-year cycles, beginning 1994-1995. Health status was defined in relation to the accumulation of deficits (fitness-frailty index) calculated from 42 health deficits (broadly defined). GLM and Cox regression adjusted for covariates were used to calculate the changes in health status and the risk of mortality.

Results: Twelve-year trajectories of the fitness-frailty index show complex patterns of changes. Stochastic nature of the changes can be well represented by a Markov process with transitional probabilities modeled by a Poisson distribution. In the fully adjusted model, changes in health strongly depend on baseline condition. Despite higher prevalence of health decline with age, improvement is always possible. Those with better health as baseline have higher chances to maintain their health status during the follow-up period, compared with those who had poorer baseline health.

Conclusions: Individual trajectories of changes in the number of accumulated deficits (the fitness-frailty index) allow quantifying individual patterns of aging. By analyzing factors which influence these trajectories, we can understand at what extent the process of aging can be controlled.

O55

Fragilidad y mortalidad en adultos mayores que viven en condiciones de pobreza en México†

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Objetivos. Estudiar el efecto del índice de fragilidad sobre la mortalidad en adultos mayores (AM) que viven en condiciones de pobreza en México.

Metodología. Estudio longitudinal de 6,000 AM de 65 a 74 años de edad. Se generó una variable que cuenta el número de AM que falleció para cada uno de los grupos definidos a partir de los niveles de fragilidad. La fragilidad fue medida a través del uso del índice de fragilidad. Se utilizaron 33 déficits. Se utilizó el análisis de conglomerados para identificar grupos de acuerdo a los niveles de fragilidad. Para estimar el efecto de la fragilidad sobre la tasa de mortalidad de los ancianos se utilizó un modelo de regresión Poisson, en el que se incluyó el tiempo en riesgo de cada individuo.

Resultados. La tasa de incidencia de muerte de los ancianos fue 0.042 por cada 1000 días persona. El valor promedio del índice de fragilidad fue 0.108(IC95%: 0.106-0.113) y el valor máximo obtenido fue 0.757. Los hombres tienen menor promedio del índice de fragilidad comparado con las mujeres (0.08, IC95%: 0.084-0.093 y 0.13, IC95%: 0.125- 0.135; respectivamente). Después de ajustar por covariables, la tasa de incidencia para los AM pre-frágiles fue 1.86 (IC95%:1.18-2.93) y frágiles de 2.27 (IC95%:2.27-6.87) en comparación con el grupo no-frágil.

Conclusión. La fragilidad se relaciona con una mayor mortalidad a catorce meses de seguimiento en ancianos que viven en condiciones de pobreza en México. Los resultados sugieren que se trata de una población particularmente robusta y superviviente.

O56
Clinical and Functional Comparative Study Between Exceptional Longevity Elderly and Young Elderly†

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Objective: To describe the clinical and functional profile of exceptional longevity elderly (LE, >96 years) that live at the community and compare with young elderly (YE, <80 years) that were referred at a geriatric clinic.

Methods: Cross sectional study of 22 consecutive outpatients LE elderly and 46 YE controls from a geriatric clinic at a tertiary care hospital in Mexico City. Comprehensive geriatric assessment were performed. Patients were non-matched compared 1:2. Non-parametric statistic to compare groups were used.

Results: Median age of LE elderly was 98 years, of them, 54.4% were women. LE elderly describe a better economic self-report when they were compared with YE (p = 0.05). LE elderly had fewer depressive symptoms (p <0.05). There was no difference between groups in pathologies, basic and instrumental activities of daily living, number of drugs, cognitive performance and nutritional status. YE had more frequently history of dyslipidemia (p < 0.05) and better performance in the SPPB test (p < 0.05).

Conclusion: even in advanced stages of life, this study find that LE elderly showed a similar clinical profile than their YE control. LE elderly had fewer depressive symptoms, which could have a positive impact on quality of life but this should be explore more extensive. As it was expected, YE had better performance in SPPB test, that could be the expression of osteomuscular aging process and not due to a specific disease.

Sarcopenia has been characterized by progressive loss of skeletal muscle mass, muscle strength, and changes in physical performance. There are many factors that contribute with its development: age, nutrition, sedentary life, immobility, cognition alteration and chronic diseases. There is not a consensus about how to determine it, nevertheless, with different strategies it has been reported a prevalence between 8 and 50%.

OBJECTIVES

Determine the prevalence of sarcopenia with the criteria developed by the European Working Group (EWGSOP) in a group of elderly Mexican seniors.

Methods

This study was performed in a 70-year or older cohort of Mexico City, described elsewhere. For this study we used a sample of 345 subjects from the initial cohort assessment; this sample was not different in many variables of the original cohort of that was no different from the original 1,124 cohort subjects. The EWGMS used as variables for defining sarcopenia: muscle mass (calf circumference), muscle strength (hand grip) and physical performance (gait speed).

Results

We studied a total of 345 subjects, mean age of 78.5, 53.3% women. The prevalence of Sarcopenia according to the EUGMS criteria was 42.9%, using calf circumference, but due to the low sensitivity (44.3%, and 100% specificity) of calf circumference we exclude these subjects, leaving only those who had sarcopenia detected by alteration of grip strength or gait speed, therefore the prevalence of sarcopenia cannot be greater than 57%. The estimate of the prevalence of sarcopenia in our population ranges between 42.9 and 57%.

O57

Sarcopenia in a Group of Mexican Elderly†

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INTRODUCTION

Study on Rural Elderly People with Visual and Hearing Impairments and their Impact on their Daily Physical activities and Mental Health

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This cross-sectional study was conducted among the 254 elderly people of aged 60 years and older in rural Bangladesh. To assess visual and hearing impairments and their impact on their daily physical activities and mental health. Data were collected by face-to-face interview with a structured questionnaire and clinical examinations were done to assess visual and hearing status. Study revealed that 71% of them were illiterate. Forty-one percent had no income and majority of them were females (54.5%). A significant association was seen between the income of male and female (p<0.001). Study shows that 59% complained about their visual problems, among them 57% were males and 43% were females. But after vision test 74% were found to have visual deficiency of various degrees. Thirty percent of the elderly with visual problem did not receive any treatment. Sixty-eight percent of the visually impaired reported to have difficulties in activities of daily living, 89% of the respondents with visual impairment who had no treatment or incomplete treatment reported economic hardship as the main reason. Study shows that 91% of the visual impairment persons expressed their mental anxiety and depression. 24% of the elderly had hearing impairment and 95% of them have no satisfactory treatment. 92% of the hearing impaired elderly expressed their difficulties in activities of daily living. Study shows that visual and hearing impairments found significant relationship with difficulties in activities of daily living. Study revealed that visual and hearing impairments had significant relationship with mental depression (p<0.001).

Conclusions: These surprising findings need to be considered in light of historical and current developments in palliative care, population aging, chronic illnesses, and efforts to legalize assisted suicide and/or euthanasia. This study, although it should be replicated and qualitative research undertaken for increased understandings, demonstrates that citizens are not unaware of the possibility of death occurring, and a need to consider and prepare for preferred end-of-life care.

O60
Pharmacist-managed warfarin protocol in long-term care

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International Normalized Ratios (INRs) are a measure of clotting tendency used to monitor residents taking anticoagulants. A range of INRs is targeted for anticoagulation without adverse bleeding. This study investigates the effect of a pharmacist-led warfarin protocol on resident outcomes, safety, and staff workload. Residents on warfarin in three Calgary long-term care (LTC) organizations are eligible for the study (n=190). Two of the organizations currently use the protocol and one will implement the protocol during this study. Our study has three phases. The first phase is a case control study design comparing outcomes between residents on warfarin in facilities that use and do not use the protocol. The second phase is a...
cross-sectional staff workload survey for physicians, pharmacists, and nurses. The final phase is a pre-post comparative chart review and survey in the organization that will implement the protocol during this study. Outcomes include: number and percentage of INR tests in target range, frequency of adverse bleeding events, and staff workload perceptions. Preliminary analysis (n=45) showed that the protocol resulted in a non-statistically significant 67% of INRs in target range compared to 64% for non-protocol residents. These percentages are consistent with literature reports for anticoagulation management. Full analysis will provide further INR target data and describe resident outcomes and staff workloads in all three organizations. Protocols improve care and use staff resources effectively. This study will provide important evidence on the effectiveness of a pharmacist-managed warfarin protocol in LTC and contribute to understanding protocol impact on delivery of care.

**O61**

Directors’ of Care’s perspective on the retention of regulated nursing staff in their Long-Term Care facility

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Having an adequate supply of regulated nurses (Registered Nurses and Registered Practical Nurses) is essential to providing quality care. Currently, the turnover of regulated nursing staff in long-term care (LTC) is estimated to be between 40 to 70% and hence retention of nurses has become a major issue confronting management and policy makers. The authors conducted a 3-year study exploring the determinants of retention on regulated nurses’ in LTC facilities. This presentation will focus on exploring LTC managements’ perceptions and ratings of factors which influence regulated nurses’ retention in their homes. The study utilized data from individual interviews and surveys of 6 LTC facilities across Ontario, Canada. The most important factors influencing retention from the perspective of the managers will be discussed, as well as comparisons between the responses of the managers and regulated nursing staff of the most important factors influencing retention. These findings will guide decision-making partners by providing an understanding of what causes regulated staff to stay in LTC, which will then lead to evidence based strategies to retain staff in LTC. The research will contribute to improving health human resources in LTC facilities, which will impact on the care of vulnerable frail elders living in those environments.

**O62**

Seniors living in retirement homes now have strong protections under the new Retirement Homes Act, 2010.

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This presentation has been withdrawn at the author’s request. / Cette présentation a été retirée à la demande de l’auteur.

**O63**

Population attributable risk for functional disability associated with chronic conditions in Canadian older adults

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Objectives: To investigate the population impact on functional disability of chronic conditions individually and in combination.

Methods: Data from 9,008 community-dwelling individuals aged 65 and older from the Canadian Study of Health and Aging (CSHA) were used to estimate the population attributable risk (PAR) for chronic conditions after adjusting for confounding variables. Functional disability was measured using activity of daily living (ADL) and instrumental activity of daily living (IADL).

Results: The mean age of included participants was 75.7±7.1 years and 59.5% were female. The majority of participants were either married (51.3%) or separated, widowed or divorced (41.7%); 36% lived alone. Overall, the prevalence of functional disability in ADL was 15.4% and IADL was 33.4%. The prevalence of functional disability in both ADL...
and IADL increased with age. Five chronic conditions (foot problems, arthritis, cognitive impairment, heart problems and vision) made the largest contribution to ADL- and IADL-related functional disabilities. There was variation in magnitude and ranking of population attributable risk (PAR) by age, sex and definition of disability. All chronic conditions taken simultaneously accounted for about 66% of the ADL-related disability and almost 50% of the IADL-related disability.

**Conclusions:** In community-dwelling older adults, foot problems, arthritis, cognitive impairment, heart problems and vision were the major determinants of disability. Attempts to reduce disability burden in older Canadians should target these chronic conditions; however, preventive interventions will be most efficient if they recognize the differences in the drivers of PAR by sex, age group and type of functional disability being targeted.

**O64**

**The IMPACT clinic: Evaluation of an innovative care model for chronic disease management in the elderly**

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**BACKGROUND:** Taken together, current trends in population aging and chronic disease epidemiology present a formidable and pressing challenge. To meet this challenge, significant reform to our healthcare system is required, including greater emphasis on team-based models of care and improved collaboration between the hospital and community sectors.

**METHODS:** The IMPACT clinic (Interprofessional Model of Practice for Aging and Complex Treatments) is an innovative team-based model of chronic disease management for elderly patients. The IMPACT team comprised family physicians, visiting nurse, pharmacist, community social worker, occupational therapist, physiotherapist, dietitian, and healthcare trainees. IMPACT patients were scheduled for extended two-hour visits during which the full team worked with the patient and family caregiver(s) on medical, functional, and psychosocial issues. The IMPACT clinic has been pilot-tested at one site and peer-modeled at three others.

**RESULTS:** Observed benefits of the IMPACT clinic include: significantly more time and “space” for the patient and family to discuss current concerns; reduction in repeat visits and multiple referrals; enhanced information-sharing in real time; improved professional understanding of other disciplines; greater satisfaction among healthcare providers; and enhanced interprofessional learning among healthcare trainees. Challenges included: team-based models might not be ideally-suited to patients with visual and/or hearing impairments; the extended length of visit proved exhausting for some frail patients; and scheduling issues sometimes arose owing to the number of clinicians involved.

**CONCLUSIONS:** Evaluation of the IMPACT clinic indicates positive feedback from patients/families, clinicians, and trainees. Interprofessional primary care models hold great promise for improving chronic disease management among the elderly.

**O65**

**A systematic review of (comprehensive) geriatric assessment for older adults with cancer in the oncology setting**

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**Introduction:** The objective is to systematically review all (comprehensive) geriatric assessment (CGA) instruments in use, to examine the feasibility (time needed to complete, how many patients have complete assessments), and their psychometric properties (reliability and validity) and to systematically evaluate their effectiveness in predicting adverse outcomes from cancer and its treatment in the oncology setting for older adults with cancer.

**Methods & Results:** A systematic review was conducted, searching Medline, Embase, Psychinfo, Cinahl and the Cochrane Library databases for articles published or in press in English, Dutch, German or French between 1996 and November 2010. Thirteen hundred-eleven titles and abstracts were screened, one hundred sixty-eight full text manuscripts were read and eighty-two manuscripts describing 59 studies were included: 23
USA/Canada, 33 Europe and 3 other. Twelve studies were conducted in newly-diagnosed cancer patients; most studies included the four most common cancers: breast, lung, prostate and colorectal. The results showed that most studies only used CGA components to describe the population, and used instrumental activities of daily living and basic activities of daily living, Charlson Comorbidity Index, the Geriatric Depression Scale and the Mini-Mental State Examination. The time needed to complete the CGA components varied from 10-80 min. The quality was moderate to poor for most studies.

Conclusion: The CGA instruments used are very diverse. Most studies have not examined the effectiveness of CGA components in predicting outcomes. Randomized controlled studies are needed to examine the effectiveness of performing a CGA in the oncology setting for older patients with cancer.

O66

Key Antecedents of Quality of Life among Older Individuals with Cancer

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Cancer occurs disproportionately in older adults over 70 years of age, for whom quality of life (QoL) is a prominent concern. QoL must be maintained despite challenges related to the cancer diagnosis, the process of aging, and the multidimensional impact of decisions pertaining to cancer treatment. Although empirical studies have explored QoL in this population, theoretical work guiding this research is scant. Objectives: To discuss the key antecedents of QoL, as proposed in a comprehensive working model of QoL for older individuals with cancer.

Methods: Existing QoL models developed for older individuals or for individuals with cancer were evaluated for their applicability to the experience of older individuals with cancer. Meleis's (2007) and Whetten's (1989) frameworks for theoretical evaluation and contribution guided the development of the proposed model in which key antecedents were identified. Findings: Four key antecedents of QoL for older individuals with cancer were suggested: meaning making, sense of control, participation in life, and independence. Interactions among frequently studied domains of physical and emotional health, psychological processes, social context, physical environment, adequate finances, and demographic characteristics contributed to these proposed antecedents. An important contribution was also found in the frequently overlooked domains of spiritual health, QoL of significant others, health care experiences, and socio-political context. Conclusions: QoL is a complex phenomenon, particularly for older individuals with cancer. A multifaceted theoretical model that identifies key antecedents could be instrumental in guiding study design, integrating study results for evidence based practice, and guiding development of supportive person-centered interventions.

O67

Arthritis indicators for older women: A comparison of Canada and Australia.

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Objectives: This study compares specific health indicators related to arthritis for community living older women in Ontario, Canada and in New South Wales (NSW), Australia.

Method: Cross-sectional indicators data for Ontario women aged 56-61 years and 79-84 years extracted from Statistics Canada's Canadian Community Health Surveys in 2005 and 2007, and reported in the POWER Study (Project for an Ontario Women's Health Evidence-Based Report), were compared to similar data for NSW women in the same age group and time frame from Australian Longitudinal Study on Women's Health, a 20 year population-based survey of the health of a national sample of 40,000 Australian women.

Results: In Ontario, 1731 (32%) women 56-61 years and 1127 (60%) of 79-84 years reported arthritis, while 1054 (34%) and 1566 (65%) reported arthritis in NSW, respectively, in 2005 and 2007. For Ontario compared to NSW, 39% and 44% of women aged 56-61 years with arthritis, and 54% and 63% of women aged 79-84 years with arthritis reported at least one other comorbidity. Women with arthritis in
both provinces who had less than a secondary school education were more likely to be overweight or obese compared to women with higher education.

**Conclusions:** Indicators of arthritis will be compared for these two provinces, considering sociodemographic characteristics, equity, and health system differences.

**O68**

**Achieving New Directions in Promoting Seniors’ Health and Independence**

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**Objective:** This paper explores strategies for achieving new directions in evidence-informed promotion of seniors’ health and independence, questioning conventional wisdom of those committed to evolving evidence-based practice.  
**Methods:** A 20-year program of 18 qualitative and 7 quantitative studies with concerted on-going knowledge translation has developed and tested an empowering partnering approach to relational health promotion with multi-disciplinary providers and people with chronic conditions. Qualitative studies informing the approach used phenomenological, grounded theory or descriptive methodologies, and interpretive methods. Quantitative studies testing its efficacy and effectiveness included a randomized controlled efficacy trial, quasi-experimental effectiveness trials, and service delivery evaluations using positivist methods (eg. ANOVA, ANCOVA; robust and quantile regression analysis).  
**Results:** In a large efficacy trial, seniors had enhanced independence (p = .008), perceived ability to manage own health (p = .01) desire for information (p = .02) and quality of life = .006); Effectiveness trials revealed limited uptake.- Providers achieved greater team functioning (p = .03), health-promoting partnering (p = .016), perceived partnering effectiveness (p = .001); Client outcomes improved over time, demonstrating enhanced partnering experience (p = .040), health status (p = .001), and clinically-improved health-promoting effort (p = .06). Home care case management evidenced a clinically-relevant shift from directive to team-oriented (p = .073), with no significant differences in service costs.  
**Conclusion:** New directions in chronic disease management, aging at home and relational health promotion require understanding and skill in relationship-building with seniors, not just client-centred communication and education. Achieving this direction requires commitment to: evidence-informed practice, a service orientation, qualitative methodologies, and *intravention*, not intervention.

**O69**

**Moving toward a long-term care insurance in Canada: learning from others in building innovation.**

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A necessary component of an appropriate strategy for improving long-term care and prioritizing home care should be the creation of a long-term care insurance program in Canada. This social innovation has been implemented in many countries in recent decades to address the aging of the population and associated pandemic of chronic diseases. After a review of the main insurance systems in industrialized countries, the main characteristics of a long-term care insurance are defined. A specific autonomy insurance fund would have to be created and funded through transfers of current funding for long-term care, tax credits for disabled individuals, and substantial new investment to make the shift from institutional to home care. Following a standardized assessment by case managers, an autonomy support benefit would be determined to fund “in kind” public services or a “cash-for-care” allowance for older people to purchase services. Case managers would be responsible for coordinating the care, controlling the quality of services and reassessing needs as the person’s condition changes. Funding reform of long-term care would prioritize home care and optimize the functioning of integrated care to improve support for frail older people.

**O70**

**Increased life expectancy in Canada: Is it matched by increasing health related quality of life?**

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Over the decade from 1995/97 to 2005/07, life expectancy at age 65 of Canadians increased by 1.6 years. However, Canada does not yet have
corresponding historical estimates for Health Adjusted Life Expectancy (HALE), which accounts for both morbidity and mortality in a single indicator.

As an initial step to calculating historical HALE estimates, the present study examined how health related quality of life (HRQL) has changed or remained the same in the household population age 50 and over during the period from 1998/99 to 2008/09.

Data from the cross sectional National Population Health Survey (1998/99) and Canadian Community Health Survey (2001 to 2009) were analysed. HRQL was measured by the Health Utilities Index (HUI), and mean HUI scores and variances were calculated using the bootstrapping method, to identify patterns including age and period effects.

As expected, HRQL fell sharply with increasing age, although the data suggest that HRQL may be declining less sharply in more recent periods. For the population over 50, there has been a small, statistically significant increase in HRQL over the ten year study period. At the population level, this small increase could result in considerable net benefit. There were few other significant changes by age group over the study period.

Our results indicate that health related quality of life may be tracking in the same direction as increasing life expectancy, however further research is warranted to identify which components of health related quality of life are driving the observed results, and whether increases will continue.

O71

Use of interRAI Instruments to Predict Resource Utilization in Nursing Homes: The Canadian Staff Time and Resource Intensity Verification (CAN-STRIVE) project

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The introduction of case-mix based payment systems has been an important step forward in enabling funders of long term care facilities to match resources to the needs of residents in those care systems. The Resource Utilization Groups (RUG-III) is the best known case-mix system for nursing homes internationally; however, it has not been evaluated for its applicability to the Canadian context. The Canadian Staff Time and Resource Intensity Verification (CAN-STRIVE) project was a 3 year study funded by the Ontario Ministry of Health and Long Term and Canadian Institute for Health information had multiple objectives, including: a) evaluation of extisting RUG-III case-mix algorithms based on the Resident Assessment Instrument (RAI 2.0) in nursing homes and complex continuing care hospitals/units; b) identification of areas for potential refinement of RUG-III; and c) evaluation of the impact of using the new interRAI Long Term Care Facility assessment instrument on the performance of RUG-III. The CAN-STRIVE study involved staff time measurement studies in about 50 organizations and it included 2,926 nursing home residents and 1,510 complex continuing care patients. The study validated the use of RUG-III in the Canadian context using both the RAI 2.0 and LTCF instruments. Recommended refinements included adjustment of case-mix index scores, use the the 53-group variant and restoration of original qualifiers for the Extensive Services level of the RUG-III algorithm. The best performing variant of RUG-III explained about 45% of variance in total resource use in both care settings.

O72

Listening to Homecare Clients for Direction on Policy

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(M video/oral presentation)

Much policy support for publicly-funded homecare is premised on people's preference to stay at home rather than move into more expensive settings. Since personal support services (PSS) comprise 70-80% of paid homecare work, this research probed people's experiences of PSS and the reasons for their preference for staying at home.

Ontario homecare clients' and family caregivers' narratives and reflections on PSS were gathered using ethnographic research methods. Personal Support Workers' (PSW) perspectives were gathered for context. Video was used for data collection, analysis and reporting.
The research indicated client and family caregiver satisfaction with PSS, but they require PSS to go beyond policy-makers’ goal of care delivered in less-expensive settings than nursing homes or hospitals. They expect PSS at home to be personalized, flexible and delivered at the right pace, that is, different from their perceptions of nursing home care. Since the care is in their homes, they expect it to be delivered in a way that respects and honours them, their family, social circle, histories and futures.

The results have implications for sustaining public support for homecare and homecare policy. These include recognizing and integrating into homecare practice components that go beyond "cost-effective healthcare," such as models for homecare that focus on both social and health needs; holistic goal-setting for clients (rather than time-limited tasks); giving PSWs flexibility in how to achieve goals for individual clients; providing more opportunities for PSW input into overall healthcare plans; and, rigorous attention to client-level wait times and expectations.

O73

Transportation Needs and Preferences of Older Atlantic Canadians

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While maintaining the ability to drive safely for as long as possible is the ideal, many older adults are faced with driving cessation and the adaptation to being a non-driver. We need to clearly identify the transportation options desired by older adults in order to help them retain as much independence and quality of life as possible. In this study, we examined the transportation needs and preferences of independent seniors in Atlantic Canada who completed the Seniors' Housing and Support Services Survey (n=1418). About one-fifth of respondents indicated having at least some difficulty with meeting their transportation needs, including disproportionate numbers of women, those with less financial resources, renters, those living alone, those in poorer health, and those living in rural areas. When asked to identify methods to improve existing public transportation services, the most preferred option identified was to make door-to-door transportation services available, especially for current non-drivers and those age 85 and older. In addition, those living in rural places desired regular bus services to larger centres. The results of this study help to identify the characteristics of older adults who are at increased risk of needing assistance with transportation services. In addition, the results clarify that we need to rethink how public transportation services are offered in order to meet the needs and preferences of older adults in both urban and rural areas.

O74

Risk factors for delirium in long-term care

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Objectives: Risk factors for delirium have been investigated almost entirely in acute care settings. As delirium is an important clinical problem in long-term care facilities (LTCF), we aimed to develop a delirium risk factor screening tool suitable for use by nursing staff in LTCF.

Methods: Residents aged 65 and over of 7 LTCF were recruited into a 6-month prospective study with repeated assessments of delirium at monthly intervals. Sources of data for delirium symptoms included research assistant assessments, nurse interviews, and nursing notes. The cohort comprised 206 residents without delirium at baseline; 69 cases of incident delirium were observed (rate 7.6 per 100 person-months). Risk factors, all measured at or prior to baseline, included the following groups: sociodemographic, medical, cognitive status, physical function, agitated behaviour, symptoms of depression, and incidents/accidents. Variables were analyzed individually and by block using Cox regression models. Clinical judgement was used to select the most feasible among similarly performing factors. Tool development methods included C statistics.

Results: The best-performing screening tool comprised 5 items, with an overall area under curve of 0.82 (95% CI 0.76, 0.88). These items include brief measures of cognitive status, physical function, agitated behaviours, and emotional problems. Using
cut-points of 2 (or 3) over 5 the scale has a sensitivity of 90% (63%), specificity of 59% (85%), and positive predictive value of 52% (66%).

Conclusions: The screening tool allows LTCF to identify residents at increased risk for delirium, who can be targeted for closer monitoring and preventive interventions.

O75

A comparison of the effectiveness of geriatric and nongeriatric acute care hospital units in preventing poor health, functional and discharge outcomes for acutely ill older adults

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Objectives: To determine the effectiveness of admission to geriatric units compared to nongeriatric units in health, functional and discharge outcomes of acutely ill older adults.

Design. Systematic review and meta-analysis.

Data sources. Search engines included, but were not limited to, EBM – Cochrane Central Register of Controlled Trials; MEDLINE; EMBASE; CINAHL; PubMed; SciSearch; Physiotherapy Evidence Database; and, Occupational therapy systematic evaluation of evidence. Additional studies were identified by hand searching relevant journals, reference tracking of studies reviewed, and communication with study authors.

Inclusion criteria: available in English or French; used a randomized or quasi-experimental design with a non-historical control group; included adults aged 65+ in the acute phase of illness; conducted on acute care in-patient hospital units; and examined functional, mortality, length of hospital stay, and/or discharge destination outcomes.

Review Methods: Data extraction and quality assessments were performed independently by 2 reviewers.

Data analysis. A random effects model was used to calculate a weighted mean difference and odds ratio respectively, and 95% confidence interval.

Results. Admission to a geriatric unit was significantly associated with a shorter length of hospital stay and greater likelihood of being discharged home, and a nonstatistically significant trend towards fewer declines in functional ability. There were no differences in discharge to a nursing home, mortality, fall, or hospital readmission rates.

Conclusion: Older adults in the acute illness phase who are admitted to geriatric units are more likely to have a shorter length of hospital stay and to be discharged home that those admitted to non-geriatric units.

O76

Improving Pain Management in Long Term Care Homes Using an Interdisciplinary Approach

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Objective: Pain management in long term care (LTC) is a serious problem worldwide. Pain in LTC residents is often under-assessed and under-treated, particularly in those with cognitive impairments. The main goal of this study was to implement and evaluate an evidence-based, interdisciplinary (ID) pain protocol for use with residents in LTC with and without cognitive impairment.

Methods: This study used multiple methods, including a case study approach and a controlled before-after design. Data was collected at 4 LTC facilities; 2 LTC facilities comprised the intervention group, and 2 facilities comprised the nonintervention group. We used a multifaceted approach to the implementation of this pain protocol, including an educational workshop, audit and feedback, reminders, and advanced practice nurses positioned as change champions.

Results: The evaluation of the implementation of the ID protocol was positive with significant
improvements in resident pain for the intervention group compared to the control group. The ID approach used was identified as a major facilitator to implementing the pain protocol. A number of implementation strategies were viewed positively including: using advanced practice nurses as change champions, engaging pharmacists to provide onsite education, holding ID care conferences, and improving communication mostly between nurses and physicians.

Conclusions: The findings of this study have the potential to improve the quality of life of older adults who live in LTC facilities by improving the way pain is managed in this vulnerable population.

O77

Activity-based Education as a Platform for a 100-Minute Refresher Dose of the Gentle Persuasive Approaches (GPA) Program in Long Term Care

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Responsive behaviors associated with cognitive impairment are common in Long Term Care (LTC). Gentle Persuasive Approaches (GPA) is a 7.5 hour educational program about person-centered strategies to effectively manage responsive behaviors. While the full version has been shown to reduce responsive behavior and enhance staff confidence to manage those episodes that do occur, reinforcement is needed to sustain skills over time. Determining if a shorter, activity-based version of GPA offers equivalent outcomes is worthwhile. This pre-post- design pilot tested a 100-minute refresher dose of GPA (GPA-R) in two, 50 minute back-to-back sessions reviewing key program principles. Each GPA-R session involved 4, five-minute learning activities, completion of which required discussion, collaboration and problem-solving amongst participants. The total sample consisted of eighteen staff members from three LTC homes in Ontario. Participants were asked to complete the Self-Perceived Behavioral Management Self-Efficacy Profile-Refresher (SBMSEP-R), which measures the perceived level of confidence in applying the clinical and interpersonal strategies necessary to manage responsive behaviors competently. The tool is a 10-item Likert-type scale (Cronbach alpha: 0.93) administered after each of the two sessions. In addition, participants took part in a focus group immediately after the second session. Participants reported overall higher confidence to manage episodes of responsive behavior after completing the refresher sessions (p < 0.024). Staff stated that the small group learning activities were highly engaging. Overall findings suggest that the learning associated with the activity-based delivery of GPA-R strengthens key best practices for the effective and person-centered management of responsive behavior in LTC.

O78

Scale Development Evaluating Older Driver Attitudes and Beliefs Using Social Cognitive Theories

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Emerging research suggests that older driver attitudes and beliefs are modifiable and are reflected in safe driving behaviours. To facilitate the development of a measure to evaluate cognitive and motivational aspects of older driver decision-making, we reviewed constructs from the social cognitive theories of the Transtheoretical Model of Behaviour Change (TTM) and the Theory of Planned Behaviour (TPB). Building on our existing tool, additional applicable constructs were selected and items generated to create a 51-item questionnaire. Responses of 110 older adults from Vancouver Island were grouped in accordance with the TTM and TPB constructs. The findings from Cronbach’s alpha and exploratory factor analyses converged with specific constructs from each theoretical position producing fairly credible scales (i.e., pro-other, α = .65; consciousness raising, α = .73; perceived control, α = .54; and intention, α=.89). It appears that beliefs about driving are factorially complex and may be difficult to capture adequately in the context of broad social cognitive theories. Future research may benefit from focusing on specific belief constructs by enhancing them with additional items.

O79

Using Pain Tools with Older Adults who Can and Cannot Verbally Report their Pain
Aims:

The purpose of this study was to evaluate four pain assessment tools (two self-report and two behavioral observational tools) for use with long-term care residents who were both able and not able to verbally report their pain.

Design:

This measurement study examined the differences between two groups of residents (able to report pain versus not able to verbally report pain) in terms of item use for the Pain Assessment Checklist for Seniors With Limited Ability to Communicate (PACSLAC) and the Pain Assessment in the Communicatively Impaired (PACI). It also examined the inter-rater reliability, concurrent, and construct validity of these two behavioral observation tools; and the concurrent and construct validity of the two verbal report tools (i.e., Present Pain Intensity; Numerical Rating Scale). Data was collected from a convenience sample of 338 residents from six LTC homes. Over a 2-week period, pain was assessed by a research assistant two times for each resident; once during a rest period and once during a potential painful event.

Results: Item usage was different between residents who were able versus unable to report their pain. The interrater reliabilities for the two behavioral observation tools were good and concurrent validity was supported for all four pain assessment tools.

Conclusions: These study findings offer support for the use of these tools in clinical practice. However, item use for the PACSLAC and PACI differs depending on resident ability to verbally report their pain.

O80

Icing on the cake: A qualitative inquiry into older lesbians and gay men's wedding experiences

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For many years, ritualizing strategies such as commitment ceremonies, power of attorney documents, and personalized rituals privately enacted inside homes have helped same-sex families develop a sense of family even when they were not accepted by society. However, Canada has seen important changes in recent years indicating broader acceptance of same-sex relationships, such as the July 20, 2005 Civil Marriage Act that legalized same-sex marriage across the country. This paper explores middle-aged and older gay and lesbian individuals’ experiences within Canada's changed legal landscape, using weddings as the site of investigation. I interviewed 17 individuals in same-sex marriages about their weddings and wedding planning experiences. Participants were 11 lesbians and 6 gay men who had married after July 20, 2005, with ages ranging from 42 to 72. Prior to marrying, they had been with their partners ranging from half a year to 19 years (average: 7 years). Participants felt that legal marriage did not validate their relationships (they felt they already had such validation) but it did give their relationships additional meaning. They generally had positive experiences but their decisions also often reflected a deliberateness and intentionality related to homophobia and/or heterosexism. For example, they deliberately choose ceremony or reception sites not easily accessible by the public to minimize any potential negative responses by others. Participants were conscious of the fact that legal acceptance did not necessarily change some individuals’ views about homosexuality or same-sex marriage. Lack of negative comments is not equivalent to full acceptance.

O81

Influences and Experiences of Using Digital Devices in Laterlife†

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This paper is informed by a research project undertaken in 2010. The purpose of the research was to investigate the influences and lived experiences of using digital devices in laterlife. Devices included in the study were computers, mobile phones, digital cameras, mp3 players and health-related devices. Participants in the study were aged between 70 and 83 years and resided in urban coastal areas of NSW Australia. Participants were
interviewed individually using a semi-structured format, allowing for extended responses and probing questions. Using a phenomenological interpretation, researchers found that the adoption of technologies centred on a use and relevance for the digital device. Pragmatic and affective considerations impelled the older adults to take up specific devices. The participants in the study placed communication with younger members of the family as a high need and they also provided a range of uses for each device. These uses enabled the participants to become functionally independent and enhanced their relationship with others. They carried out familiar tasks using unfamiliar devices by being modern and keeping up-to-date with the latest ways of doing things. Whilst it is acknowledged that the current cohort of those aged over 70 years are potentially the most disadvantaged group in relation to living in a technology-dense world, this paper focuses on the lived experiences, which includes a number of positive outcomes. It will be shown that the experiences place older adults in a challenging, but rewarding period of their lives.

O82

Embrace an elder, hugs are healthy: Hugging is an independent associate of self-perceived health among older adults

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The objective of this study was to examine hugging as an associate of self-perceived health (SPH), a commonly used indicator of successful aging. Hugging warrants investigation in this regard due to its positive biopsychosocial effects on health status and overall well-being. For this study, data from the Canadian Community Health Survey (cycle 4.1, 2007) were used. The sample comprised of 9,482 individuals aged 60 years and better. Logistic regression analyses quantified the associations between ‘how often participants had someone to hug them if needed’ and SPH. Bivariate results indicated that older adults who received a hug “all of the time” were 2.5 times more likely to report higher SPH than those who received a hug “none of the time” (95% CI = 2.2, 2.9). Even after adjusting for 14 covariates and confounders, the association remained significant in the final multivariate model (OR = 1.7, 95% CI = 1.3, 2.1). Compared to the older adults who received a hug “none of the time”, those who received hugs ‘a little’, ‘some’, ‘most’, and ‘all’ of the time all demonstrated significantly greater likelihood of reporting higher SPH. Hugging was a stronger or more reliable associate of SPH than were age, marital status, ethnicity, education, fruit and vegetable consumption, smoking status, and availability of a medical doctor. Findings revealed that hugging is a robust and independent associate of SPH among older adults. This result indicates the possible utility of hugging interventions to promote healthy, successful aging.

O83

Using phenomenology and photovoice to explore rural elderly women’s experience of health promotion in the church

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Background and significance: In Canada, rural elderly women often have compromised access to health resources caused in part by rural contextual factors such as rural depopulation. It has been suggested that in order to improve the health status of rural residents, opportunities for rural dwellers to actively participate in health research is needed. Furthermore, while the rural church may have a central role in the lives of many elderly women, very little research has explored the relevance of the church as a possible health resource for this population.

Purpose and method: This paper, which presents doctoral work in progress, summarizes key research from an extensive literature review and has two purposes: 1) to explore the relevance and feasibility of the church in promoting the health of elderly women in the evolving rural Canadian context, and 2) to describe the strengths and challenges of combining the research approaches of phenomenology and photovoice to explore rural women's experience of health promotion in the church. Literature from CINAHL, PubMed, and various grey sources will be addressed in the presentation.

Results and conclusion: There is growing evidence to suggest that the church may play a significant role in helping rural elderly women to promote their health. Increasing rural elderly women's participation in health research that combines phenomenology and photovoice may have several benefits including assisting elderly women to reflect upon how they view and enact health promotion in their lives, which may contribute to an improvement in their overall health status.
O84

L'importance de la participation sociale pour les aînés : quelques résultats de recherche.

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Dans cette communication, nous présentons quelques résultats d'une étude qualitative effectuée en Estrie (au Québec) en 2007. Cette étude a porté sur différents aspects de l'engagement communautaire des aînés de cette région. Les aspects que nous évoquerons dans notre présentation ont trait : aux caractéristiques de leur vie associative; à leurs principales réalisations; à l'importance qu'ils accordent à leur action sociale; aux avantages qu'ils en retirent; aux inconvénients que cela leur occasionne; à l'évaluation subjective de leur contribution à leur milieu, ainsi qu'à la conciliation de leurs activités de participation sociale avec leurs autres occupations.

Les résultats de l'étude montrent que les aînés rencontrés sont fortement impliqués dans leur milieu, et ce, dans différents domaines. Ils peuvent ainsi réaliser des projets qui leur tiennent à cœur. Leurs activités de participation sociale comportent des inconvénients, mais elles leur apportent des gratifications notables. Aussi, ils ont le sentiment que leur action contribue au bien-être de la société. Ces activités sont centrales dans leur existence. Toutefois, les répondants parviennent à les concilier avec leur vie privée. Cette étude va à l'encontre du mythe voulant que la participation sociale soit une forme de compensation pour les aînés socialement isolés. Ces résultats soulèvent également la question de l'engagement des futures générations d'aînés dans une société qui aura de plus en plus besoin de ces personnes.

O85

Exploring agency collaboration in the development of an older adult service providers council

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**Purpose:** With a rapidly increasing aging population, collaborative initiatives between community organizations becomes crucial in an effort to foster age friendly communities. The Older Adult Service Providers Council of Calgary was recently developed in an effort to raise awareness about key issues facing older adults in Calgary and the sector which serves them. The purpose of this study was to conduct a developmental evaluation documenting the origins and progression of this unique collaboration.

**Methods:** Both quantitative and qualitative research methods were used to generate an in-depth description of the collaboration. Quantitative data was collected through a pre-and post-test survey of the Wilder Collaboration Factors Inventory to measure collaboration among service providers participating in the initiative. Qualitative data was collected through observations, notes and transcripts of the monthly committee meetings.

**Results:** The evolution of the collaboration will be described as it transitioned from seeking to create an older adult plan to developing a service provider council. Pre-and post-test results of the Wilder Collaboration Factors Inventory will be presented with insights from qualitative data about environment, membership, process, communication, purpose and resources.

**Conclusion:** The findings of this evaluation have implications for collaborative groups in other cities, specifically community organizations who are currently collaborating or are seeking to work together to address diverse issues related to older adults.

O86

Lessons Learned Disseminating an Evidence-Based Program for Older Adults Nationally†

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This session will describe lessons learned disseminating, Fit and Strong!, an evidence-based program that has been approved for national adoption by the CDC and AoA in the US, using the RE-AIM model for diffusion of evidence-based programs.

Currently, two efforts are underway to translate and diffuse Fit and Strong!. The first CDC-funded effort is disseminating the program in two areas on aging in Illinois and two in North Carolina with a minimum of 30 providers. We used Glasgow's RE-AIM model and Greene et al.'s work on evaluation to identify facilitators and barriers to the reach, effectiveness, adoption, implementation and maintenance of Fit
and Strong! in those states. In the second translation effort, AoA is funding the dissemination of the program in the same two states plus Florida. Evaluations of both efforts are using qualitative and quantitative methods that include focus groups, key informant interviews, provider surveys, and participant pre-posttest outcomes.

To date, 43 providers have adopted the program, 130 instructors have been trained, 561 participants have been enrolled, and 22 providers are maintaining the program. Pre-post test outcomes data on a subset of participants (n=300) show continued statistically significant impact of the program on improved lower extremity pain and stiffness, energy/ fatigue, self-efficacy for exercise with a marginal impact (p<.07) on BMI. Factors that facilitate and impede adoption, fidelity, and maintenance will be discussed as well as adaptations made by instructors and providers.

Preliminary findings indicate that Fit and Strong! continues to benefit participants across diverse settings and instructors.

O87

Complex Continuing Care: The Saskatoon Model

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Older adults with complex continuing care needs comprise a small proportion of the population, but require a substantial proportion of resources in a health care system that prioritizes acute, episodic care. Existing definitions of this population focus primarily on disease and fail to account for the complexity of personal and social factors that may be equally important in successful management of overall health. Based on quantitative and qualitative research conducted by the authors, as well as findings from the literature, a new conceptual model of defining CCC is proposed that recognizes the complex interplay of intrapersonal and social domains with medical and care needs. The model situates the highly vulnerable population with complex continuing care needs at the intersection of the three domains. Accurate identification of persons with complex continuing care needs allows for targeted interventions and more efficient and effective use of scarce resources. The model of complex continuing care was developed as a result of a Saskatoon Health Region initiative to produce a tactical roadmap for complex continuing care that enables the region to meet project 2021 care and service demands. In order to optimize care services, health outcomes and service experience, the region adopted the tagline "The right care, at the right time, in the right care setting and at the right level of care". The roadmap was developed by multiple interdisciplinary working groups who outlined a Project charter and the subsequent strategies required to enact the project, including the development of a CCC patient profile.

O88

Program of All Inclusive Care for the Elderly: An Evidence-Based Patient-Centered, Comprehensive, Collaborative and Coordinated Care Model for At Risk Elderly Population†

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It is estimated that the older American population (Age 65 and above) is expected to increase from 35,000,000 in 2000 to 71,000,000 in 2030 comprising roughly 20% of the U.S. population. The health care needs of this age group are disproportionately high and clinically complex, and it is expected that approximately 70% of them will require some form of long-term care assistance and services because of their chronic illness or disabling conditions. It is also estimated that there are more than 3,000,000 Americans of all ages whose mix of serious disability and chronic illness places them at the highest risk for functional decline, hospitalization, or nursing home placement. In 2010, the average daily cost of a private nursing home room was $247 or $90,155 annually. Federal and State governments struggle to contain the spiraling health care cost and improve the quality of patient care while promoting prevention and strengthening public health as expenses continue to rise.

Therefore, Program of All Inclusive Care (PACE) Model is a very logical approach to the problem and may prove an alternative to contain cost in long-term care as it has demonstrated significant health outcomes such as fewer hospitalizations, fewer nursing home admissions, longer survival rates, better health & quality of life, and better functional status at a much reduced cost. PACE offers a full continuum of preventive, primary, acute,
rehabilitative, and long-term care services while integrating all Medicare and Medicaid services into one seamless service package for beneficiaries.

O89

Older Adults in Emergency Departments: Clinical and Psychosocial Characteristics of the Population and their Association with Outcomes†

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Objectives:

The emergency department (ED) is a major point of entry into the health care system for older adults. These older adults have an elevated risk for adverse patient and administrative events. Despite the fact that early detection and intervention has the potential to prevent negative events, screening of older patients in the ED remains limited. This study explored characteristics of older adults admitted to the ED as well as predictors for adverse events.

Method:

The MOPED study is prospective observational study with ED patients age 75 and older in five ED sites across four Canadian provinces. A 90-day disposition was collected for all subjects. Risk models for adverse outcomes post emergency department admission were explored using person level characteristics. This prospective intervention study occurred concurrently with parallel studies in six countries.

Results:

Results show that disease-based and episodic models of emergency screening do not adequately capture the complex needs of many older adults in the ED. Evidence suggests that risk of adverse outcomes amongst older adults in emergency departments is measurable. The use of a geriatric screening tool may reduce adverse patient outcomes and facilitate appropriate care planning.

Conclusions:

Older adults in emergency departments have complex medical and psychosocial challenges that could benefit from a more comprehensive risk assessment protocol. The use of a screening level assessment allows accurate assessment of risk.

O90

Analyse des réseaux comme approche d'étude de la continuité relationnelle des soins des personnes âgées en contexte d'interdisciplinarité. Pourquoi et comment? L'exemple du projet PRISMA. Matey Mandza, Étudiant au doctorat en Gérontologie. Université de Sherbrooke, Canada

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Le vieillissement de la population s'affirme dans les pays occidentaux et celui-ci a une particularité au Québec, la rapidité de sa croissance. Or, le vieillissement est souvent synonyme de complexité qui fait appel à des protocoles proactifs et intégrés des soins de santé et des services sociaux, d'où la nécessité de mettre en place des approches et des équipes multi professionnelles. Dès lors, le défi posé par l'intégration consiste à assurer la continuité des services de santé en vue de composer avec la multitude des ressources et des intervenants nécessaires pour répondre adéquatement aux besoins de la population. Dans ces conditions, la continuité relationnelle des soins va au-delà du binôme traditionnel «médecin-infirmière». Pourtant, à la lumière de la recension des écrits, les mesures de la continuité sont souvent associées à une discipline, et reflètent pour la plupart une relation avec un intervenant unique. Ces indices ne conviennent pas dans un contexte d'interdisciplinarité; ce qui exige un nouveau regard. Les auteurs nous orientent vers l'analyse des réseaux qui ont été mises à contribution dans d'autres contextes comme celui de la santé mentale, ou pour étudier la structure inter organisationnelle des systèmes de santé ou la propagation de certaines maladies (spéfiquement le VIH/SIDA et les autres infections sexuellement transmissibles). Comment peut-on utiliser cette méthode pour évaluer la continuité en contexte des soins auprès des personnes âgées en perte d'autonomie ? Les données du projet PRISMA servent d'illustration pour mieux comprendre l'approche.

Mots clés : interdisciplinarité, intégration des soins, continuité, analyse des réseaux.
O91

Task Shifting in the Provision of Home and Social Care: Implications for Health Human Resources

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There have been many changes to the home care sector in Ontario since the mid-1980s when the restructuring of the hospital sector moved patients “quicker and sicker” into the community care sector. There has been a trend to using unregulated home care providers such as Personal Support Workers (PSWs) to perform tasks once done only by trained nurses or therapists. This change has been labeled “task shifting” and it is defined as a process of delegation whereby tasks are moved, to less specialized workers (WHPA, 2008).

The purpose of this study was to explore the process of task shifting and the relationship, if any, to health human resources issues such as training, competency, retention, job satisfaction and occupational risk factors such as occupational health and safety and chronic stress.

Funded by the Ontario Health Human Resources Research Network, the methodology included key informant interviews across 10 Ontario Service Delivery Centres with Directors, PSW Supervisors, PSWs, Nurses and therapists.

The results reinforced the need to explore the trend of “task shifting” province wide. Task shifting was viewed as a more efficient use of Health Human Resources and lead to increased job satisfaction in PSWs. While a promising policy option to increase productive efficiency of the delivery of home and social care services, there are challenges including variability in training of PSWs, recognition and management of changes in client’s conditions, consideration of regulations for task-shifting, implications for curriculum development and the potential impact on PSW compensation with the expanding scope of practice.

O92

Development and validation of a scale to assess the “elder-friendly” emergency department.

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Objectives: There is a lack of evidence-based tools to assess the quality of emergency department (ED) care of seniors, that could be used to target quality improvement initiatives. Thus, we aimed to develop and validate a scale of “elder-friendly” ED services for seniors discharged to the community. In this presentation, we describe the development and initial content and construct validation of the scale.

Methods: Using the published literature on ED care of seniors, we created 5 subscales to measure the following aspects of ED care: 1) ED staffing, 2) patient screening and assessment, 3) discharge planning, 4) links to community services, and 5) vision of ED team. Content validity was assessed by an international panel of 34 experts in ED care of seniors. Construct validity was assessed using data from a survey of 68 EDs in Quebec. Regression analyses examined the relationship between the 5 sub-scale scores and 2 outcomes: independent assessments by the head nurse and chief physician at each ED of the quality of ED care provided for seniors discharged to the community using a 3-item Likert scale.

Results: Endorsement by experts was high (over 90%) for subscales 1- 3, 82% and 71% for subscales 4 and 5, respectively. The construct validation revealed that subscales 3 and 4 were significantly associated with ED nurse quality ratings; subscales 2 and 4 were significantly associated with ED physician quality ratings.

Conclusions: These results provide preliminary evidence for the validity of the scale.

O93

Older adults in Canadian Hospitals: Nutritional status.

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Objective: The Canadian Malnutrition Task Force was established to identify the prevalence and causes of iatrogenic malnutrition in Canadian hospitals. This analysis compares nutritional status of patients over and under the age of 65 years.

Methods: 160 patients recruited from medical and surgical wards of three acute care hospitals participated. Nutritional status (Subjective Global Assessment), health status (Charleson Comorbidity Index), nutrition treatment during hospitalization and patient satisfaction survey on nutrition care are presented. Descriptive statistics and age-group comparison analyses were completed. Results: The mean age was 63.2 (+/- 15.7) years with 56.6% being male; 45% of the total sample were moderately or severely malnourished on admission. As compared to those less than 65 years, older adults (49%) were: more likely to live alone or be admitted from a facility environment (X^2=11.3, p=0.04), be sicker on admission (X^2=24.3, p=0.01), more likely to be moderately or severely malnourished (X^2=6.6 p=0.03), and had challenges with cutting food (X^2=16.5 p=0.001) and opening food packages (X^2=30.9 p=0.001). A dietitian saw 22.5% of the patients at least once (no difference by age). Length of stay was significantly longer for those over the age of 65 years (mean 12.7 days vs. 7.7 days) as compared to younger adults.

Conclusion: This analysis identifies that nutrition is a significant problem for older adults admitted to hospital and likely plays a part in their longer length of stay.

O94
Improving Care for Older Adults in Emergency Departments: Findings from the Geriatric Emergency Management (GEM) Nurse Initiative in Waterloo Wellington

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Emergency Department (ED) visits by seniors aged 75 and older is greater than any other age group, and this rate is increasing. These individuals experience longer lengths of stay in the ED and are twice as likely to be admitted to hospital than individuals in other age groups. Among those discharged home, 30% are readmitted within 2 weeks. One intervention implemented in response to these challenges is Geriatric Emergency Management or GEM. While some studies of GEM initiatives have demonstrated positive outcomes, others have not. This study aimed to evaluate the impact of the GEM Nurse initiative in Waterloo Wellington. Data collection methods included: surveys of patients, family members and providers; analysis of hospital administrative data; and interviews with patients, family members, providers and key stakeholders. In the first year of the evaluation, over 2700 patients were referred to the GEM Nurses, 84% of whom were assessed. 62% of those seen were female, with an average age of 82 years. 60% were discharged home. 86% of patients reported that as a result of the GEM Nurse they had a better understanding of their symptoms/conditions and 91% reported that they received information about community support services that they had not known about prior to seeing the GEM Nurse. Impacts on providers and the health system will be discussed.

O95
Emergency Department Use Among End-of-Life Home Care Clients

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This study examined emergency department use by end of life home care clients living in the community. Identifying the factors associated with emergency department use by end of life home care clients is an important first step to reducing avoidable visits. The sample included all end of life home care clients who received care from one Community Care Access Centre in Ontario, Canada. Information on health was gathered using the interRAI instrument for palliative care. Data were collected between May 2009 and January 2010. A total of 93 home care clients were enrolled in the end of life home care program during the study. Results showed that 35% of the clients used the emergency department within...
45 days of assessment. Multivariate analysis identified two determinants of emergency department use: weight loss and previous hospitalization. End of life home care is an important part of the health care system. Managing terminal illness is often a difficult task and comprehensive, ongoing assessment of clients' changing status is critical. Client care and service planning for clients who experience excessive weight loss or have visited an emergency department need to be revisited and adjusted to meet the clients' changing needs in an effort to prevent any future avoidable emergency department use.

O96

Physical functioning following Emergency Department visits for an unintentional injury in Canadian seniors

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Objectives: To assess what individual, injury, health care interface, and community factors are related to short-term changes in physical functioning for community-dwelling seniors after visiting the emergency department (ED).

Methods: We conducted a prospective cohort study. Participants were interviewed using computer assisted telephone interviewing (CATI) within 2 weeks of returning home from the ED due to an unintentional injury and again 1 month later. Extensive data on demographic, life-style, psychosocial, quality of life, physical functioning, and social measures were collected at baseline. Physical functioning, quality of life, health care utilization, mobility, and care-receiving data were also collected at one month.

Results: To date, 355 patients have completed a baseline interview of whom 277 (78%) completed a follow-up interview. A two point decrease in ADL and/or IADL between discharge and 1 month post-ED will be used as the primary indicator of reduced physical functioning. Analyses will examine which baseline factors are related to a decrease in physical functioning as well as whether the relationships are mediated by factors such as having larger social networks, stronger social supports, or access to health care.

Conclusions: In 2008-2009, seniors made more than 960,000 visits to EDs in Ontario, an increase of more than 100,000 visits over five years. A reduction in physical functioning puts seniors at a higher risk for ED and hospital re-admission as well as institutionalization. Thus, identifying factors associated with functional decrease after an ED visit is of great public health importance.

O97

Using Mobile Health Technologies to Support Healthy Aging at Home

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The purpose of this study is to investigate the integration of two non-intrusive approaches to monitoring home care clients' activity level, along with access to best practice guidelines for clinicians at the point of care. A prototype Remote Activity Monitoring and Guidelines System has been developed that uses a GPS-equipped Blackberry to monitor an elderly client's mobility outside the home. The System includes a pressure-sensitive mat that is placed under a regular bed mattress and can monitor sleep disturbances, and how long it takes to enter and exit the bed.

A proxy client who is over the age of 65 with chronic health issues was invited to carry a Blackberry, and to use a pressure sensitive mat to collect data about the client's physical activity. After a period of 7 days, 4 different nurses made home visits to the client, where a research member observed clinicians interacting with the prototype System in the client's home. The findings indicated the value of the mobility-related data to gerontological clinicians when they plan care to address the aging needs of their home care clients. The results also suggested the usefulness and placement of the Best Practice Guidelines in the electronic user interface. The observational data generated information about the clinicians' needs and interaction with the prototype in actual home care setting.

This study provides important implications about the value of remote monitoring technology in providing clinical support to assist gerontological clinicians'
decision-making process when planning care for seniors in home care settings.

O98

Impact of computer education on attitudes toward technology: Evidence from a one-on-one computer training program

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The development of technology to support aging in place is moving at a rapid pace. While older adults’ attitudes toward technology tend to be more positive than negative (e.g. Mitzner et al., 2010), negative attitudes toward adoption of new technologies may inhibit use of potentially useful devices. To avoid this potential negative consequence, it is helpful to evaluate ways to improve attitudes toward technology. This project investigated whether participation in a self-directed computer education course improved self-perceived ability to use a computer and feelings about technology in general.

Thirty-eight community-dwelling adults ages 65+ attended a 10-week program of one-on-one computer training to improve their computer skills. The participants’ individual interests determined the content of each training session. Participants completed questionnaires evaluating self-rating of their ability to use a computer, the number of hours spent using a computer at home each week, and the Attitudes Toward Computer Usage Scale 2.0 (Morris et al., 2009). Bonferroni-corrected one-tailed t-tests demonstrated a significant improvement in participants’ self-rating of their ability to use a computer, a significant increase in the number of hours spent using a computer at home weekly, and a significant improvement in attitudes toward technology in general. These findings indicate that self-directed adult education has the potential to improve attitudes toward technology, with the possible outcome of increasing the likelihood of the adoption of the use of new devices.

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Objective: The Internet is a fascinating social context to study coping and health related support for seniors. Adults aged fifty five and older are the fastest growing Internet users since early 2000s. The present study investigates perceived impact of cyber support health communities on alternative appraisals of cancer and interaction of these variables on post-diagnosis self-transformation among older survivors.

Method: Sample for the present research (N = 350) come from the study of the Cyber Health Networks for Cancer Patients of the 21st Century: Patient Empowerment, Psychological Well-being and Trauma (M= 50.23, SD=11.0). Respondents completed the survey in a web-based format. Ordinary least-squares (OLS) regressions entered the variables in five hierarchical blocks: (a) demographic and medical variables; (b) psychosocial variables; (c) cyber support; (d) appraisal variables; e) interaction terms between cyber support and appraisal variables. Within each block, the simultaneous entry procedure was used. This hierarchical approach tested the independent and cumulative effects of blocks of variables on post-diagnosis self-transformation.

Results: Hierarchical multiple regressions showed that the impact of cyber support is higher for survivors who judged their experiences of cancer to have been more traumatic than those who judged it to have been less traumatic. The full regression model explained 47 percent of variation in the outcome variable.

Conclusion: The findings suggest potentially modifiable variances associated with cognitive appraisals of cancer, and underscore the significance of cyber support communities on positive reappraisal of self subsequent to a life threatening illness among middle-aged and older adults.

O99

Social Cognitive Approach to Interactions Between Cyber Support and Alternative Appraisals of Coping with Cancer and the Differential Impacts on Post-Diagnosis Self-Transformation Among Middle-Aged and Older Survivors

Amaya Arcelus, Martin Bilodeau, Rafik Goubran, Frank Knoefel, Heidi Sveistrup

Can smart bed sensors differentiate between healthy adults and older adults with mobility impairment?
Background: Falls are common and potentially hazardous events for older adults. The ability to detect signs of an impending fall could allow a care provider to intervene and prevent it. In previous work we have shown that bed sensor technology can classify transfers off of a bed using timing characteristics.

Objective: The objective of this work is to determine whether a smart bed sensor can differentiate between healthy (H) and older mobility-impaired (MI) adults using a pressure-based parameter.

Participants: The H group consisted of hospital employees and volunteers (18 to 75 years old). The MI group contained post-stroke and post-hip-fracture patients (60 to 86 years old), recruited from rehabilitation in- and out-patient programs.

Data Collection: Tactex bed sensor mats were placed under the mattress of a hospital bed and connected to a Dell laptop. Video recordings were made during sit-to-stand transfers off of the bed and algorithms were applied to extract the centre of pressure (CP) from the mats.

Methods: For each transfer, the path of the CP was observed over time and its deviation was measured. The measure was then compared between the two participant groups using a Kruskal-Wallis analysis of variance (ANOVA) test.

Results/Conclusions: The mean deviation was significantly different between the two groups (H:0.48cm, MI:1.56cm, p<0.001). The system was able to correctly identify 92% of the transfers as being healthy or mobility-impaired.

Acknowledgment: The TAFETA Research Program gratefully acknowledges the generous contribution of NSERC and the Kiwanis Medical Foundation.

O101
Telehealth in Ireland: experiences and attitudes among older adults with diabetes and heart disease.
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This presentation has been withdrawn at the author's request. / Cette présentation a été retirée à la demande de l'auteur.

O102
Enabling a Leading Practice for Medication Reconciliation through Innovative Technology
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Summary of Research:

Electronic Medication Reconciliation was implemented to create a formal process of identifying and resolving discrepancies in drug regimens at transitions of care to: prevent potential medication related errors and adverse drug events, establish and communicate the Best Possible Medication History (BPMH), Meet Accreditation Canada’s most recent Required Organizational Practice and establish a leading practice in healthcare.

Objectives:

· Assess the extent to which accreditation standards have been met, including a review of the benefits and challenges.

· Evaluate whether patient safety has improved through reduced adverse drug effects, since the implementation of Medication Reconciliation.

· Determine the acceptance level among clinical practitioners, of the new Medication Reconciliation technology and process, and identify areas for improvement.

Method:

· Conduct a post implementation evaluation among designers and practitioners.

· Examine new admissions to hospital units where Medication Reconciliation has been implemented.

· Utilize Clinical Intelligence tools to conduct analysis.
• Review discrepancies before and after implementation.

• Collect results from survey conducted among pharmacists and clinical practitioners.

• Compare outcomes of this new leading practice, to Medication Reconciliation conducted at other organizations.

Results:

• The number of undocumented intentional discrepancies decreased.

• The quantity of unintentional discrepancies decreased.

• The percentage of patients reconciled upon admission increased.

Conclusion:

• Literature on electronic medication reconciliation is limited.

• Clinician adoption requires multidisciplinary team buy-in and collaboration.

• Accurate BPMH documentation is essential.

• Achieved overall improvement of both in-patient and out-patient medication reconciliation.

• Recommendations made based on findings.

O103

Lipids and All-Cause Mortality Among Elderly People: A 12-Year Follow Up Study†

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Objectives: To analyze the association between dyslipidemias and all-cause mortality among elderly people.

Methods: a prospective cohort study of 12 years of follow up with 800 geriatric outpatients (60 to 85 years). The main outcome measure was all-cause death and the independent variables were different levels of lipoproteins. The data were analyzed by the Cox hazard risk adjusted for sex and age > 75 y in two different groups: 1) all participants 2) exclusion of Body Mass Index ≤ 20 kg/m² or early mortality (≤ 2 years).

Results: We observed 339 deaths (42.4%). In the first analysis (all participants), we detected a positive association between all-cause mortality and low total cholesterol (< 170 mg/dl) besides a negative association with high total cholesterol (>200mg/dl), high cholesterol non-high density lipoprotein – HDL-C (> 170 mg/dl) and high levels of low density lipoprotein cholesterol – LDL-C (> 100mg/dl ; >130 mg/dl). After exclusion of underweight and early deaths, all-cause mortality positively associated with low total cholesterol (< 170 mg/dl)(HR=1.5;p=0.005) and low HDL-C (< 35 mg/dl)(HR=1.5;p=0.01); (< 40 mg/dl)(HR=1.3;p=0.04). No negative associations with mortality were found after these exclusions.

Conclusions: The results show that low total cholesterol and low HDL-C are indicators of high all-cause mortality in elderly people. The high levels of total cholesterol, LDL-C, triglycerides and cholesterol non-HDL were not associated with this outcome in this sample.

O104

Association of Systemic Inflammatory Activity with Coronary and Carotid Atherosclerosis in the Very Elderly†

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Objective: To verify the existence of association between plasma levels of pro- or anti-inflammatory mediators and atherosclerotic burden at coronary and carotid arteries in individuals aged 80 years old or more.

Methods: Healthy individuals aged between 80-102 years old (n=178) underwent evaluation of plasma
cytokines and acute phase proteins, intima-media thickness (IMT) and presence of plaques in carotid arteries by ultrasound and coronary artery calcification (CAC) by cardiac computed tomography.

**Results:** There was no association between CAC and carotid plaques (p=0.8), maximum (p=0.06) or mean IMT(p=0.2). No association was found between the presence of carotid plaques and CRP(p=0.4), TNF-α(p=0.8) or IL-10 (p=0.2). Likewise, individuals in the first three quartiles for CRP, TNF-α or IL-10 had similar values of CAC, mean and maximum IMT. In contrast, individuals above the 75th percentile for CRP or for TNF-α had enhanced maximum IMT (p=0.017 and p<0.0001) and CAC (p=0.026 and p=0.01) and subjects with IL-10 levels above the 75 percentile had lower maximum IMT (p=0.027) and CAC (p=0.006) as compared with those below this percentile. There was no difference in mean IMT for individuals above or below the 75th percentile for CRP, TNF-α or IL-10.

**Conclusion:** In very old individuals, CAC and maximum IMT were positively associated with systemic inflammatory activity only in those above the 75th percentile. The markers of atherosclerotic burden at coronary and carotid arteries were not related to each other and were distinctly associated with pro- and anti-inflammatory mediators, suggesting that atherosclerosis development is different in these vascular beds.

**O105**

**Use of electromyography (EMG) in community therapists’ classification of frailty**

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Occupational and physical therapists often observe frailty in community practice, yet recognize that it is difficult to identify. Frailty is associated with muscle impairment and decreased mobility. Portable electromyography (EMG) can assess activation of upper and lower body muscles during everyday tasks and may provide insight into determining the onset and progression of physical frailty. **Objectives:** Determine if therapists’ assessment of frailty is related to changes in muscle activation and mobility.
Background: Adults with Urinary Incontinence (UI) are commonly stereotyped as incompetent and old, which can lead to humiliation, embarrassment and social isolation. The numerous and far-reaching impacts of UI on psychological and social well-being make it a challenge to measure the relative success of a particular treatment. Aim: The aims of this review were to: a) evaluate available tools for assessing the outcomes of UI intervention; and b) to assess the extent to which the selected tools address aspects of stigmatization. Method: We sought to answer the following question: For adults who have undergone an intervention (behavioral, drugs, surgery and devices) to help manage UI, what is the evidence that existing outcome measurement tools can effectively determine whether their continence has improved? Cochrane Library, EMBASE, Medline, and PubMed databases were searched to locate research on UI intervention outcome measurement tools. Then, the best guidelines available within the stigma health literature were used to assess the questionnaires and outcome measurement tools to determine how adequately they address the topic of stigma.

Results and Discussion: Ten instruments were evaluated using eight psychometric categories. None of the measures completely and thoroughly assesses stigma. This presentation will include a brief overview of the measurement tools identified, and a discussion of opportunities for enhancing stigma related content in outcome measures of UI interventions.

O109

Best Practices in Clinical Gerontological Nursing Education

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Introduction: The purpose of this literature review was to provide information of the experiences of undergraduate nursing students as they progress through the clinical courses of their programs; and to use this knowledge in the planning of a new undergraduate program. Specifically, we sought to answer the question: how best to introduce gerontological experiences to undergraduate nursing students?

Method: A meta-analysis of research studies was completed. Studies were retrieved by the research team via computerized literature searches and cross referencing from original and review articles. The inclusion criteria were: reporting on the experiences of undergraduate students working with older adults in a health or human service discipline; published in English; indexed between January 2000 and December 2010; 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 qualitative analysis was done using a matrix. Underlying the analysis process was a series of questions: What types of experiences are students obtaining? Are the findings of the different studies similar? What are the themes emerging from the findings?

Findings: Reported here are the descriptive statistics related to the number and diversity of studies. Four themes emerged from the qualitative data: regardless of setting, not really interested, who is the teacher, and what am I being taught.
The analysis provided the researchers with enhanced understanding of the complexity of planning educational experiences for undergraduate students, specific to gerontological practice.

O110

Impact of the Longitudinal Elderly Person Shadowing Program on Students' Attitudes Toward Older Adults and Other Health Care Professionals

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Objectives: Senior mentorship is a recent educational approach designed to increase interest in working with older adults and reduce ageism in health care professionals (HCPs). This presentation discusses the impact of combining senior mentorship with interprofessional learning in the University of Saskatchewan’s Longitudinal Elderly Person Shadowing (LEPS) program.

Methods: From 2007-2010, 184 students from 1st year medicine, pharmacy, physiotherapy; 2nd year nutrition; 3rd year nursing and 4th year social work partnered with 54 older adults recruited from a seniors’ housing complex. Interprofessional groups of 3-4 students met with their assigned older adult, completed assignments, kept reflective journals, and participated in group meetings. Students (N=144) completed pre-post surveys with Polizzi's refined Aging Semantic Differential and the Interprofessional Education Perception Scale (IEP) and participated in post-program focus groups (N=23).

Results: After participating, perceptions of older men and women improved (p<.001); changes were sustained after one year (p>.05). In the focus groups, students valued the interprofessional component and reported increased knowledge of interprofessional teamwork, roles, and approaches to care of older adults. However, few changes were seen on the IEP: perceptions of other HCP's Competence and Autonomy improved (p<.01) although there were no changes in Need for Cooperation, Actual Cooperation, or Understanding Others' Value (p>.05).

Conclusions: LEPS improves attitudes towards older adults. While few changes were found on the IEP, focus group participants expressed improved perceptions and knowledge of other HCPs. Students may not yet have strong professional identities as most were in the early part of their programs.

O111

Interprofessional Knowledge Exchange for Enhanced Gerontological and Geriatric Education in Nursing, Medicine, and Social Work

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Across practice settings, most of the health care provided is for older adults. However, many health care professionals do not have adequate education for the complexities of older adult care. Care for older adults is the "core business of health care." One in seven older Canadians receives home care. Compared to younger adults, older adults are 3 times more likely to be admitted to hospital, with twice the length of stay and a higher probability of being readmitted. In May, 2010, with funding from the National Initiative for the Care of the Elderly (NICE) and CIHR, 50 Canadian nursing, social work and medical faculty members, PhD students, and senior trainees participated in a 1½ day Knowledge Exchange Institute for Geriatric Nursing, Social Work, and Medical education. The Institute: (1) offered new research evidence and knowledge about care of older adults to Canadian interprofessional educators; (2) provided tools to incorporate evidence based gerontology and geriatrics content into entry-to-practice curricula; and (3) engaged participants as knowledge transfer champions for evidence based interprofessional and profession-specific gerontology content into curricula locally, provincially, and nationally. Guided by the Knowledge-to-Action Process model, participants received practical summaries of the best research evidence and tools for teaching about care of older adults.
adults, to increase likelihood of successful integration of these resources into their teaching and curriculum. They developed strategies to increase interprofessional and professional specific content in their curricula. The Institute will be described, including examples of tools and summaries that were provided. Evaluation results will be presented.

O112

Seniors and Nursing Students: A Collaboration to Promote Community Health

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Objective: to have first-year nursing students apply the concepts of community health in clinical placements within communities of well seniors.

Method: The first clinical course for nursing students at the University of Calgary Faculty of Nursing is focused on community health. Groups of nursing students have clinical placements in communities of well seniors, such as seniors’ community centres and seniors’ housing complexes, to begin to use the Canadian Community-as-Partner model to assess the health of the seniors’ community, incorporating Canadian health indicators and socio-ecological determinants of health. Nursing students then work in collaboration with the seniors’ community to develop, implement and evaluate a collaborative plan of care, focusing on health promotion, illness prevention and risk reduction.

Results: As first-year nursing students work collaboratively with a community of seniors, ageist attitudes and expectations about the health of older adults are challenged and refuted. New learning and new ideas about healthy aging, and the value of health promotion with the senior population, takes root. Students learn about the myriad of factors and forces in seniors’ communities that promote optimal health or contribute to illness, injury and disability. Students are able to participate in primary, secondary and tertiary levels of prevention.

Conclusions: Linking student learning about community health principles to the seniors’ population has been highly successful at the University of Calgary Faculty of Nursing. Important community health concepts, such as primary health care, social justice, equity and community development, are readily applied by students working collaboratively with seniors’ communities.

O113

New Directions in Building Research Capacity for Canadian Nursing Researchers in Aging

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The purpose of this presentation is to describe a new Canadian Association of Gerontology initiative to build research capacity of Canadian nursing researchers in aging. Lead by two nursing researchers (McGilton and Duggleby) the purpose of the new initiative is to:

- To foster successful programs of nursing research in aging with significant implications for practice.
- Building research capacity of nursing researchers involved in aging research focused on improving nursing practice, education and policy.
- To hone specific research skills and gain a competitive edge for funding
- Engaged in discussion and critical analysis of a variety of research programs
- Raise awareness of the gerontological nursing research being conducted in Canada and student trainee opportunities.

A strategic planning day will be held on October 21, 2011 with other nursing researchers to discuss and identify strategies to build research capacity of Canadian Nursing Researchers in Aging. The outcomes of the day are:

- Overview of gerontological nursing research in Canada
- Involvement in the creation of a draft action plan and goals (Short and Long-Term) to guide the gerontology nurse research group
- Building research capacity of nursing researchers involved in aging research focused on improving nursing practice, education and policy.

The outcomes of the day will also be shared in this presentation.

O114
Integrating Knowledge and Practice through a Provincial Knowledge Network: The Seniors Health Research Transfer Network (SHRTN)

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This paper reports on an investigation of knowledge-to-action (KTA) processes in Ontario’s seniors’ health sector that began with an evaluation program from 2005 until 2010, and is continuing with a CIHR-funded research program scheduled to conclude in 2013. It describes the conceptual difficulties inherent in the study of knowledge translation, and explains how this research team is working to overcome these challenges.

Methods include the development of a multiple case study approach for understanding knowledge-to-action processes that uses structured and semi-structured interviews, focus groups, ethnographic observation, and document review. Analysis involves coding and theming, interaction mapping, and cross-case analysis.

Findings indicate that the Promoting Action on Research Implementation in Health Services (PARIHS) framework offers a relevant lens to view knowledge-to-action processes. Communities of practice (CoPs) in a knowledge network provide a context where best-practice evidence is accessed, adapted and used. Bringing this knowledge into use involves a social learning process visible through interactions among researchers, policy makers and knowledge users. The case study approach allows us to observe the unique features of KTA processes and to aggregate research findings into transferable lessons learned. It helps us to understand how CoPs mobilize around specific KTA phenomena, how various KTA outcomes are seen as meaningful and feasible, and how structure and agency influence the social construction of knowledge.

Knowledge moves into action through contextual and variable processes of social learning. An inquiry into these processes calls for patience and persistence from the investigators, and a determination to observe the phenomenon in situ.

Use of Photovoice Method to Understand the Role of Neighbourhood Environment and Physical Activity in Older Adults

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The “walkability” of a neighbourhood has particular relevance to maintaining the independence of an ever-growing elderly population that will prefer to age in place in their own homes and communities. Current research and policy challenges in this area include: a) better understanding of the pathways in which built environmental aspects (e.g., mixed land-use, high density) influence older adult individuals physical activity and b) the interrelationship between the built and social environments in effecting and sustaining health behaviours. This paper is based on findings from photovoice sessions conducted during a three-year study exploring the role of physical and social environments for physical activity in older adults. In the first year, a neighbourhood environmental audit tool for physical activity in seniors (SWEAT-R) was developed. In the second year, the focus was to qualitatively explore the affect of physical and social aspects of neighbourhoods on older adults’ physical activity. Eight neighbourhoods were selected across Vancouver, British Columbia and Portland, Oregon that represent variation in residential density and mixed land-use. Photovoice method engaged 64 older adults across these neighbourhoods in photographing and journaling their experiences and perceptions of their neighbourhood environments with respect to physical and social barriers and facilitators to being physically active. Emergent photovoice-based themes include: Safety and Security, Accessibility, Comfort of Movement, Destinations, Community Based Programs and Peer Support. The findings also identify neighbourhood settings that are multipurpose and that attract older adults for socialization, shopping, walking etc., and the importance of transportation options.

"I would stay because my roots are here": Aging in Rural Northern Ontario

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The purpose of this study was to examine the experiences of aging-in-place in rural northern Ontario. Using a focused ethnography approach, this research focuses on a case study of one rural community, Birchdale Grove (pseudonym) in northern Ontario with a population of approximately 2,500, where a total of 84 people were interviewed, including older adults, health service providers, and other community members. Most participants strongly stated their desire to remain in the community as they got older, despite a cited lack of community services and amenities. Some older adults had moved to this community recently in retirement, and stated their intentions to remain in the community for as long as possible. Participants discussed a lack of services, particularly services to assist with IADLs and ADLs and health care services, to assist older adults to remain independent in their own homes. Push and pull factors for leaving the community were identified. Push factors included health reasons, a lack of health care services, and the potential closure of essential amenities such as the grocery store or pharmacy. Pull factors were less frequently mentioned, but included moving to be closer to family, particularly children. While push factors generally centred around health and health care services, pull factors did not include health care services. Despite the strong desire to remain in the community into old age, many participants recognized that unless support services were available, they would have to leave the community. The importance of planning for rural communities is emphasized.

Suburban Aging in Place(lessness)

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Geographical examinations of suburban life suggest that suburbs represent 'placeless' landscapes that foster physical and social isolation. While considerable attention has been paid to the effects of such isolation on specific populations such as women, children, and particular ethnic groups, little attention has been paid to how suburban placelessness might impact the lives of seniors. The work reported here presents research results from a community-based, photo-elicited study wherein seniors identified those characteristics of suburbs in Edmonton, Alberta that either enable or constrain successful aging-in-place. These results are compared to findings from focus groups with policymakers and practitioners working with older adults. The resulting discussion identifies the potential effects of placelessness on seniors in outer-ring suburbs including increased isolation and resultant impacts on individual cognitive abilities, implications for support services from both kin and social services agencies, and equity effects as these outer-rings experience a social, economic, and age-related ‘hollowing out’. Our work concludes that the greying of the suburban fringe will present a unique set of challenges requiring a coordinated response from intersectoral and interdisciplinary perspectives to support healthy aging-in-place.

A Survey of age-friendly programs and services in municipalities of Newfoundland and Labrador

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Objectives: To determine the age-friendliness of municipalities in Newfoundland and Labrador and compare these results with similar findings in Manitoba and British Columbia.

Methods: A survey designed to address the domains of age-friendliness was sent to all municipalities in Newfoundland and Labrador. The survey included questions focusing on whether specific programs or services are available in the community and the involvement of municipal government in administering and funding them. Results are based on 46 respondents.

Results: More than half of municipalities reported that seniors have access to public washrooms in key areas (71%), safe parks and trails (66%) and that most businesses were accessible (71%). Similarly, 61% of municipalities reported having recreation programs specifically for seniors. The level of municipal government involvement in administering and funding these programs varied from fully funded to no role at all.

Only 47% of municipalities indicated having volunteer opportunities for seniors, and 47% had official recognition of volunteers.
Only 40% reported knowing where seniors resided in their community, and 36% had plans for the evacuation of seniors in the event of a disaster.

Newfoundland and Labrador, and especially smaller, rural communities, reported providing fewer age-friendly programs and services compared to Manitoba and British Columbia.

**Conclusion:** While age-friendly services and programs related to accessibility and recreational opportunities are available in most municipalities, other important factors such as supporting volunteers may require better promotion. Differences between provinces suggest that Newfoundland and Labrador may be unique in several ways, including how municipal services are funded and administered.

**O119**

The Louth Age-Friendly Community Survey: attitudes towards technology and associations with indicators of age friendliness.

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This presentation has been withdrawn at the author’s request. / Cette présentation a été retirée à la demande de l’auteur.

**O120**

Ageing in place in the city: Contrasting visible and non-visible minority communities

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An examination of medium sized cities across Ontario shows a distinct demographic difference in the ethnic composition of older populations between the rapidly growing suburban municipalities of the Greater Toronto Area and medium sized municipalities in other parts of Ontario. As part of a larger project on Canada’s older population, its changing geography, economic dependency, and community development, six medium sized cities across Ontario were chosen to capture the various differences in perspectives that decision-makers might hold based on whether the municipality in which they are located is either rapidly growing with a large visible minority older population or slow growing with a mainly non-visible minority older population. In both types of communities, decision-makers generally held positive views of the role that older populations play in the community, but concerns were raised about providing sufficient health and social services in the future and culturally sensitive services in the two communities with relatively large non-visible minority older populations. We conclude by arguing that local decision-makers might face even greater service challenges in those places where the visible minority older population is relatively small in contrast to places where older visible minority older population is relatively large because in the latter places, service providers will likely be able to achieve greater economies of scale as older populations age in place.

**O121**

Can pharmaceutical research be conducted without the influence of the pharmaceutical industry?

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Objectives: As the reach of the pharmaceutical industry is recognized, stricter conflict of interest (COI) rules for the conduct of drug research involving academic researchers have evolved. Drawing on current research on cholinesterase inhibitors for those with dementia, this paper assesses the nature of the influence, even when COI measures are adhered to. The objective is to raise awareness about COI and discuss how to insure scientific research on these drugs.

Method: This paper draws on the insider’s point of view in an action-research approach, combines participation with cyclical inquiry. The authors’ own experiences were supplemented with open-ended interviews with 15 members of the Alzheimer’s Drug Therapy Initiative (ADTI) in B.C. (2007-2013).

Results: The data reveal the far reaching influence of the pharmaceutical industry on many aspects of the research including, the very existence of the program of research, the participation of key players, such as the Provincial Ministry of Health Services, physicians, patient advocacy groups, and indirectly, but potentially, patients and their families as well.

Conclusion: Disclosure of conflict of interest itself is inadequate to deal with the potential influences of the pharmaceutical industry. Strict conflict of interest
rules, as in this case, including unfettered publication rights, no funds from industry to support the research, and no pharmaceutical involvement on the research team, nor in the design, implementation or interpretation of the research, should be seen as absolutely minimal conditions. The benefits and dangers of such pharmaceutical reach are then discussed.

O122

Visual data collection and analysis in gerontological research

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Background: There are important methodological challenges associated with gerontological research. Research involving older adults is often complicated by participants who have multiple health conditions and compromised communication abilities (due to hearing loss, vision loss and expressive challenges).

Aim: The aim of this paper was twofold: a) to outline the Photovoice methodology and its utility in gerontological research; and b) to describe our experiences using Photovoice in pilot testing for a study on the impacts of stigmas on assistive technology adoption and use by older adults with multiple chronic age-related health conditions.

Method: Photovoice is a technique used by researchers and community members to represent their community, assess participatory needs and study health promotion topics. In this case, visual data and techniques were employed in three ways. First, older adults captured meaningful photographs that were analyzed in personal interview and focus group discussions. Second, investigators took photographs to complement data analyses. Finally, photographs were used in the interpretation and dissemination phases of the study.

Results and Discussion: This paper will discuss the benefits and challenges associated with Photovoice specific to research involving older adults.

O123

Feedback Fairs: Interactive knowledge translation and exchange activities between scholars and healthcare providers

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The InfoRehab Transitions Qualitative group, a pan-Canadian team of scholars and healthcare practitioners, conducted a multi-site ethnographic field study to better understand information exchange during post operative hip fracture care transitions. Guided by the PARIHS (Promoting Action on Research Implementation in Health Services) framework, our team held 3 integrated knowledge translation and exchange (KTE) events at participating acute (n=2 in British Columbia) and rehabilitation care (n=1 in Ontario) units. We used a strength- based interactive approach including a ‘drop-in’ style format with story-driven stations (based on qualitative excerpts of data) aimed at sparking dialogue and debate. Multi-modal activities (visual and kinaesthetic) engaged various learning styles. Approximately 75 health care providers participated and provided qualitative feedback about their experiences. Using a photo-based narrative approach, we will highlight the impact of bringing the patient and family ‘voice’ back to the unit; enhanced awareness of clinicians; and the value of creating space for genuine conversations between providers about patient and family experiences of care. This was a successful, cost effective approach that accommodated the need for flexible feedback activities in fast paced hospital based settings. Using stories and the voices of those involved in hip fracture care, meaningfully engaged participants to share strategies for change. The KTE activities contributed to refinements of findings and identification of new directions for InfoRehab; including small scale intervention approaches. We conclude that engaging participants in feedback fairs contributes to the quality of research as well as generating new ideas and next steps for research partnerships.

O124

Visible Voices: Connecting Seniors through Art-making

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¹Arts Council Haliburton Highlands, Haliburton County, Canada, ²Trent-Fleming School of Nursing, Peterborough, Canada, ³U-Links Centre for Community-Based Research, Haliburton County,
What happens when older people connect through the Arts? To answer this question, this paper presents findings from a community-based participatory study of an innovative, volunteer-based expressive arts program (Visible Voices) that connects older volunteers and isolated seniors through art-making. Drawing on the concept of ‘successful aging’, the program aims to enhance the life satisfaction of older people who are engaged in volunteering as well as those who experience social isolation in older age. The study component focused on the experiences and creative processes of eight pairs of older volunteers and seniors who recently participated in the program in Haliburton County, Ontario. The completion of textual logs and artistic creations by both volunteers and participants provided rich data that, when analyzed thematically, reveals a successful program that positively influenced the health and well-being of volunteers and seniors on many levels: their life satisfaction, relationships, values, aesthetics and environments, among others. The results contribute to the emerging discourses on expressive arts as a profession that can promote life satisfaction of older people as well as on the potential for arts-informed research to inform policy on innovative ways to support aging in place in Canada and internationally. The Arts Council - Haliburton Highlands, Haliburton County Development Corporation and Human Resources and Skills Development Canada (New Horizons for Seniors Program) funded the Visible Voices program.

**O125**

**Analytical Approaches for Understanding Change in Cognition in the Context of Aging and Health**

Andrea Piccinin\(^1\), Graciela Muniz\(^2\), Catharine Sparks\(^1\), Daniel Bontempo\(^3\)

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Current interest in studying the relationship between health and cognitive function suggests the utility of reviewing some of the methods with which this relationship has been studied. A variety of approaches for understanding the association between cognition and health in aging individuals have been used. Much of the literature on cognitive change and health has relied on methods that are based at least in part on the reorganization of between-person differences (e.g., cross-lag analysis) rather than relying more fully on analysis of within-person change and joint analysis of individual differences in within-person change in cognition and health. Inconsistent findings may be a function of differences in the questions addressed: whether health and cognition are associated, whether changes in health (across two points in time) are associated with changes in cognition, and the degree of association among their respective trajectories. The case is made for focusing on the interdependency between within-person changes in health and cognition and methods that would support this are described. In addition, some of the challenges involved are considered, in particular operationalization of the health construct and causal inference in the context of observational data.

**O126**

**Voices of Advocacy: Older Women Speak Out**

Peggy Edwards

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**Presenter**

Peggy Edwards, Canadian and international health promotion consultant on aging

**Objectives:**

In 2009/10 Peggy Edwards received a Fellowship grant from the Carold Institute to study the Grandmothers to Grandmothers Campaign to answer the question “How do we engage, nurture and sustain older women advocates in civil society?” Volunteers in this campaign, which is associated with the Stephen Lewis Foundation, provide support and a voice for grandmothers in sub-Saharan Africa and the millions of AIDS orphans in their care.

The objectives were to:

1. document the barriers, benefits, and lessons learned about engaging and empowering older women as voluntary advocates
2. analyze and share the findings so as to promote the value of older women as voluntary activists, and to enable their engagement as advocates for social justice.
Methods:

A participatory research methodology was used that included focus groups (6), an analysis of a specific advocacy campaign and in-depth interviews (12) with participating grandmothers and experts in active aging across Canada.

Results:

The Grandmothers Campaign demonstrates 10 key principles for nurturing the participation of older women activists. These themes are captured in a 10-minute video called “Voices of Advocacy: Older Women Speak Out”.

Conclusions:

Twenty-five years ago, Gloria Steinham said, “Someday an army of older women may quietly take over the earth.” That army is gathering and the grandmothers are leading it. Along the way, they will influence the well-being of older women and children in Canada and Africa, the conscience of Canadians and how older women are viewed in society.

O127

Older Adults’ Motivations and Perspectives on the Health Benefits of Volunteering

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Today, older adult volunteers expect their skills to be valued, and effectively utilized in non-profit organizations. Understanding their motivations for volunteering and the benefits they anticipate can aid in ensuring an overall positive experience between volunteers, staff, administrators and service uses and enhance volunteer retention.

This paper discusses the initial qualitative findings from a retrospective mixed methods study, Baycrest Research about Volunteering among Older Adults (BRAVO). The overall purpose of BRAVO is to investigate how volunteer motivations and objective, subjective and qualitative measures of the physical, cognitive, and psychosocial demands of the volunteer placement, the number of volunteering hours, socio-demographic factors and health factors.

Ten BRAVO leadership volunteers, age 55 plus, were recruited and trained in qualitative interviewing methodology. Volunteer interviewers conducted 28 semi-structured interviews, exploring participants’ volunteer motivations and anticipated physical, cognitive and psychosocial benefits of volunteering. Participants will be interviewed again at 6 and 12 months.

In this paper, we report on older adult’s volunteer motivations and their perspectives on the physical, cognitive and psychosocial benefits they expected to gain from volunteering at Baycrest, from baseline interviews conducted prior to volunteering.

Initial results show older adult volunteers anticipated several health benefits of volunteering such as: being cognitively stimulated by learning new things and keeping their ‘brains active’; physical benefits of increased energy; and a feeling of being civically engaged in their communities.

O128

The Feasibility of Delivering a Supported Depression Self-care Intervention in Primary Care for Older Adults with Comorbid Chronic Physical Illness (Project DIRECT-sc)

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Objectives: Older adults with chronic physical illnesses are at high risk of depression. Although efforts to encourage self-care are included in most depression management guidelines, little is known about the acceptability and effectiveness of self-care interventions in this population. This study aims to evaluate the feasibility of implementing a supported self-care intervention for depression in this population.

Methods: Depressed adults aged 40+ with selected chronic physical illnesses were identified in a sample of Montreal-area family practices in a 2-step screening process using the PHQ-2 and PHQ-9.
Participants were sent a package of self-care tools, including several based on cognitive-behavioral approaches (self-care manual, mood monitoring, action plan, e-course) as well as educational/informational materials (information brochure, video, brochure for family members, information on community groups). A paraprofessional self-care coach offered telephone guidance and support to patients for up to 6 months.

**Results:** In the sample of 396 family doctors, 63 (25.7%) were recruited into the study. 40 (63%) of those recruited were able to implement the first step of the screening in their offices. A total of 69 eligible patients (mean age 60) were recruited from these practices and sent the self-care tools. Approximately 2 months after initiating the intervention, 68% of patients were continuing to participate in coaching sessions, and 62% reported that they were still using the tools.

**Conclusions:** While there are obstacles to screening for depression in family practice, a supported self-care intervention for chronically ill depressed patients, is feasible in the short-term.

**O129**

**Making Self-Management Accessible to British Columbians**

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Nearly 1/3 of Canadians experience 1+ chronic conditions and access health care an average of 5 hours annually, and because nearly all health outcomes are mediated through a person's own behaviour, self-management programs (SMP's) have emerged as a promising intervention. Self-management enables people to learn skills, gain confidence to manage and enjoy a quality of life. The average age of participants is 67 years; the most commonly reported conditions are hypertension (40.9%), arthritis (40.3%), and diabetes (29.6%), and 58.5% indicate having more than one chronic condition. Provincial planning must consider program reach and dissemination strategies to facilitate maximum participation at reasonable cost. The 2010 provincial goal was that all British Columbians would have access to SMP's within 50 kms., and this goal would be achieved by 75%.

A menu of 6 programs were delivered by peer leaders through a volunteer infrastructure. Similarity between programs enabled cross-training, and a centralized office enabled communication and administrative synergy.

At year end, 600 peer leaders delivered SMP's to 3000 persons. By examining communities with populations of 3000+, 87% of British Columbians had access to the programs.

Future directions: a) Supporting wide-scale implementation of SMP's to reach large population groups to produce a meaningful public health impact; b) service delivery systems adding SMP's to their menu of services; c) creating effective methods to identify and refer patients with low levels of health literacy; and d) incorporating SMP referral into standards of care, care protocols, and provincial policies related to chronic disease care.

**O130**

**The Self-Management Program Leader Experience**

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In most Canadian provinces self-management programs are delivered by volunteer leaders and appropriate policy and processes are necessary to enhance and sustain their involvement. In BC approximately 3000 persons have undertaken training and have led the programs. The goal of this project was to develop a scale to monitor the important components of the volunteer experience. The first task was to ascertain and prioritize the essential elements that comprise these experiences.

Leader perspectives were obtained through three workshops: the first with 55 program leaders in Nova Scotia; the second with 25 coordinating and support staff in BC; and the third with 100 current program leaders in BC. Each process involved a two-hour workshop where subjects discussed the topic and then brainstormed perspectives and prioritized the list. An "incomplete block design" method was used to make the final prioritization. There was a high correlation between the elements identified by leaders and staff in the three groups.

Four main themes emerged, namely: the feeling of self-worth in being involved in delivering an evidence-based program that gives people tools they could use to empower themselves; satisfaction
O131
Preliminary Validation of the Bem Sex Role Inventory (BSRI) in a Spanish Elderly Population†
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Objectives: 1) to evaluate the construct validity of the Spanish version of 12-item BRSI scale in a Spanish elderly population; 2) to compare physical and mental health according to sex and gender roles.

Methods: BSRI is a validated inventory to measure gender roles, however it has not been validated in Spanish elderly population. Sixty women and 60 men between ages 65-74 were randomly selected from three primary care centres in Aragon, Spain. Respondents with poor cognitive function and disability were excluded. Four trained interviewers performed the data collection. We performed factor analysis on the BSRI to identify underlying gender related components. To address the second objective, the effect of sex vs. gender on two health outcomes of self-rated health (SRH) and depression was compared.

Results: Factor analysis resulted in two factors. 7 BEM variables (e.g. being gentle, tender, warm, Cronbach α=0.85) loaded feminine roles, whereas 5 variables (e.g. being dominant, having leadership abilities and strong personality, Cronbach α=0.78) loaded masculine roles. No sex differences were found in average scores in masculine and feminine factors. Based on levels of both factors, respondents were classified into four gender groups: equally high feminine and masculine (androgynous), feminine, masculine, and equally low at both (undifferentiated) roles. Poor SRH was more frequent among the first group as compared to other groups (44%, 23%, 32%, 21% respectively). Only the difference between undifferentiated and androgy nous roles was significant (p=0.05). Likewise, undifferentiated gender role, compared to androgenic was significantly associated with higher rates of depression (p=0.03). SRH and depression rates were not significantly different across sexes (p=0.32, and p=0.10).

Conclusion: The BSRI can be used to separate gender roles in Spanish elders. Our data indicates that gender roles are better correlated to SRH and depression than sex. Seniors with androgynous gender role were healthier.

O132
Epidemiological Study of social-demographic and health condition indicators from physically independent elderly subjects - Londrina/PR - Brazil†
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Objectives: The aim of this interdisciplinary study was to identify the general health conditions and social-demographic status of the physically independent elderly subjects in Londrina/PR - Brazil.

Methods: From all the five urban regions of the city population over 60 years old, 508 physically independent individuals were randomly selected and participated of this study. Main outcome measures related to assess the different conditions of these participants were carry out, such as: Social-demographic, cognitive capacity, live quality perception, pulmonary function, co-morbidities, biochemical, immunological and inflammatory markers, dental and buccal conditions, use of medication, phonoaudiological evaluation, nutritional profile, fall risk, daily physical activity, balance and functional capacity.

Results: From some of the preliminary analysis conducted at this moment, it can be shown that the most prevalent co-morbidities found were: hypertension, diabetes and lipid disorders. Almost half of this population was above normal weight and less than 5% had ideal ingestion of calcium. Individuals presented also weak to moderate depression state and had significantly worst functional capacity and approximately 70% presented weak to severe alterations in the cognitive state. The balance deficits were also observed (70% relative to young adults and 44% relative to older participants of regular physical activity).
Conclusion: The results of the present study collaborate for understanding of the health condition of elderly subjects from this specific region in Brazil. Also, these results have implications for the public health system related to the clinical relevance of decisions regarding biological impairments in elderly subjects.

O133

Perceptions of Iranian older people about physical activity

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Objectives: Physical activity is a low cost and non-pharmacologic intervention that older adults can gain significant health benefits with a regular physical activity, especially at the recommended level of physical activity. Also, Physical inactivity is a major risk factor for developing many chronic diseases such as coronary artery disease, stroke, diabetes mellitus. However despite efforts to promote physical activity by experts and authorities, sedentary behaviour is very prevalent among older people. While recent research has explored the barriers and facilitators to physical activity among older people, less attention has been paid to the perceptions of older people regarding physical activity.

Method: This qualitative study aimed to explore the perceptions of older people living in Tehran, Iran about physical activity in 2009. The sample comprised 40 community-dwelling older people aged 60 years and over. Data were collected via face-to-face in-depth interviews and analysed with the assistance of NVivo software.

Results: The findings revealed that the concept of physical activity was not understood clearly and furthermore, participants were uncertain about what kind or level of physical activity was appropriate. While many of them considered any movement as physical activity, the others considered vigorous activities as physical activity.

Conclusion: While further research is necessary, according to the results of this study we need to teach older people about the concept of physical activity and the recommended level of physical activity to be able to increase the level of knowledge and understanding about physical activity among older people.

O134

Long Term Care Institutions for Elderly in Brazil: Changing Patterns†

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Knowledge about the long-term care institutions (LTCI) for the elderly in Brazil is limited. Recently a federal survey allowed obtaining some data. Historically the LTCI appear as intended asylum for poor people without families, so had mainly a social role, mainly connected to religious institutions. This profile is still more social in some way so that the LTCI are mostly social institutions that can offer in a percentage of cases some kinds of health services. Currently Brazil has slightly more than 3500 LTCI, most (65.5%), philanthropic and only 6.6% public, primarily municipal, being 28.8% private. Most institutions have between 10 and 30 residents who have an average cost of $ 450 per month with great variability. The total supply of these institutions exceeds a little over 100,000 beds, and the occupation by the elderly is in the range of 80%. This data allows us to glimpse that less than 0.5% of the elderly population is institutionalized, which reinforces the importance of family support measures for this population. The analysis of developments in recent years demonstrates a progression of the opening of private institutions, reflecting the changing age profile and the new social challenge for the elderly in Brazil.

O135

Factors Associated With Depression among Elderly in Karachi Pakistan: A Matched Case Control Study

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BACKGROUND: The increase in life expectancy has brought about increased numbers of certain chronic mental illnesses, namely depression. The aim of this study is to identify factors associated with depression among elderly (>60) living in Karachi, Pakistan.
METHOD: A multicentre matched case control study was conducted. A total of 234 depressed cases and 468 non depressed controls (1 case:2 controls) were selected from four tertiary care hospitals in Karachi. Cases were recruited from psychiatric OPD whereas; controls were recruited from other OPD (except psychiatric). Ascertaining of cases and controls was done through psychiatrist-DSM IV and there was substantial agreement between the psychiatrists for diagnosing depression (Kappa: 0.66). A pilot tested structured questionnaire was administered to collect information. Analysis was performed through conditional logistic regression using SPSS 11.5.

RESULTS: Risk factors for depression were, living in nuclear family system, (MOR: 4, CI: 2.1-4.9), self reported difficult situation during past one year (MOR: 9, CI: 6.0-19.7), hearing and/or visual impairment (MOR: 5, CI: 2.0-9.8), presence of > 2 NCD (MOR: 2, CI: 1.0-3.4) low socioeconomic status (MOR: 3, CI: 1.8-6.0). However, interacting with friends or relatives had a protective effect against depression (MOR adj: 0.3, 95% CI: 0.3-0.7)

CONCLUSION: Several modifiable factors were identified through this study, thus interventions should be taken to reduce them and non modifiable factors should be used to identify high risk group for primary prevention. However factors identified through this study may vary in its association with depression across different communities.

Keywords: Depression; Elderly; Factors; Pakistan

O136

The Health in the US Hispanic Elderly†

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Objectives: The study objectives are to describe the demography and chronic disease prevalence of the Hispanic elder population living in the United States (US) and to describe the impact of these changes on both Hispanic families and the US society.

Methods: Data reviewed and presented are from the 2010 US Bureau of Census and the Hispanic EPESE (Hispanic Established Population for the Epidemiological Study of the Elderly) which is a sample of 3,500 Mexican American elders aged 65 and older (sample representative of approximately 500,000 older Mexican Americans from 5 southwestern States in the US) to describe both the demographics and the common chronic diseases in this ethnic group.

Results: There are 50 million of Hispanics in the US in 2010 which 7% are aged >65 and older. This elderly population is projected to grow 20% for 2050. Hispanic elders aged >85 and older are growing from 5% in 2010 to 15% in 2050. The more prevalent diseases that affect Hispanic elders are: hypertension 41%, obesity 33%, diabetes 23%, cardiovascular diseases 15%, and cognition impairment 36%.

Conclusions: The Hispanic elderly population is projected to grow faster than other elder ethnic groups in the US over the next four decades. They are going to suffer more chronic illnesses with problems associated with metabolic syndrome being a key area of concern. Changes in the age structure of this ethnic group and chronic disease type will have an impact on both Hispanic families and the US society.

O137

The Life Course in Context: Understanding Health Inequalities Among Older Adults in Britain

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Objective: Drawing on life course and welfare state theory, this research investigates the dominant patterns of labour market and family experiences over the life course for current cohorts of older adults in Britain and examines whether health dynamics among older adults vary by gender and life course experiences.

Method: The data come from a sample of individuals born between 1927 and 1940 participating in the British Household Panel Survey (N=1552). A two-stage latent class analysis was used to model life course experiences in the labour market and the family from young adulthood to retirement age and latent growth models were used to examine the influence of life course experiences on health dynamics in later life.

Results: Theoretical considerations, along with indices of model fit, suggested that four latent life paths broadly characterized the experiences of the
older adults in this sample. Consistent with the social policy context in Britain in the post-World War II years, there were distinct gender patterns in role configurations at various points across the life course and in the life pathways that link these experiences over time. Mental health dynamics were patterned by life course histories, and socioeconomic position at age 65 mediated part of this relationship. The life course histories did not have an independent influence on trajectories of chronic health problems or self-assessed health. Conclusions: These findings highlight the importance of considering mental health among older adults in the context of the work and family experiences that characterize the working years.

O138
Associated Factors to Common Geriatric Problems in a Group of Elderly in a Rural Area of Mexico City†

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Mexico is one of the countries known to have an accelerated aging of its population. It also has different demographic characteristics; ranging from rural to urban, even in a same city. Mexico city is one of the largest cities in the world, and its demographic composition is very wide. The aim of this study was to determine the prevalence of common geriatric problems in a location called Xochimilco, were the main population is rural. It has been shown in other studies, that elderly in rural areas have an accelerated aging, showing more dysfunction in life; though we interviewed forty year adults or older to assess this hypothesis. Anthropometric variables (weight, height, abdominal circumference), comorbidities (hypertension, diabetes, dyslipidemia and arthropaties) and geriatric problems (affection, sleeping problems, falls, social issues, nutritional issues, recent hospitalization, sensorial issues and dizziness) were asked by an standardized primary care physician. A semi-structured interview was done to 1732 subjects, whose mean age was 62 years; ranging from 40 to 94 years; 69% were women. A mean of 29.8kg/m² was found in body mass index, and a mean of 75cm in abdominal circumference. Hypertension was the most frequent comorbidity and regarding geriatric problems, social issues was the most common (49.4%). We found that geriatric problems were also common in the youngest group of age; having any geriatric problem more frequently than the aged. We think this are preliminar results and need corroboration of the hypothesis that rural populations age more quickly.

O139
Geriatric Care in India - Challenges and Promises†

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With a comparatively young population, India is still poised to become home to the second largest number of older persons in the world. Projections indicate that the number of 60+ in India will increase to 100 million in 2013 and to 198 million by 2030. A majority (80%) live in rural areas, thus making service delivery a challenge, 51% will be female by 2016, an increased number over 80 years of age, and 30% live below the poverty line.

Challenges: Due to rapid growth of old age (nursing) homes without appropriate regulatory oversight, there is a resultant lack of trained health care providers and lack of economic resources resulting in uneven elder care. Also, India's vast size and cultural diversity hampers the development of a single centralized governmental response to elder care. Existing rural-urban differences limit governmental interventions. The migrations of children from the joint family system either within India or to another country often leave aging parents without sufficient social supports or financial resources.

Promises: Elder abuse hotlines' have been established, and elder human rights expanded. Community health workers are being trained in a 6-month government-sponsored geriatric care course. The Indian government has recently revised the National Policy for Older Persons. Also, India has become the first country in the developing world to have a national dementia strategy.

Future: Model successful programs like the Nightingale’s Medical Trust in Bengaluru will be presented as a successful “bottom up” approach rather than a “top down” approach to India's aging issues.
O140

Talking the Walk: A Knowledge Translation and Exchange Framework

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Our research, entitled “Walk the Talk: Transforming the Built Environment to Enhance Mobility in Seniors” evaluates the association between the built environment and mobility, social exclusion and quality of life in older adults. The project is embedded within a socio-ecological framework that speaks to the vertical integration of factors across system levels; macro/societal level (provincial and local governments and specific departments within government), community level (health authorities and seniors’ organizations e.g. United Way of Greater Vancouver) and individual level (older adults their caregivers and clinicians) and to the horizontal integration of stakeholders across sectors. As a function of the complexity and scope of place-based research these relations lend themselves to effective Knowledge Translation and Exchange (KTE). We designed a comprehensive knowledge translation and exchange strategy based upon interviews with stakeholders (N=15), two symposia (N=110) and meetings with over 40 stakeholders. These strategies build upon the Canadian Institutes of Health Research Knowledge to Action Framework. Thus, the focus of this presentation is to describe the key components of this strategy that include early and meaningful engagement, a comprehensive and flexible communication strategy and active listening. We animate our findings with actions that define each step of implementation of our KTE strategy to date. We also discuss key strengths and limitations of our Knowledge to Action Framework.

O141

House Calls – the making of an innovation

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Objectives: The development, components and evaluation of a mobile community-based service team are presented including data on team functioning and client satisfaction. The results demonstrate the feasibility of mounting a pilot project and transforming it into a viable service model.

Method: Over a two year period an interdisciplinary mobile team delivering in-home care to elderly persons was tracked and evaluated. Data include participant observations, open-ended interviews, measures of client satisfaction and quality of life; family member satisfaction and burden; team assessment.

Results: The team, consisting of a physician, nurse practitioner, physiotherapist, social worker and associated in-home services, operates out of a community service centre in an urban area and uses interactive technology for daily communication amongst team members. The project moved from pilot phase to a full-time demonstration with funding from Ontario’s Aging at Home Strategy. A Steering Committee quickly responded to rapidly changing practice and political contexts. Tending to the relationships that underpin team dynamics resulted in stability and commitment. Qualitative and quantitative measures of client and family satisfaction were high. A proactive media strategy enhanced the project’s presence in the larger community.

Conclusion: Project results are considered within a critical policy perspective which examines the interaction of context, process and outcomes. Clear articulation and successful implementation of a service model is only one aspect of successful innovations. Two other key dimensions are: (1) leadership that can quickly respond to fluid political contexts and (2) allies who will champion the innovation.

O142

Describing Acquired Brain Injuries (ABI) in the Older Population Using Administrative Data from the ABI Dataset

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Objective: Acquired brain injury is more common than breast cancer, HIV/AIDS, spinal cord injury and multiple sclerosis combined however there is a dearth of data on ABI in the older adult population.
The aim of this paper is to profile the number, characteristics and health care utilization of older adults with acquired brain injury in Ontario Canada from a population based perspective.

Methods: This is a retrospective cohort study using administrative data from publicly funded emergency room (National Ambulatory Care Reporting System), inpatient (Discharge Abstract Database) and inpatient rehabilitation (National Rehabilitation Reporting System).

Results: The highest rates of brain injury occurred in the over 85 population. In 2006, 42% of the nTBI and 37% of the TBI hospitalization were patients over the age of 65. In 2006, 39% of ABI related rehabilitation cases were patients over the age of 65. A larger proportion of the older population is discharged to rehabilitation (12.1%), and other services such as long term care/home care services (30.1%) than the ABI population as a whole (9.8% to rehab, 15.5% to other). In addition, an analysis showed that those who have ALC days in acute care were older than those who didn't.

Conclusion: Population based administrative data can be used successfully to provide estimates of burden of care for acquired brain injury. This presentation provides a compelling argument for the prevention and planning of health services with respect to ABI.

O143
Health care providers’ perspectives regarding caring for older adults while undergoing organizational restructuring within a geriatric rehabilitation program
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The purpose of this study was to examine the effects of geriatric program restructuring on staff members’ perspectives regarding patient care, workplace conditions and job satisfaction. Using a qualitative research design, we conducted focus group interviews with 18 health professionals working on geriatric rehabilitation units in a hospital in Western Canada. Participants represented a variety of health professions including: nursing, medicine, occupational therapy, physiotherapy, social work, dietetics, recreation therapy and pharmacy. Data were collected through focus groups at two time periods: one month after program restructuring and then again, one year later. To enhance trustworthiness, member checking was used. Using interpretive description, data were collected and analyzed simultaneously to ensure saturation of themes. Themes were refined as patterns emerged. Four themes emerged from the data: 1) importance and uniqueness of a specialized geriatric rehabilitation program, 2) changes in rehabilitation philosophy and goals, 3) role of administration during the restructuring, and 4) benefits of change. Generally, findings reveal a transition in participants’ experiences from being confident in their roles to struggling to adapt amidst change followed by recalibration. By comparing findings over a year, we can shed light on immediate and longer-term effects of program restructuring. The findings may contribute to policy related to staff preparation for program restructuring and help to improve our understanding of factors that enable and impede health professionals’ transition to different service delivery models.

O144
Innovations in Data, Evidence and Applications for Persons with Neurological Conditions (ideas PNC) Project†
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The ideas PNC project uses clinical and administrative health care data from eight Canadian provinces and territories to explore the prevalence of neurological conditions across the continuum of care. The project will provide clinical profiles of persons with different neurological conditions. It will also examine caregiving issues, health service use, drug utilization, costs and quality of care. This presentation focuses on providing a clinical profile of sample of about 147,000 persons with neurological conditions in home care, nursing homes, complex continuing care hospitals and mental health settings using assessment data from the mandated use of interRAI instruments in Canada. In addition, administrative health data sets linked to the interRAI Home Care instrument provide evidence regarding resource utilization home care clients with neurological conditions. The specific conditions examined here are: Multiple Sclerosis (MS), Epilepsy/seizure disorder, Parkinson’s Disease (PD), Alzheimer’s disease and related dementias (ADRD), Traumatic Brain Injury (TBI), Huntington’s Disease (HD), Spinal Cord Injury (SCI) and Amyotrophic...
Lateral Sclerosis (ALS). The results demonstrate clearly that persons with neurological conditions should not be considered to be a homogeneous group given their diverse clinical needs. However, they also show that persons with the same neurological condition have strikingly different clinical characteristics in different sectors of the health care system, reinforcing the need to use comprehensive clinical assessment to identify and respond to this population’s needs rather than relying on diagnostic information alone.

O145

International Comparisons for Policy Preparedness for Population Aging†

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Western industrialized countries have been aware of the dimensions of population aging for the past two decades or more. It was known that the policy impact of leading edge of the baby boomers will start in 2011. However, the policy preparedness with respect to pensions, health, housing and social services vary greatly among countries. The paper examines the incorporation of demographic information in key government policy documents and the pace of policy reforms that have been undertaken in four countries. The key challenges noted range from resistance to changing the intergenerational compact to delaying changes until they can no longer be postponed. The types of reform are categorised according to their breadth, regulatory changes, legislative changes, and system reform and examples are given. Policy drivers and considerations are listed for the countries, ranging from cost to social welfare. Furthermore, the pace of change varied with the policy field with housing and social services lagging behind pensions and health. These policy reforms are compared with indicators of wellbeing for seniors in the countries compared.

O146

Social exclusion in aging immigrants: Perspectives of aging Chinese immigrants in Canada

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The use of social exclusion in addressing poverty and other disadvantages among vulnerable groups has been widely discussed, but mainly in the Western cultural context. Thus, the understanding of the cultural relevance of social exclusion in the Chinese context is limited, particularly in multicultural societies such as Canada. This presentation discusses the socio-cultural relevance of social exclusion in understanding aging Chinese immigrants in Canada. Constructivist grounded theory was the research design adopted for this study. Purposive sampling was used to identify aging Chinese immigrants aged 65 and older who were born outside of Canada. Qualitative interviews were completed with older Chinese immigrants in Vancouver (n=12) and Calgary (n=12). Half of the participants speak Cantonese while the rest are Mandarin-speaking. Although finance plays an important role in the conceptualization of social exclusion in these aging immigrants, exclusion related to family and social relationships surfaces as a prominent theme. Another emerging dimension of social exclusion for these older Chinese is the institutionalization of age-related discrimination and isolation. Immigrant status and language as exclusionary factors have also emerged. While policies and interventions for dealing with social exclusion in Western culture often attempt to address the redistribution of tangible resources, dealing with social exclusion experienced by aging immigrants may require a different approach, one from a more holistic perspective that addresses social relationships and structural influences as priorities.

O147

Exploring Intergenerational Care Relationships Between Chinese-Canadian Caregivers and Their Elderly Relatives

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Current understanding of family caregiving within the context of culture and ethnicity is limited. In particular, existing research focused on intergenerational care relationships between Chinese-Canadians and their elderly relatives is underrepresented. It is important to explore relational care issues within the context of Chinese culture. The Chinese population accounts for the largest population of elderly visible minorities in Canada and it is expected that many individuals who will access elderly care assistance in the future will
be of Chinese descent. Therefore, the purpose of this focused ethnographic study was to explore: (1) How the values and beliefs among Chinese-Canadian caregivers constitute the intergenerational care relationship between them and their elderly relative(s) (2) How Chinese-Canadians negotiate between culturally traditional Chinese and Westernized beliefs when enacting relational care (3) How the negotiation between culturally traditional Chinese and Westernized beliefs enter into their health experiences as family caregivers. Fifteen caregivers were purposively recruited through community facilities that provided social services specifically for Chinese-Canadian seniors and/or to their families in the Greater Toronto Area. Data were collected through audio-taped, semi-structured interviews and fieldnotes. Preliminary findings revealed themes of recompensing care, conflicting values and enacting reciprocity that were associated with the care relationship between Chinese-Canadians and the elderly relative(s). This study will contribute in generating new knowledge regarding the caregiving experiences and perceptions among Chinese-Canadians and potentially provide greater insight into policies and programs that assist in promoting the health of Chinese-Canadian caregivers.

O148

Understanding family caregiving in South Asian context: A case study on family caregivers in South Asian communities

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This study examined the socio-cultural variables that portray the characteristics of the South Asian family caregivers in Calgary. Data were collected through a two part telephone survey. The sample consists of 770 randomly selected adult South Asians who completed a general screening survey on family caregiving. Among this group, 265 identified themselves as a family caregiver of an older adult of 65 years and older. Among them, 166 completed the second part survey on details about their caregiving roles, responsibilities and experience. The variables examined include the demographics, caregiving activities, attitudes towards family caregiving, relations and caregiving plan, and service use and needs. The findings indicated that a typical South Asian family caregiver tend to be married, between 35 and 54 years of age, and an immigrant. The caregivers were identified as males, mostly sons, followed by daughters- and/or sisters-in-law. When compared with non-family caregivers, family caregivers reported more stress in life. Many reported having dipped into saving and having to make changes and adjustments to their employment due to caregiving responsibility. While almost half of the caregivers reported enjoying being with their care receivers while close to 15% reported experiencing a moderate to severe caregiving burden. To conclude, the findings point to the diversity within the South Asian family caregivers. Support and services for this population have to be responsive to their unique caregiving needs.

O149

Reliability and validity of a caregiving burden scale when used with South Asian family caregivers

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Family caregiving can be a stressful and burdensome task and process. In order to provide adequate and appropriate support to the family caregivers, a reliable and valid assessment tool is needed. The increase of culturally diverse aging populations begs the question of whether the application of assessment tools to culturally diverse groups is reliable and valid. This study assessed the reliability and validity of the Zarit Burden Interview based upon a random sample of 166 family caregivers from the South Asian community in Calgary. Data were obtained through a telephone interview in which the ZBI and caregiving related questions were administered in various South Asian native languages of the participants. The internal consistency level of the ZBI was high with Cronbach’s alphas being .95 for all caregivers, .93 for the male caregivers, and .96 for the female caregivers. The results of exploratory factor analysis using principle component analysis yielded a three-factor structure for all caregivers as well as for the female caregivers. The three factors accounted for 67.2% and 70.8% of the total variance for all the caregivers and the female caregivers respectively. 72.8% of the total variance. As for the male caregivers, five factors were identified and they explained 71.7% of the total variance. The findings indicate the relevance of the ZBI items when assessing the level of caregiving burden on South Asian family caregivers. Further research using a larger sample to examine the intra-group
cultural variation within this South Asian caregiver population would be useful.

O150

Ethnocultural minority older adults: A Canadian diversity story

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Objectives: This paper uses an intersectionality theoretical lens to explore assumptions regarding health and health determinants among ethnocultural minority older adults in Canada.

Method: In a scoping review, approximately 3000 source documents from 1980 to 2010 with a focus on ethnocultural minority older adults were reviewed. 816 met the eligibility criteria (183 Canadian). Summarized findings were presented to Chinese (Toronto) and mixed (Vancouver) ethnocultural minority older adults and support workers for their critical review and discussion.

Results: Canada's older adult population has migrated from many different countries. They differ in the length of time they have been in the country of settlement and in determinants of health such as socioeconomic status and gender. Canada's two largest immigrant groups (since 1991)-the Chinese and South Asians-had the highest representation in the Canadian literature. The following topics were underexplored in the literature: evaluations of specific health interventions; the impact of sponsorship status on health and health care access; the three leading causes of health and hospitalization for older Canadians in relation to Chinese or South Asian populations; and diversity within ethnocultural groups.

Conclusion: The Canadian literature on the health and health care of ethnocultural minority older adults has grown exponentially in the last decade, but many gaps remain, both in the coverage of specific groups and subgroups among them and in the domains of health that are explored. Methodologically, the field would benefit from more critical intersectional analyses.

O151

Cultural Assessment of Older Families: Using An Ecomap as a Data Collection Instrument

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Although the ecomap (a diagram representing the types of demands/stressors that a family is experiencing at a particular point in time, and, on the other hand, the supports/services that they perceive as available to use to address those demands) has been in existence for over three decades, it has been infrequently used as a data collection tool for compiling comprehensive cultural assessments of older families that can be done in a time-effective manner.

The purpose of our presentation, which is based on how we have used this tool in past studies of cultural characteristics of older families, and in our teaching of both undergraduate and graduate students in nursing, is to discuss our findings in regard to:

(a) its connections to an ecological and family centered approach

(b) the typology used for the concept of social support

(c) the determinants of health and developmental tasks that were found to be most significant for older families from culturally diverse groups

(d) advantages of this approach in terms of time and family engagement, and

(e) the implications of these findings for both students in the health professions and for policy planners

O152

Étude de l'impact de PRAGIC : Une formation continue interprofessionnelle offerte en ligne sur les meilleures pratiques en matière de prévention des chutes et de soins offerts aux aînés à la suite d'une chute

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Introduction : Compte tenu de la complexité du phénomène des chutes chez les aînés, les pratiques de collaboration interprofessionnelle s'imposent puisqu'aucun professionnel ne possède à lui seul les ressources suffisantes pour offrir les meilleures interventions possibles dans un continuum de soins. C'est dans cette perspective que la formation en ligne PRAGIC (Pratique gériatricie interprofessionnelle sur les chutes) fut élaborée. Cette formation s'appuie sur les meilleures pratiques en matière de prévention des chutes et de soins offerts aux aînés à la suite d'une chute. Objectif : S'inscrivant dans un projet de recherche-action mené en partenariat avec le CSSS de Laval, une étude qualitative de l'impact de la formation PRAGIC sur les pratiques professionnelles a été effectuée. Méthodes : Quatre groupes de discussion focalisée (n = 40) et des entrevues individuelles (n=8) ont été réalisés auprès des participants provenant de différentes professions. Résultats : L'analyse des données recueillies révèle que la formation PRAGIC a eu des impacts sur le plan des connaissances, des attitudes/perceptions et des intentions de changement des participants. Elle a également favorisé la mise en œuvre de changements de pratique clinique individuelle et interprofessionnelle.
Conclusion : La formation PRAGIC s'avère prometteuse pour faciliter l'accès au développement des compétences professionnelles en vue d'assurer des pratiques optimales chez les professionnels offrant des soins à la population âgée. La prochaine étape de la recherche-action Consistera à étudier les barrières et les facilitateurs à l'implantation plus large de la formation PRAGIC et à la mise en place de changements organisationnels suite à la formation.

O153
Advanced Practice Facilitation for Responsive Behavior Management in Geriatric Care: Lessons Learned over Seven Years of Gentle Persuasive Approaches Coaching
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Older adults admitted to facility-based care often have dementia and display ‘responsive’ behaviors. To improve current practice in behavioral management a team of clinicians and researchers developed ‘Gentle Persuasive Approaches’ (GPA), an educational program about strategies to manage challenging behaviors in cognitively impaired individuals. GPA has been shown to reduce responsive behaviors and enhance staff confidence to manage behavioral episodes. The educational model involves facilitators known as GPA Coaches who deliver GPA workshops to point-of-care staff. GPA builds on Bandura’s (1997) theory of self-efficacy (SE), whereby care providers with high SE set and self-regulate appropriate practice goals and cope with practice challenges. High SE among practice facilitators is thought to enhance knowledge transfer. This mixed methods study analyzed the SE profiles of 812 participants who completed the GPA Coach course since 2005. GPA Coaches completed the Self-Perceived Behavioral Management Self-Efficacy Profile - Coach Version (SBMSE-C), a measure of perceived level of confidence to facilitate the application of clinical and interpersonal strategies necessary to manage responsive behaviors. The tool is a 10-item Likert-type scale administered immediately before and after participating in 2 days of facilitation training. Participants reported higher confidence to facilitate staff in the management of episodes of responsive behavior after completing the Coach training program (p < 0.001). Qualitative data collected from open-ended questionnaires revealed that GPA coaches believed that the behavioral management skills learned in the GPA program would assist them to strengthen key best practices for the effective and person-centered management of responsive behavior for point-of-care staff.

O154
Canadian Best Practice Portal: The place to find physical activity interventions for older adults.
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This presentation has been withdrawn at the author's request. / Cette présentation a été retirée à la demande de l'auteur.

O155

The Gerontological Nurse Clinician Program: Innovation in Nursing Education

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The need for fresh approaches to the lingering question of how to stimulate students to enter gerontological nursing practice is a priority for nurse educators.

The Faculty of Nursing, University of Calgary, and the Brenda Strafford Centre for Excellence in Gerontological Nursing's Gerontological Nurse Clinician Program has been in operation for about a year. Students, with an interest in the care of older adults, are provided with unique activities within the undergraduate nursing program under the direction of a faculty mentor. Students are expected to:

- Participate in clinical experiences that incorporate older adults. A monthly journal summarizing this experience is required.
- Complete of a project under the direction of a faculty mentor and/or expert clinician on a topic of interest to gerontologic nursing practice that results in a tangible product. The student is encouraged to develop and present a poster related to the project at the annual Alberta Gerontological Nursing Conference or at a similar event.
- Participate in Gerontological Nursing Grand Rounds at least once per semester.

Described in this paper is the process of developing and initiating this program. Singling out potential gerontological nurses, bringing them together with recognized leaders and educators in the field of gerontologic nursing, building on their already declared interest in this field, and placing them in a mentored role to enhance their commitment, knowledge, and skills can nurture the next generation of gerontological nurses that is so vital to address population aging in Canada.

P1

Cannabinoid Receptor 2 Gene Polymorphism Was Associated with Bone Mineral density and T-score in Chinese Postmenopausal Women†

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Objective: To investigate the association of rs2229579 polymorphism of cannabinoid receptor 2 gene (CNR2) with bone mineral density (BMD) in Chinese postmenopausal women. Methods: 490 Chinese Han postmenopausal women were randomly enrolled and their BMD were measured by dual-energy X-ray absorptiometry (DEXA) at total body, lumbar spine (L2-L4), femoral neck and trochanter. Genotypes for the CNR2 rs2229579 were determined by polymerase-chain-reaction with the confronting-two-primer. Results: The genotypes distribution of CNR2 rs2229579 was met with Hardy-Weinberg equilibrium (P>0.05). The allelic frequencies were 82.8% for C and 17.2% for T in CNR2 rs2229579 polymorphisms. The prevalence of each genotype was 67.8 % CC, 30.0% CT, and 2.2% TT. BMD for both of femoral neck and total body in women with TT genotype was significantly higher than those with CC, CT and combined group of CC and CT genotypes, respectively(all the P values <0.05). T-score at femoral neck in women with TT genotype was higher than those with combined group of CC and CT genotypes (P<0.05). T-score at total body in women with TT genotype was lower than those with combined group of CT and TT genotypes (P<0.05). There were no genotypes or alleles distribution differences in CC, CT and TT genotypes between osteoporosis and control group (χ²= 0.750, P>0.05; χ²= 1.804, P>0.05). Conclusion: Our results suggest that there is significant association between CNR2 rs2229579 genotype polymorphisms and BMD, as well as T-score in Chinese Han postmenopausal women, and that CNR2 rs2229579 may play a role in osteoporosis pathogenesis.

P2

Intervention levels for abdominal obesity in older people: prevalence and associated factors†

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A population-based cross-sectional study was conducted in Londrina, southern Brazil, to describe
the elderly population distribution of abdominal adiposity according to “action level points” and to identify risk factors. The study included a sample of 165 patients aged 60 and older from a geriatric university ambulator. Abdominal obesity was classified as action level I for waist circumference (WCLI) 80-88cm in women and 94-102cm in men; and as action level II (WCLII) for > 88cm in women and > 102cm in men. Abdominal obesity was present in 87.4% of women and 72.2% of men. Some 16.3% and 27.6% of men and women were classified as WCLI, respectively; 71.1% of women and 44.6% of men were classified as WCLII. The age and being married or in a stable relationship were strongly associated with WCLII. Schooling was a risk factor in men only, and family income in women. In women, income was inversely associated with abdominal obesity. Use of a simple measurement such as waist circumference, which allows identification of levels of intervention, should be incorporated into health promotion measures, especially to help community health workers monitor the population elderly needs.

P3
Effects of dual task on gait parameters in older adults
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Background
Falls are the leading cause of injury related deaths and nonfatal traumas resulting in hospitalization for older adults. Changes in gait performance due to impairments or deviations are a common cause for loss of balance and falls. The purpose of this study was to examine the effects of dual tasking and directional changes on gait performance in community dwelling older adults.

Methods/Design
53 Subjects performed nine walks across the GAITRite electronic walkway. The walk trials included either a motor task (carrying a tray with cup and plate) or a cognitive task (counting backwards by 3’s) or no task. A 2 x 2 x 3 factor analysis was done to determine the differences in gait variables across the type of task and walking pattern (straight line or slalom) across subject groups (faller or non-faller).

Results/Discussion
The type of task, especially the cognitive task influenced cadence and velocity (p<0.05) in both the groups. The gait variables assessed showed significant differences (p<0.05) between straight line and slalom walking in both the groups. The results of our study demonstrates that dual tasking and directional changes with slalom walking pattern influence older adults irrespective of the history of falls.

Conclusions
This study demonstrates that dual tasking along with directional changes influences walking performance in older adults. The results highlight that dual tasking is an important influence on gait performance and needs to be incorporated in physical therapy to improve gait performance in older adults.

P4
Challenges of using home health monitoring devices with frail older adults
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The transition from hospital to home for frail older adults can be a challenge. Technology has the potential to ease this transition. A software program allowing for a telephone based application (voice response system) that interfaced with a remote computer was developed. Patients discharged from a 21 bed Geriatric Restorative Care Unit (RCU) were invited to participate. Participants were required to phone in daily to answer specifically designed questions that served as indicators for successful transition to home. The answers to the questions were monitored daily through a computer by a research nurse. The nurse would contact the patient if there were concerns identified by the responses to the questions. Participants also had the option of allowing family members to access their responses via a personal secured site. The study was designed to follow participants over a 6 month period and also
Results: From November 2007 until October 2008 there were 129 discharges from the RCU with 83 going home. Only 5 patients agreed to participate and no participants completed the study beyond one month follow up. Participants found the intervention demanding and reported frustration with frequent malfunctions with the software system.

Conclusion: Although technology offers the potential to facilitate transitions from hospital to home, there are significant barriers. Very few patients were interested in this form of technology and even those who were interested initially declined ongoing participation.

P5
Association Between Frailty and Late-Onset Diabetes Mellitus†
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Objectives: To establish the association between late onset Diabetes Mellitus (DM) and frailty.

Methods: Cross sectional study whose participants are adults 70 years and older living in Mexico City included in the Mexican Study of Nutritional and Psychosocial Markers of Frailty (the Coyoacán cohort). Frailty was defined as proposed by Fried et al (non-frail, pre-frail, and frail) and Diabetes mellitus was considered positive when self-reported. Early-onset DM was defined as the one diagnosed before 65 years of age while a later diagnosis of DM translated late-onset DM. Multivariate logistic regression analyses were carried out to test the independent association between late onset DM and frailty.

Results: Participants mean age was 77.8 SD=6.2 years, 55.3% (523) were female, and 58.5% qualified as frail when treating this variable as dichotomic. DM occurred in 196 participants (20.7%), more than half of them classified as late-onset. When late-onset DM group was analyzed independently in relationship to frailty, an odd ratio (OR) of 1.73 (1.11-2.69) with p=0.15 was obtained.

Such an association wasn’t found in the case of early-onset DM. Logistic regression analyses adjusting for multiple confounding variables strengthen the previously identified association OR 2.02 (1.24-3.26) with p=.004 for late-onset DM.

Conclusion: DM is associated with frailty but only among those diagnosed after 65 years of age. Late-onset DM could represent another biomarker for frailty where sarcopenia and/or inflammation could work as mediators.

P6
The facilitator to participation in physical activity among older people: Is there any cultural difference?
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Objective: Participation in physical activity is one of the most important determinants of healthy ageing among older people. However, most older people have a sedentary lifestyle, although physical inactivity can have several disadvantages for them such as increased risk of hypertension, diabetes mellitus etc. Some qualitative studies investigated the facilitators to participation in physical activity among older people, however, no study conducted in Iran.

Methods: A qualitative study conducted among 40 community-dwelling Iranian older people aged 60 years and over (living in Tehran) from a variety of socio-economic characteristics. Data collection was conducted through face-to-face, semi-structured in-depth interviews. The interviews continued until a level of information saturation was reached. Data was analyzed using NVIVO 8 Software.

Results: Generally, different personal, social and environmental factors may stop or motivate older people from engaging in regular physical activity. Important lessons from this research include the need to design individually-focused physical activity programs based on the preferences of older people, to involve them in this designing and to offer further choices especially considering cultural issues.

Conclusion: Considering the special needs of subgroups is also important, paying particular attention to the cultural / religious issues.
Prevalence Estimates for Arthritis from Self-reported Data: a Validation Study using the Australian Longitudinal Study on Women's Health Survey Data and Administrative Data

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OBJECTIVE: To compare prevalence estimates for Arthritis from self-reported survey data and administrative data sources, for New South Wales (NSW) participants in the older cohorts of the Australian Longitudinal Study on Women's Health (ALSWH).

METHODS: Data for women from NSW in the mid-aged (born 1946-51) and older (born 1921-26) ALSWH cohorts were included in analyses. Agreement between ALSWH survey data and administrative data records, including the Pharmaceutical Benefits Scheme, the Medical Benefits Schedule, and the NSW Admitted Patient Data Collection (APDC) was appraised. Agreement (kappa statistics), sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) were calculated. Logistic regression models were used to examine sociodemographic predictors of agreement between survey and administrative data.

RESULTS: 41.0% of the mid-aged cohort reported arthritis at Surveys 3, 4, and/or 5. 64.7% of the older cohort reported arthritis at Survey 2, 3, and/or 4; and/or osteoarthritis at Survey 5. Agreement between survey and administrative data was high. PPV was 0.6 or higher and NPV was greater than 0.9. Logistic regression analyses revealed that agreement between survey and administrative data is influenced by region of residence and private health insurance.

CONCLUSION: This study adds to the body of literature on the validity of self-reported survey data. Results suggest survey data can validly identify the impact of a chronic disease such as arthritis. The study also found that sociodemographic characteristics can influence agreement between survey and administrative data. Our findings will benefit researchers who conduct epidemiologic studies of chronic diseases in the ageing population.

Implementing the Chronic care model for patients with multiple chronic diseases: issues and priorities

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Context

The province of Québec has a history of integration of health and social services. However, improvements are needed in caring for patients with multiple chronic diseases (MCD) who have complex and fluctuating needs.

Objectives:

Identify the issues in implementing the chronic care model (CCM)

Develop a consensus on change priority.

Method

A two-step qualitative study conducted in a university hospital and its partners (community and long-term care centers) in Montreal:

-20 semi-structured interviews with key clinicians and managers

- A two-round Delphi - 111 clinicians and managers:
(1) rating of the importance of 54 clinical, operational and strategic issues (participation=57%); (2) identification of priorities (51%)

Results
Key challenges in implementing the 6 elements of the CCM:

1) Organization of services: lack of coordination of the various specialists; suboptimal patients’ trajectories; budgets for hospitals and other health services managed separately.

2) Self-management: Impairments hinder patients’ participation in the care process; self-management programs are developed for single disease, not for MCD.

3) Clinical decision support: Screening/assessment tools are underused; complexity of patients’ needs and risk of adverse outcomes complicate treatment decisions; lack of decision-support tools for MCD.

4) Information systems: Lack of shared systems, leading to communication issues

5) Community: Communities resources poorly involved (e.g. home care services)

6) Health system: disease management programs are designed for single chronic disease, not for MCD.

Discussion

A strategic implementation of clinical, technological and organizational changes is required to provide patient-centered care: developing shared information systems, improving collaboration between hospitals and community-based health services.

P10

"The Silent Partner: The Patient Perspective on the Management of Chronic Diseases"

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The majority of community-dwelling Canadians over age 55 have at least one chronic condition. Chronic disease self-management support (SMS) programs are spreading across the nation, reaching many communities and individuals, especially older people and caregivers. This study explored the patient's experience in a six week SMS group workshop. Twenty individuals who had participated in the workshop one year earlier participated in focus groups to discuss the impact the workshops had on their self-management behaviours, and experience managing their health in their communities after participation. Participants were both rural and urban dwellers and represented both genders. The focus groups' findings indicated that participants highly valued the interaction and problem solving with peers, and the creation of connections with others experiencing...
similar emotions and challenges. Common barriers to self-management were experienced within the health system, such as insufficient time with their provider, and poor integration between the health care system and community resources. This qualitative study provided a rare glimpse into the lived experience of patients who participate in SMS programs and subsequently provides the research community with valuable insight into what aspects of group-based SMS may be most effective and why.

P11


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Chronic disease self-management support (SMS) programs are spreading across the nation, reaching many communities and individuals, especially older people and caregivers. Through a wide range of interventions SMS programs aim to change peoples' behaviour by increasing their motivation, self-efficacy, skills, and knowledge concerning their health and ways to manage it. However, the evidence of effectiveness for these programs across different populations is often lacking. Program implementers, researchers, and policy makers lack a standardized means of evaluating the effect of these programs on the lives of Canada's aging population and those living with chronic conditions. This study sought to develop a comprehensive evaluation framework to assess chronic disease self-management programs offered across the country. A literature review, environmental scan of programs, and key informant interviews sought to catalogue the range of outcomes currently measured in Canadian programs, the outcomes deemed important or expected for these programs, and the approaches used to evaluate such programs. A draft evaluation framework was reviewed at a consensus meeting of experts in SMS program policy, implementation, and evaluation from across the country. The result is an evaluation framework that creates a common set of outcomes, performance measures, and suggested instruments for SMS programs across Canada. This framework may facilitate collaboration in evaluating the effect of SMS programs and generating much needed quality evidence on how to best promote chronic disease self-management across different populations in Canada for specific outcomes.

P12

The Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention: An Online Tool to Find Evidence-Based Mental Health Promotion and Mental Illness Prevention Interventions for Seniors.

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Objective:

The Public Health Agency of Canada undertook work to expand the Canadian Best Practices Portal by including up to twenty evidence-based best practices related to the promotion of positive mental health and prevention of mental illness among seniors.

The Canadian Best Practices Portal provides a searchable database to meet the growing demand for well-documented information on effective interventions related to chronic disease prevention and health promotion, including those which promote the mental health of seniors. Interventions on the Portal have been evaluated, shown to be successful, and have the potential to be adapted and replicated by other health practitioners working in similar fields.

Method:

A review of literature documenting primary or secondary interventions related to seniors' mental health was undertaken. To be considered for inclusion on the Portal, interventions had to be: aimed at promoting health/wellbeing; population and/or community focused; and, shown to be effective. Identified interventions were reviewed by subject experts to ensure the quality of evaluation or study design, the scope of the potential impact of the intervention, as well as additional inclusion criteria. Selected interventions were annotated and entered into the Best Practices Portal along with selected resources related to the intervention.

Results:

The outcome of this review resulted in seven interventions that met the Portal criteria and which demonstrated positive improvements to the mental health of seniors.
Conclusion:

Community based interventions that specifically target key risk factors and which enhance protective factors among older adults have shown notable success in promoting mental health.

P13

Physical Activity for the Prevention, Delayed Onset, and Management of Pre- & Type-2 Diabetes.

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Several clinical research studies have evaluated the effects of physical activity on diabetes prevention and management. However, the majority of individuals diagnosed with diabetes remain physically inactive. A needs assessment was conducted by the Canadian Centre for Activity and Aging (CCAA) with diabetes education centres across Canada. Results showed that safe and appropriate community exercise programs are necessary for this population and, as a result, the Get Fit for Active Living - Diabetes (GFAL-D) project began in January 2010. The program is designed for adults aged 55+ with or at risk of developing pre-diabetes and type-2 diabetes. To date, the 8-week exercise and education program has been disseminated in six provinces (Ontario, Manitoba, Alberta, Saskatchewan, Quebec and Nova Scotia) to approximately 150 participants. Upon project completion in December 2011, the program will have been delivered in all provinces to approximately 250 participants. Among other project activities, the CCAA has hosted a series of knowledge mobilization and virtual community of practice webinars on topics related to physical activity and diabetes. These webinars are offered at no cost to the public and aim to facilitate continued learning among health professionals in various fields.

P14

The impacts of stigmas on assistive technology adoption and use by older adults with multiple chronic age-related health conditions: A scoping review

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Background: For adults who have chronic age-related health conditions (CAHC), assistive technology devices (ATD) present a double-edged sword: they are advantageous to functioning, but they may also alert other people in social settings about stigmatizing traits. Aim: The aim of this study was to perform a scoping review of literature on ATD adoption and use by older adults with multiple CAHCs, focusing on the potential impacts of self-stigmas and multiple stigmas. We sought to identify and synthesize research literature that examined older adults with multiple CAHCs, in order to better understand: a) the social and self-stigma associated with possessing multiple CAHCs; and b) how stigmas impact upon the uptake and use of ATDs. Method: The search was performed in the AGELINE, Psychinfo, CINAHL, Medline, PubMed and Cochrane Library databases. Results and Discussion: More than half of community-dwelling older adults have two or more CAHCs, including mobility impairment, hearing and vision loss, and incontinence. Elders with CAHCs are often perceived to be cognitively diminished, less able and socially incompetent. In the research literature, there is a limited understanding of the psychosocial challenges associated with multiple CAHCs, as well as a dearth of studies seeking to understand the potential additive and interactive effects of multiple stigmas. This paper will present findings from the review and outline important future lines of inquiry.

P15

Improving End-of-Life Care in First Nations Communities: Generating a Theory of Change to Guide Program and Policy Development

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This poster describes a research project, funded by the Canadian Institutes of Health Research (2010-2015) and conducted by a research team based out of Lakehead University, Thunder Bay, Ontario. The overall goal of this research is to improve end-of-life care in First Nations communities through...
developing palliative care programs and creating a culturally appropriate theory of change to guide palliative care program and policy development nationally.

This research is a comparative case study involving four First Nations communities from Ontario and Manitoba as partner sites. The research adopts community capacity development as its theoretical perspective and a participatory action research approach. Quantitative and qualitative data were collected through surveys, interviews, focus groups, and workshops.

The results of this project to date include a baseline community assessment specific to developing palliative care in each site and the documentation of Indigenous understandings of palliative care within and across the four study sites. Ongoing assessments will be conducted throughout the five years to measure the effectiveness of clinical, educational or administrative interventions undertaken by community members to create capacity for palliative care.

The knowledge created by this research will include a tool kit of interventions for implementing palliative care in First Nations communities and a culturally appropriate theory of change to guide palliative care program and policy development nationally. Such theories of change are currently lacking, limiting the ability to evaluate the processes and outcomes of capacity development and create health services and policies consistent with a capacity development approach.

P16
Assessing Antecedent Conditions for Developing Palliative Care in Long-Term Care: Tools and Key Findings

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Purpose
In Canada, approximately 39% of in long-term care (LTC) residents die each year. However, most LTC homes lack formalized palliative care (PC) programs that address the holistic aspects of care for residents and their family members.

There are several structural, cultural and societal issues that challenge providing PC in LTC. A four phase community capacity building model-having antecedent conditions, experiencing a catalyst, creating the team and growing the program- is being used as a theory of change to modify the culture of LTC homes and develop PC programs.

Methods
Participatory action research methodologies were used to complete a comprehensive environmental scan of the antecedent conditions of 4 LTC homes in Ontario, Canada.

Results
The results illuminated existing antecedent conditions in each home. Improving the comfort and quality of care for residents at the end-of-life was a shared vision for change amongst all staff groups, however staff across all discipline did not feel empowered to influence organizational change. Teamwork and communication were great challenges due to low staffing levels, scopes of practice and the professional hierarchy of staff.

Conclusion
The success and sustainability of the PC programs will be influenced by the capacity of each organization in relation to the antecedent conditions. According to the model, strengthening these antecedent conditions is important as a foundation for developing a PC team. The LTC home can use the results to develop educational, clinical and policy related interventions. Funding has been provided by the Social Sciences and Humanities Research Council of Canada.

P17
Education About End-of-Life Issues: an Unmet Need.

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The present exploratory study (n=226, age 18 to 85+, community dwelling adults) investigated perceived knowledge and sources of information about end-of-life (EOL) issues. The results demonstrated that the majority of participants do not have trustworthy sources of information about EOL: the most cited sources were friends (61.3%), relatives (54.8%), and the Internet (37.7%). At the
P18

Palliative Care Competencies for Personal Support Workers working in Long Term Care.

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This poster presents the results of phase one of the project: Palliative Care Competencies for Personal Support Workers (healthcare aides) Working in Long Term Care. The competencies project is part of a larger ongoing SSHRC-funded project whose goal is to improve the quality of life of people dying in long-term care homes. One of the themes to emerge from an early environmental scan was that the PSWs wanted to develop a set of core practice competencies to define and articulate their role on the palliative care team, and thus the competency project began. In Phase one of the project we interviewed ten PSWs who had been identified by their peers as exemplars of excellent practice, and asked them about their role with the seniors they cared for who were nearing the end of life in their long-term care home. The interviews were audio-recorded, transcribed, and analyzed for themes, using standard qualitative methods. Themes related to the knowledge, skills, personal attributes, and values they thought were necessary for excellent practice, were identified from the transcripts. The participants were then invited to a focus group where the themes were presented for discussion and verification. The poster describes the evolution of the project, the findings from the preliminary phase, and the planning for the next phase of the research.

P19

Managing Palliative Care in Long Term Care

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Aims: The purpose of this study was to explore how palliative care is currently managed in long term care (LTC) homes.

Methods: A qualitative descriptive design was used to collect data in four LTC homes in Ontario, Canada. Data was collected using 12 focus groups (6 with nurses, 6 with personal support workers) and 72 individual interviews (10 with residents, 62 with family members). Data were analysed using thematic content analysis.

Findings: The major themes that emerged from the data were all focused on the importance of ‘Talking About Palliative Care’. Staff, family members and residents spoke of their desire to manage symptoms for residents as residents’ health status declined. To do this effectively, relationships needed to be developed among all of them. These relationships became increasingly important as residents approached their death and all participant groups highlighted the need to spend more time with residents and their families during this time. Learning about palliative care and working as a team were critical to promoting quality care for residents and their family members. However, participants acknowledged the challenges in the current system that necessitated optimizing limited time and resources in LTC.

Conclusions: These study findings highlight the limited conversations about palliative care that occur in LTC homes. Future interventions aimed at encouraging more conversations about palliative care among staff, residents and their family members are needed so that the quality of life for residents and their family members in LTC, can be improved.

P20

NEW DIRECTIONS FOR AGING

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25/03/11

ABSTRACT
The increasing number of elderly people requiring daily care is evident in all countries. Currently, the global trend of ageing is yielding only a small scale of culturally diverse care recipients. Much of the growth of the life course perspective is likely to continue to be through its application to a variety of research areas such as rendering of care, stress processes, health, and successful aging. What has not been foreseen however, is how cultural diversity will affect the care provided to older people in care homes. This work is to show how healthcare providers can use cultural competence to mitigate disparities that occur in nursing homes. Cultural competence means demonstrating knowledge and understanding of client's culture and health-related needs. There are several new directions that are likely to further our understanding of life course processes. Another important new direction is likely to be the use of cross-cultural studies for addressing variability in how individual's age. Cross-cultural comparisons of life course transitions and the entire organization of the life course will be critical for improving our understanding of the various paths and processes through which people age. The study articles were found through the academic search elite EBSCO-host. The results show that when healthcare providers and clients come from different cultural background misunderstanding may occur but applying cultural competency in health care practice is very essential to mitigate disparities among cultures.

Keywords
Aging, Nursing homes, Cultural competence, New directions.

P21
Increasing Inter-professional Collaborative Care and Communication in Long-term Care Using The Knowledge To Practice Resource - Pneumonia Guideline

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Objectives: was to improve inter-professional (IP) collaboration and communication among regulated and unregulated health care workers providing resident-centred care in LTC. The goals included improving the quality of work- life satisfaction for all IP care providers, and fostering team work.

A senior leadership champion and two facilitators (one regulated and one unregulated health care professional) were recruited to participate. They attended a workshop, which discussed the Alberta Guideline for Diagnosis and Management of Nursing Home Acquired Pneumonia and the principles from the Quality Improvement Guide for Long Term Care developed by the Ontario Health Quality Council. The CERAH resource consultant along with the facilitators provided education to the IP staff, residents and families.

Staff completed pre- post knowledge assessments surveys, collaborative practice surveys and participated in a post project focus group.

Results demonstrated an increased respect for each others’ roles and responsibilities. There was significant improvement in the communication. IP staff voiced feelings of being valued and evidence of increased IP collaboration in addressing resident care. Physicians noted increased confidence in IP staff assessments an IP staff reported more interactive communication with physicians. As was noted in one focus group by a staff member it provided the opportunity for resident centred care “everyone got together and shared their input”.

P22
Cognitive Assessment Training for Family Health Teams and Community Health Centers in Ontario, Canada†
A ‘new direction’ in Canadian healthcare is the development of family health teams, particularly in Ontario. This multi-modal, multi-phased, practice relevant educational intervention focussed on the training of geriatric dementia assessors in 18 family health teams or community health centers in and around Ottawa, Ontario. The purpose of this program was to develop a lead health care provider [hcp] for each team with the skills to screen, and assess patients with cognitive impairment and the abilities to forge a collaborative approach within their team to diagnosis and management of dementia. 18 participants from 18 teams participated in a full day workshop on screening and assessment of dementia. A followup educational workshop for all members [including physicians] of the 18 teams was provided with a focus on assessment, diagnosis, treatment and ongoing case management. Additional educational support was provided by newsletter, a telephone and an email hotline to present cases and questions. Program evaluation focussed on [1] assessor’s ratings before and after the workshop regarding confidence in administering common cognitive assessment tests [average improvement in confidence = 173%], [2] assessor’s ratings before and after the entire 6 month program of cognitive assessments tasks performed well or very well [% change ranging from 55% family conference/treatment to 209% detection of early warning signs of dementia and 254% enhanced case finding], and [3] program impact on assessment and case finding [significant improvement]. Program evaluation results will be comprehensively presented and show the clear success of this educational intervention to develop leaders in dementia within family health teams and community health centers.

P23

(Un)necessary direction. (silent) disbelief. stories of infusing criticality into gerontological scholarship.

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Critically-oriented research in the field of gerontology has a long history. Such works often share an explicit aim to uncover taken-for-granted beliefs and practices, to identify and call for the redressing of socially inequitable / dis-empowering health care conditions and mechanisms, and to generally act as a catalyst for change.

As a doctoral candidate who has adopted a similar critical orientation, I unpack in this presentation two experiences from the field that either exemplify or call into question the enactment of such critical research practices. These events all took place within the context of my working as a project coordinator for a critical grounded theory project that seeks to understand the processes of system navigation and care partnership in community-based dementia care.

Fueled methodologically by autoethnographic practices, my analysis of these events looks introspectively inward to find and come to terms with my own understanding(s) of why/how I acted as I did, while also looking outward to, within, and across the fields of critical and conventional scholarship to better understand the structures, resources and discourses that shape our programmes of inquiry. At issue are (mis)conceptions among researchers about pushing the boundaries of academia as we constantly negotiate the tensions in/among our multiple roles (of student, investigator, project coordinator, interviewer, (wo)man, researcher). The insights that emerge from the intersection of reflexive practice, critical scholarship, and taken-for-granted (research and care) practices are relevant to students and seasoned scholars alike who share an interest in enacting ‘new directions in aging’ research.

P24

Oral Health Results of the Canadian Health Measures Survey for Adults aged 40-79

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a) a short statement of the objectives

The presentation will present an overview of the oral health results from the Canadian Health Measures Survey (CHMS) with a focus on Canadians from the ages of 40-79.

b) method

The CHMS was led by Statistics Canada in partnership with Health Canada and the Public Health Agency of Canada. The data collection
occurred in 2007-2009 and was collected from approximately 6,000 people representing 97% of the population aged 6-79.

Health Canada partnered with the Department of National Defence to obtain the dentists who conducted the clinical dental examinations. Health Canada implemented the training of the dentists and calibrated them to World Health Organization standards to ensure each dentist recorded conditions in the same manner.

The data were analyzed through an established process by Statistics Canada.

c) results

Overall, Canadians were found to have good oral health although areas were found where improvement is needed. For example, indices noted a decline in the oral health status between adults aged 40-59 and those aged 60-79.

d) conclusions

The results from the oral health component will support continued discussions at a national level on oral health disparities and on issues related to care. The information can also be used to guide the development of oral health public policies and programs designed to improve the oral health and thus the overall health of older Canadians.

Speaker: Dr. Peter Cooney, Chief Dental Officer, Health Canada

P25

Contextual factors influencing the development of integrating care policies for seniors: A comparative case study of two initiatives in Ontario, Canada

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Integrating health services for older people has become a key policy goal across Canada and internationally. Despite this common goal, models to implement integrated care vary substantially. To begin to explain these variations, this research sought to understand the multiple contextual factors that influence the development of integrating care policies using two different integrating care initiatives in Ontario, Canada: the Ontario Stroke Strategy and the Aging at Home Strategy. The research was supported by the Heart and Stroke Foundation of Ontario.

A comparative case study design was used to examine and compare the process of developing the Ontario Stroke System and the Aging at Home Strategy. Data about policy development was collected through in-depth, one-on-one, interviews with multiple stakeholders (N=20) such as policy makers, researchers, and seniors’ advocates. Stakeholders were knowledgeable about both the initiatives and the broader Ontario health policy context. Interviews were analyzed to identify and compare multiple contextual influences that shaped their development.

Findings indicate that developing integrating care policy is shaped significantly by the political and social context. Factors influencing the development of the strategies studied included: the historical policy context; government characteristics; government ideology (i.e. their commitment to integration, their definition of integration and their broad policy priorities); major health system shifts (i.e. provincial devolvement to regions); external commitment to the cause; and organization/accountability structures (i.e. central versus regional). Understanding these contextual influences will benefit researchers and aid stakeholders in future initiatives to integrate care in Ontario and elsewhere.

P26

Exploring the Relationship between Human Resource and Retirement Savings Strategies

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There are currently five working-age Canadians for every person over 65. In two decades, that ratio will have shifted to 3:1. Although the trend to earlier retirement has been reversed since the mid 1990s, baby boomers will continue to retire in large numbers in the coming decade. These demographic realities have many employers concerned about their ability to attract and retain talented workers. Employee benefits, including employer Registered Pension Plans (RPPs), have traditionally been part
of the compensation mix aimed at retaining people. This research examines the nature of various RPPs and explores how they are connected to employers’ Human Resource (HR) strategic objectives. The "Human Resource and Retirement Savings Strategies Survey 2011" was completed online by 570 employers and this paper focuses on the qualitative comments from this survey (n=96). The sample included private, public, and non-profit organizations from across Canada that had at least one RPP. Findings indicate that, while HR strategy has modest links to pension plan design quantitatively, employers recognize the importance of RPPs for worker retention and recruitment and many indicated plans to strengthen this link in the future. Company size and employee age also play an important role, with small organizations often being financially unable to offer pensions and those with older workforces seeing pensions as more important than those with younger ones. As companies alter their pension plans to accommodate new strategic priorities, government must be prepared to adjust its involvement to ensure Canadians receive adequate income during their retirement years.

P27
Back to Basics -Promoting Elderly Personal Care†

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Introduction:

Helping to maintain the personal hygiene of a Resident in our care not only promotes the Resident's physical health but can also improve their emotional well-being. Front line care providers and nurses are in a unique position to have a positive impact. An interdisciplinary educational initiative was developed by Revera Long Term Care, in collaboration with SCA/TENA, to promote Best Practices in Perineal Care.

Objective:

- To identify the elements of high standard perineal care and incorporate these into daily practice

Methodology

- Developed a Perineal Care educational toolkit based on current best practices to aid in the dissemination of information to front line care providers
- Developed a structured educational plan, utilizing adult learning principles
- Education provided to all staff on all 3 shifts utilizing the educational toolkit
- Measured knowledge transfer outcomes after each education session through post learning quizzes
- Daily coaching provided to encourage adherence to appropriate perineal care practice
- Standardized perineal cleansing products to promote consistency

Results

- 13% average learning, post knowledge transfer (Pre test average = 80%, Post test average = 93%)
- Improved consistency of perineal care delivery

Front line care provider survey:

- 90% of staff surveyed post standardized perineal product implementation strongly agreed the product was easy to use.
- 88% staff stated preference over previous products used

Summary

Knowledgeable staff using consistency of practice can have a positive impact on UTI reduction, continence promotion and the quality of life for each Resident.

P28
We are not going to be relegated to wearing shawls and sitting in rocking chairs!: How the Raging Grannies Challenge the Social Construction of Age and Gender

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Guided by feminist gerontology, the purpose of this qualitative study was to explore the role of activism in the lives of one group of older activists, the Raging Grannies. In total 15 women participated in face-to-face in-depth active interviews, with five women contributing to the study in an on-line Raging Grannies forum, the “E-Vine”. Participants were mainly located in Ontario, New Brunswick and Nova Scotia. From a grounded theory analysis, it was evident that the Raging Grannies were transforming the traditional image of older women as weak, passive, and dependent, into an image of strong, political, and independent old women. The Raging Grannies felt their age actually allowed them more freedom and opportunity to express themselves and allowed them to break away from traditional gender roles of their youth. The Raging Grannies also believed they were reclaiming public space was once denied to them. These women felt empowered by challenging the narratives of decline (Gullette, 2004) as these women were not passively getting old but actively growing old (Randall & McKim, 2008). It was concluded that that the Raging Grannies were deconstructing aging and gender stereotypes while redefining their own ageing self.

**P29**

**Positive and active aging perspectives voiced from a multi cultural community**

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The goal of this local Montreal-based project (inspired by the report done by the National Seniors Council) was to help seniors and younger groups express their views about positive and active aging from a variety of perspectives including ethno cultural perspectives. As well to express what they felt are barriers to this process and suggestions and recommendations for their local communities. Specific objectives were to develop and present a presentation which demonstrates Positive and Active Aging and can be presented to audiences of all ages with a view to combating ageism (a societal and systemic form of elder abuse) and negative stereotypes of seniors by seniors themselves and also by other societal groups.  

Secondly it would include a specific aim to reach out to diverse ethno cultural organizations of seniors to provoke discussions of positive and active aging and what barriers can be identified which might prevent seniors from aging in positive and active ways.  

11 interactive workshops were organised and implemented from four diverse types of groups. 131 older and younger adults participated. Themes emerged from the groups and were organised into the following categories: - What is Positive and Active aging; Barriers; Ethno cultural perspectives; Ageism; Environment and Role models. Evaluations from 4 sources are positive and will be presented. Suggestions and recommendations were also made to provide new directions to eliminate barriers to positive and active aging experiences. These included increasing security in buildings, setting up flu vaccination clinics, distributing information about resources; and increased activities and volunteers in long term care homes.

**P30**

**Change over Ten Years in Themes from Older Men's Lay-Definitions of Successful Aging: The Manitoba Follow-up Study**

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"Successful aging" has no universally agreed-upon definition. Recent attention has focused on asking older persons for their own lay-definitions. In 1996, 2,043 surviving members of the Manitoba Follow-up Study cohort of males (mean age 78) were surveyed for their narrative response to the open-ended question: "What is your definition of successful aging?". Keyword coding of the narratives has resulted in a coding manual that contains 21 groupings of 86 themes. The survey has been repeated nine times since 1996, leading to the development of a longitudinal database of themes spanning men's lives from a mean of 78 years to almost 90 years of age. The present objectives are to describe themes provided by these men, examine the trend of prevalence and likelihood of repeating themes at five consecutive surveys between 1996 and 2006, and determine the likelihood for a theme to remain in a man's definition from one survey to the next. Generalized linear models for binary outcomes (presence or absence of a theme) on successive surveys were used to address these objectives. Some themes that declined in prevalence included "general health" (.20-.15), "happiness" (.27-.22), and "activity and interests" (.36-.23). "Living and dying" increased in prevalence over time from .04 to .08. "Attitude" (.19), "independence" (.25) and "family relationships" (.14) were reported with stable prevalence over time. The likelihood (adjusted odds ratio) for a theme to remain in a man's definition from one survey to the next ranged from
2.46 [95%CI:(2.09,2.90)] for "happiness" to almost 40 [95%CI:(23,64)] for "spirituality".

P31

Social Representations of Ageing and of the Elderly

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Despite the considerable literature about ageing and the elderly, there remains a need for a social psychological approach to understanding the experience of ageing and ‘being old’. An appreciation of beliefs about and perceptions of ageing is essential if we want to address the stigma, constraints and – potentially – the benefits associated with being old.

Using the framework of social representations (Moscovici, 1961/1976), we shall present our research findings, focusing on results from semi-structured interviews with five age groups. The theory of social representations shows that human beings do not act according to ‘a’ reality but according to the representations of this reality. Lalive d’Epinay (1995: 2) argues that “the manner with which an elderly person will manage his/her retirement and cope with getting older, and more generally, the relations between generations are largely organised by the representations, the images we have of the different life phases, of the young and of the old and also of death.”

The theory’s emphasis on social practices is valuable in interpreting our interview data and appreciating the powerful influence of society’s representations of the elderly on the way people respond to those labelled as ‘old’. The social representations of ageing that circulate in society today will influence where and how the elderly live and determine the parameters of their living – or ‘waiting for death’ – space.

Our paper outlines the commonalities and differences in our respondents’ views about ageing and being old and explores the theoretical and practical implications of these findings.

P32

Population aging: chronological vs. prospective measures

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The age structure of the Canadian population is changing rapidly. The oldest of the baby boomers are turning 65 this year and the entire group will have turned 65 by 2027. Population aging has become a concern mainly because of its implications in terms of labour force shortages, costs and adequacy of retirement pensions, and health care costs among others. These concerns are usually backed by figures from conventional measures of age with a focus on the number of years since birth (chronological age). Although measuring age since birth is important, the time left to live provides a fresh perspective in assessing the level and impact of population aging. Recently, in a series of contributions, Sanderson and Scherbov (2005, 2008, 2010) suggest the use of prospective age, a measure which takes into account life expectancy. In this paper we apply their method to Canadian data from the LifePaths model and compare results with conventional measures of aging.

Our findings show that whichever measure one chooses to adopt, Canadian population aging continues to advance. However, the level and speed of population aging is much slower based on results from the prospective age measures compared to that from chronological measures. The findings imply that it is important for policy analysts to incorporate measures of aging which account for life expectancy when examining the implications of population aging.

Key words: Population aging, LifePaths, chronological age, prospective age, Canada

P33

Mixed Methods Research Within the Field of Gerontology: A Review

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The practice of combining both qualitative and quantitative methods within a single study is becoming increasingly common in the health and social sciences; however, little information is available as to how mixed methods are used within the field of gerontology. This poster provides an overview of the manner in which qualitative and quantitative methods are combined in the gerontological literature, with a specific focus on research methods/design employed, the rationale provided for utilizing mixed methods, sampling techniques and the integration of findings. Following a search of key research databases, 48 peer-
reviewed articles with explicit reference to the use of mixed or integrated methods in the title or abstract were selected for review. The predominant manner of mixing methods involved the combining of a survey instrument with a semi-structured interview within a cross-sectional design. Although the most common justification for conducting mixed methods was complementarity, more than a third of the articles provided no rationale for their mixed methods approach. The reviewed studies displayed a considerable degree of qualitative and quantitative integration. Several exemplars of mixed methods research are provided as are a number of suggestions for ensuring the methodological rigor of this emerging approach.

P34

Capacity Assessment Algorithm in Healthcare: An Ethical and Legal Guide to Consent and Capacity in Ontario

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Healthcare professionals are often faced with dilemmas regarding the capacity of patients to make informed decisions related to medical and psychiatric treatment, as well as placement into care homes. The medical social work team at Orillia Soldiers' Memorial Hospital recognized that greater attention was required to improve understanding of the consent and capacity processes involved in the provision of services to the growing geriatric population. In order to respect and protect individual rights for personal care and medical treatment decisions, the Capacity Assessment Algorithm in Healthcare is being utilized at Orillia Soldiers Memorial Hospital to facilitate increased understanding and best practice amongst healthcare providers. The purpose of the algorithm is to provide clarification of the processes required by healthcare professionals in meeting their ethical and legal responsibilities in accordance with the Health Care Consent Act and the Mental Health Act in Ontario. The algorithm is posted at the nursing stations throughout the organization as a quick reference guide available to all healthcare practitioners. The medical social work team has received positive feedback that the algorithm has increased knowledge and understanding as well as recognition of practices in providing quality patient care to an aging population.

P35

Paid Companions for the Elderly: The value of autodriven photo elicitation as a qualitative method

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Research Objectives: This paper focuses on the advantages of applying the visual method of autodriven photo elicitation to an exploration of the experiences and relationships of paid companions and their care recipient clients within the context of a neoliberal political environment. Paid companions, operating either independently or through private home care agencies, resemble fictive kin or surrogate friends who perform a variety of services for the financially secure elderly who can afford to pay for this private home care service.

Methods: Two combined qualitative methods were used: autodriven photo elicitation, (whereby research participants create photographs later discussed in the interviews), and semi-structured open-ended in-person interviews. The data is drawn from research conducted in 2009-2010 in Victoria, BC. Sample size: 30 in-person qualitative interviews (n=15 paid companions; n=8 elderly clients living independently; n= 7 key respondents; and 142 participant photographs).

Results and conclusions: When participants are engaged in the research process by creating images for the research, the interview takes on a more collaborative tone and provides another "voice" for the participants. In this way, autodriven photo elicitation adds a deeper level of meaning to an understanding of the central importance of the companion-client relationship to both members of the dyad; the emotional and spiritual meaning imbedded in companionship; and the concept of ‘being in the world’ as an important aspect of life for elderly clients.

Research support: SSHRC, the University of Victoria, BCNAR, Sara Spencer Foundation, and BC’s Ministry of Labour and Citizen’s Services.

P36

Addressing the needs of home care evidence-based practices of healthcare providers and policymakers: an overview of systematic reviews

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The ageing of the population increases demands for home care. This study aimed to identify the knowledge needs of healthcare providers and policymakers about home care models, and to summarise the evidence from systematic reviews based on novel approaches. A list of 13 research questions was identified and prioritised according to a panel of policymakers and healthcare providers using an expert consensus technique. For this overview, over 30 scientific databases and websites of grey literature were systematically searched with keywords related to home care. Included studies had to have a comparison group and be published between 2004 and 2009. A systematic method involving two reviewers was used for selection of reviews, data collection, quality assessment, and data synthesis. The first prioritised question concerned the effective mechanisms of transition and coordination at the interface between home and hospital, emergency department or primary care physician in order to improve the quality and continuity of long term care of elderly patients. Of the 4,427 potentially studies related to home care retrieved, 76 reviews met the inclusion criteria and 7 were relevant to the first question. The reviewed interventions mainly concerned discharge planning, coordination and liaison. Results were mixed but provided evidence that discharge planning can reduce hospital readmission. The results to this first question highlight the strengths and limits of the overview. They underline the importance of using a specific question as well as available data. Other lessons can be drawn from every step of this overview to optimise its usefulness and feasibility.

P37
Improving Successful Care Transitions: Findings from the Evaluation of the Intensive Geriatric Service Worker Initiative in Waterloo Wellington

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Currently, seniors comprise 75% of the annual number of deaths in Canada: a figure that is expected to rise by 33% by 2020. At the present time, only 15% of Canadians access palliative care programs at the end of life. Volunteers play a
primary role in Community Action Organizations (CAO). Notwithstanding the presence of volunteers in these organizations, it has been a sizable challenge to integrate them into home-based care. This multi-site study (5 areas in Quebec) makes it possible to better understand the context and the links between the barriers and facilitators that have an impact on volunteer involvement in home-based palliative care. The 94 participants came from four distinct groups: 1) Seniors who are at the end of their lives; 2) Relatives who are assisting in end-of-life care; 3) Professionals who provide support or home-based care; and 4) Volunteers registered with Community Action Organizations. All participants were interviewed individually. Barriers and facilitators that impact on volunteer participation were identified. These factors are linked to the ability of the volunteers to serve in a home-based context as well as in the organizational structures with which they are associated. A particular factor could be a facilitator or a barrier, depending its context. Recognizing the equilibrium among various factors appears central to understanding the impact they have on the participation of volunteers.

P39

Alzheimer Caregivers: Personal Hardiness and Preservation of Personhood Influence Caregiving Experience

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This qualitative research (funded by the Royal Bank of Canada) utilized a phenomenological approach to explore the caregiving experience for caregivers of individuals with Alzheimer’s disease. The caregiving experience was examined from the perspective of two key variables: personal hardiness and perspective of personhood. The theoretical foundation for this study is the work of Kitwood (1997) and Kobasa (1979). The constructs of personal hardiness (committment, challenge and control) and elements of a relationship reflecting the preservation of personhood (recognition, respect and trust) provided the framework for data collection, analysis and application of deGroot’s Interpretive Theoretical Model Construction. Findings suggest opportunity to consider the importance of elements beyond recognition, respect and trust, as key to the maintenance of personhood. Findings also suggest mutual influence between elements that facilitate the maintenance of personhood and the components of hardiness. An Interpretive Theoretical Model is presented and suggests personhood and personal hardiness as modifiable variables that hold potential to influence caregiver -care recipient interactions (Action/Reaction Cycle) thereby influence the quality of the caregivign experience. Data analysis and model construction will be outlined in this paper presentation. Further research is required to support or dispute the findings of this qualitative study.

P40

Preparing for discharge: The role of care transition experiences for hip fracture patients

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Transitions between health care settings present challenges for continuity and coordination of care. Older persons with complex care needs, such as hip fracture patients, may be at greater risk for poor care transitions, which in turn may compromise their follow-up care and increase their risk of rehospitalization. We sought to understand how the transition experience could prepare hip fracture patients and their family members for post-discharge follow-up care. Six hip fracture patients (aged 65+) and their caregivers were interviewed following their discharge from acute care. Using an interpretivist Grounded Theory approach, significant aspects of care transitions were identified through analysis of interview transcripts using NVivo8 software. Clear written information and verbal communication were important for patients to remain engaged in their care, particularly in relation to medications, rehabilitation, and future living arrangements. Patients who were engaged in these aspects of care planning expressed that they felt ready for their discharge and better prepared for their follow-up care. These results highlight the importance of transition experiences for the post-discharge follow-up care of hip fracture patients.

P41

Determine The Relationship Between Burnout And Mental Health on Retired Teachers

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OBJECTIVE:
To determine the relation between burnout and wellbeing and mental health in retired teachers between the ages of 50-67 in the city of Tehran, Iran.

METHOD:

In this study a descriptive, analytical, and cross sectional survey is applied among 200 retired teachers selected via probable multistage sampling. We used three instruments in this study: 1) Demographic Questionnaire 2) Maslach Burnout Inventory (MBI) and 3) General Health Questionnaire-28 (GHQ-28).

RESULTS:

On the whole, using the Maslach Burnout Inventory (MBI) subscale, we found low levels of emotional exhaustion and depersonalization and high levels of reduced sense of personal accomplishment, both in frequency and intensity. The prevalence of symptomatic samples in the GHQ-28 was 43%, and two variables, burnout and poor mental health, were related (p<0.001). Burnout was to be related to gender, age and years of work. The correlation between poor mental health and years of work as well as hours of work in a week were significant.

CONCLUSIONS:

Our results suggest that there is a strong correlation between poor mental health and burnout. Furthermore, the prevalence of symptomatic samples detected in our study using the GHQ-28 was much higher than that reported in studies of the general population. The high prevalence of symptomatic samples and high prevalence of burnout in the dimension of self accomplishment, especially in younger retired teachers, combined with the strong correlation between poor mental health and burnout all show that care should be taken to improve the stressful conditions that retired teachers face.

P42

Aerobic Gait Training to Prevent Cognitive and Functional Decline: Preliminary Results

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Objective: To determine the effect of aerobic training, with step length feedback on Executive Function (EF), and gait variability, a predictor of falls in older adults with cognitive deficits.

Method: Five of twenty community dwelling older adults (76±5.9 yrs) with Peterson defined mild cognitive impairment (MCI) completed 12 weeks of an aerobic gait-training program. Participants exercised at moderate - vigorous intensity for 30 minutes, 3 times/week, while receiving audio/visual feedback of their real-time step length on the GaitTrainer™. EF was measured using the Trail Making Test (TMT) and the Digit Symbol Substitution Test (DSST). Single and dual task (serial 7’s) step length was measured with the GAITRite, and variability was calculated as the mean SD of step length (cm). Paired samples t-tests were used to detect statistical changes in outcome measures between baseline and 12 weeks.

Results: Participants’ baseline TMT time was 173.49±105.68s and DSST score was 45.8±20.5 items. Baseline single and dual task step length variability was 3.34±1.36cm, and 4.87±2.1 cm respectively. Following the intervention, single task step length variability, decreased by 0.8 ± 0.25cm (p=.002, 95%CI 0.49-1.10). There were no significant changes in TMT and DSST measures, or dual task step length variability.

Conclusions: Our results demonstrated an improvement in step length variability to a clinically significant level (i.e. > 0.25 cm). This intervention appears to be feasible for a sample of older adults with MCI, who are at a high risk for falls. Our preliminary results warrant further research with larger sample sizes and control subjects.

P43

Comprehensiveness of the RUG-III grouping methodology in addressing the needs of people with dementia in long-term care.

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The purpose of the study was to determine the appropriateness of the RUG-III grouping methodology in addressing the care needs of residents with dementia living in long-term care. The needs of residents with dementia were identified in the literature. The documented needs were subsequently linked with the items of the grouping methodology and their respective weight within the system.

A three part methodology was adopted. 1) A critical systematic review of the literature was conducted to determine the needs of residents with dementia. Electronic databases were searched between January 1995 and July 2010, and reference lists were cross-referenced. Two judges independently evaluated the articles for relevancy and methodological quality. 2) Needs were matched to the items of the grouping methodology. Needs that could not be matched were kept for further analysis. 3) The relative importance of the items were analysed according to their distribution within the grouping methodology.

The documented needs were found in 60 studies and can be classified in five main domains, namely: physical, cognitive, emotional, environmental and social. The needs of resident with dementia encompass the basic needs of care (i.e. food); residents with dementia need to feel valued and engaged in meaningful activities based on preferences for example. It was found that items of the grouping methodology were largely related to physical needs. Little weight is given to needs of a cognitive nature and no items address the emotional, environmental and social aspects of resident needs.

P44

The use of risk adjustment for a home care quality indicator: incidence of cognitive decline

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Background: Little research has been conducted to examine the quality of care being delivered to clients receiving home care. Methods: Data were collected using the Resident Assessment Instrument for Home Care (RAI-HC), a multidimensional tool used to assess home care clients' needs. Home care quality indicators (HCQIs) generated from items within the RAI-HC are expressed as rates of issues to be avoided. To enable fair comparisons across providers, risk adjustment (RA) is used for most indicators. Risk adjustment controls for client characteristics that may inflate the HCQI rate irrespective of the quality of service provision. Home care providers in two provinces completed two assessments in a sample of 333 older (65+) clients. The dependent variable was the incidence of cognitive impairment as defined by the HCQI. A multivariate logistic regression model was developed to understand the most important covariates to be used in RA. Candidate covariates included factors related to cognitive decline but not related to quality including: demographic characteristics, functional ability (e.g., ADLs), and various diagnoses. Results: Clients had a mean age of 78.2 years (sd=13.7), 76.3% were female and 32.7% experienced new cognitive impairment. A diagnosis of Alzheimer's disease (excluding dementia), a diagnosis of dementia and the presence of bowel incontinence were each significantly related to the HCQI (p<0.05) while age and a diagnosis of a stroke were not. Conclusion: Both diagnostic variables and continence are important in predicting the incidence of cognitive impairment. For the poster, this methodology will be replicated with a larger data set (N=100,000).

P45

Balance control improves following replacement of paroxetine with venlafaxine and levodopa in a case of microvascular dementia.

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Background: Postural instability is a concern in several neurologic conditions and also amongst the elderly. Dysfunction in serotonergic, noradrenergic, and dopaminergic pathways may be involved in the etiology of postural imbalance. Objective: To quantify, using computerized posturography, substitution with venlafaxine, and later levodopa, in a suspected case of postural instability with...
paroxetine. Case Report: Presented is an 86 year-old female with frequent falls and a Parkinson-like syndrome of the lower limbs secondary to microvascular dementia. Paroxetine was gradually discontinued and exchanged for venlafaxine 37.5mg twice daily. Before and after medication changes, static posturography was performed under eyes open and closed conditions. Discussion: Following 3 months of venlafaxine, the patient showed significant improvement from baseline, however, venlafaxine was then reduced to 37.5mg at bedtime. Six months later, levodopa was introduced and further improvement was observed. It is possible that venlafaxine’s more balanced affinity for serotonin and norepinephrine transporters may have provided postural benefit. Decreased sedation secondary to venlafaxine reduction may have elicited further improvements in addition to the increased lower-limb functionality observed with levodopa. Conclusion: For patients on antidepressants, switching medications may be worthwhile in those with balance problems. The prudent addition of medications may also be an option.

P46

Lifestyle and Behaviour Changes to Improve Health among Elderly Canadians

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Objectives: Less is known about what the elderly do to improve their health and the factors are associated with promoting and impeding healthy behaviour changes. This study aims to describe the changes of behaviors to improve health among elderly Canadians and to examine factors that either enhance or impede healthy lifestyle changes.

Methods: The 2007 CCHS data was used. 40,677 individuals aged 65 or older were included in this study. Participants were asked if they had made any behaviour changes to improve their health in the past 12 months. Those who reported “Yes” were asked to indicate the most important change they have made. Participants were also asked to report the barriers they encountered. Descriptive statistics were used to estimate the frequency of various health behavior changes.

Results: 47.86% of elderly people reported they have made behaviour changes to improve their health. 44.94% reported they encountered barriers in making the changes. Increasing exercises (43.87%), changing eating habits (15.77%), and receiving medical treatments (14.85%) were the main factors enhancing the changes, whereas lack of will power (36.13%), disability or health problem (15.40%), and physical condition (10.77%) were the leading barriers of the improvement. When examined the differences between genders, women were more likely to change their behaviours to improve health (49.40%) than men (46.02%), whereas men were less likely to meet barriers in making the improvements (42.96%) than women (46.57%).

Conclusion: Further efforts should be made to help elderly people in Canada to change their behaviours and relieve the barriers.

P47

Évaluation de l’acuité visuelle chez la personne âgée atteinte de troubles cognitifs

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Introduction: L’évaluation de l’acuité visuelle (AV) chez la personne âgée atteinte de troubles cognitifs ou de la communication peut être limitée par le manque de collaboration du patient.

Objectif: Évaluer l’AV chez la personne âgée vulnérable ayant des troubles cognitifs ou de la communication à l’aide d’échelles variées afin de vérifier leur capacité à répondre à ce test.

Méthodes: Vingt-sept patients ont été recrutés au sein des unités de soins de longue durée de l’Institut universitaire de gériatrie de Montréal. Le “Mini-Mental State Examination (MMSE)” a été effectué pour chaque sujet. L’AV de chaque participant a été mesurée à l’aide de six échelles d’AV déjà validées et présentées selon un ordre aléatoire (Winpepi).

Résultats: Les scores MMSE des sujets variaient entre 0 et 23 (Moy. ± ES: 9,6 ± 1,5). L’AV moyenne de l’ensemble des sujets était de 6/13,2; et de 6/12,3 et 6/15 chez ceux ayant un MMSE ≥13 et <13, respectivement. L’AV mesurée à l’aide des échelles Snellen, chiffres, ETDRS et E directionnels était
similaire et meilleure que celle obtenue à l'aide de l'échelle Patty Pics ou des cartes de Teller, qui étaient similaires entre elles.

Conclusions: L'AV peut être mesurée chez la personne âgée atteinte de troubles cognitifs ou de la communication; certaines échelles offrant un meilleur niveau d'AV. Par contre, l'AV n'a pas pu être obtenue avec chacune des échelles chez tous les sujets. De plus, la mesure de l'AV nécessite plus d'explications et de temps que chez la personne âgée non atteinte des mêmes déficits.

P48

Chronic Pain and Health-Related Quality of Life Among Older Canadian Adults with Disability

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Introduction: Chronic pain is a common health issue that is found to be associated with poorer quality of life among older Canadians. The extent by which chronic pain affects quality of life of older Canadians with disability is not well understood.

Study Objectives: The 2 main objectives of the study were to 1) investigate the relationship between chronic pain and health related quality of life among older Canadians who reported disability; and 2) examine the differences in the relationship by age, sex, severity of disability and type of disability.

Methods: This study was a secondary analysis of data from the 2006 Participation and Activity Limitation Survey (PALS). PALS 2006 was a cross-sectional survey conducted by Statistics Canada to gather information about Canadians who reported that they have a disability. Self-rated health was used to measure health-related quality of life (HRQoL). The relationship between chronic pain and HRQoL was examined using multivariate logistic regression, controlling for the effects of age, sex, co-morbidities and severity of disability itself.

Results: An estimated 68% of older Canadians with disability reported having chronic pain. 43% of those who reported having chronic pain also reported having poor HRQoL. Results of multivariate analyses confirmed a significant independent effect of chronic pain on self-reported HRQoL.

Conclusion: Chronic pain is a major health issue for older Canadian adults with disability. It highlights the importance of pain management for older adults with disabilities in general, and especially among those with psychological disabilities and those with limited communication abilities.

P49

Understanding the Concept of Successful Aging Using Data from the Canadian Study of Health and Aging (CSHA)

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Objectives: 1) To conduct a systematic scoping review of the literature to identify indicators of successful aging; 2) To understand the underlying latent constructs of indicators identified in objective 1 using data from the CSHA; and 3) To examine the split-half reliability and stability of the constructs identified in objective 2.

Methods: Six databases were searched for English language, peer-reviewed primary studies published between 2006 and 2010 that included an operational definition of successful aging. Factor analysis and structural equation modeling were used to develop and evaluate a measurement model of successful aging in 1,347 adults aged 75 to 102 from wave-3 of the CSHA. The reliability and stability of the model was assessed in an independent sample of 1,337 CSHA participants. Evaluation of the model using the independent sample of 1,337 participants revealed comparable parameter estimates and fit statistics, therefore suggesting reliability and stability of the constructs.

Conclusions: This project presents a unique contribution by suggesting and testing a theoretically meaningful four-factor model of successful aging in a large population-based sample of older Canadian adults. The findings add to our understanding of how indicators operate together in shaping the process of successful aging for Canadian seniors.

P50
Rate of MMSE Change Approaching Diagnosis of Dementia: Implications for Longitudinal Studies

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Cross-sectional differences in Mini-Mental State Examination (MMSE) scores based on education level have been a repeated issue in both clinical and research settings. Further, evidence suggests that individuals with higher levels of education (i.e., greater cognitive reserve) may show delayed, but then more rapid memory decline. The current study uses growth models with a time-to-diagnosis specification to explore differences in rates of change in MMSE prior to diagnosis associated with differences in age and education in the longitudinal context. Data from individuals diagnosed with dementia during the course of the OCTO-Twin study include up to five waves of data collected at two year intervals. Similarity of estimates across additional studies that are part of the IALSA network, and implications regarding the use of MMSE changes as a proxy for dementia in longitudinal studies without a formal diagnosis of the condition, are discussed.

P51

Future Time Perspective and Negative Affect in Canadian Seniors

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An important premise of the Socioemotional Selectivity Theory is that positive emotions and well-being increase in older adults: As the time horizon shrinks, people optimize in their emotionally meaningful social situations. Preliminary cross-sectional data collected from 30 community-dwelling older adults, aged 65 years and older, were used to examine the association between future time perspective and affect. Preliminary analyses suggest that a limited future time perspective is negatively correlated with positive affect (r=-.160) and positively correlated with negative affect (r=-.017). Counter to expectations from prominent theories preliminary analyses in the current study have found that as age increases and future time perspective become more limited, positive affect decreases and negative affect rises.

P52

Differences In Ratings Of Quality Of Life Between Spouses

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Previous studies have found mixed in cross-gender social perceptions within marital relationships. Two consistent results have emerged: either no gender differences exist, or women have been found to be more positively biased than men on endorsing ratings of marital satisfaction and empathy. The majority of literature has focused on two social issues within marriage: empathy and satisfaction. We extend the literature by investigating cross-gender bias in a more practical measure, one’s quality of life (QOL). We hypothesize there will be a difference in spousal ratings of QOL with the wives being more positively biased when rating their husbands’ QOL.

A sample of 13 older (mean age = 75.7 years) and married (mean length of marriage = 52.1 years) couples was recruited. All participants were administered the Self and Spouse versions of the QOL-AD. Preliminary results suggest that there are significant differences in Self vs. Spouse ratings between genders, $\chi^2(1, N = 26) = 3.87$, $p = .049$ with husbands indicating a positive bias in cross-gender ratings of Spouses’ QOL than wives.

This preliminary finding supports the presence of gender-based biases between spousal reports of one another’s QOL in long-term marriages. This finding is significant because it demonstrates that as couples age together in long-term marriages the positive bias that previously was seen as unique to wives reversed, and became unique to husbands. Further investigation is needed to determine if this positive bias unique to older husbands develops as protective mechanism to protect against possible declines in spousal QOL.

P53

"We can't afford it right now": Gambling Behaviours and Family Arguments Among Older Adults

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"We can’t afford it right now": Gambling Behaviours and Family Arguments Among Older Adults

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Gambling among seniors is a field of research that has been growing over the last decade. While the minority of seniors who gamble have family arguments over their gambling, an investigation into the specific types of behaviours that are associated with family arguments is largely unexplored. A total of 596 participants aged 45 and older completed questionnaires regarding gambling behaviours. Correlations were conducted between types of gambling activities and family arguments as well as between casino gambling behaviours and family arguments. There was a positive correlation between the frequency of playing six of the ten gambling activities and the frequency of family arguments. With respect to gambling behaviours at the casino, the frequency of family arguments was positively correlated with frequency of going to a casino, amount of money spent on an average trip, frequency of spending over budget, and length of time spent per visit. Regression analyses were also conducted for types of gambling activities and casino behaviours that predicted family arguments. Findings showed sports betting and internet gambling to be significant predictors of family arguments. Furthermore, the amount of money spent on an average trip and the frequency of spending over budget at the casino were significant predictors of family arguments. Regression analyses were also conducted for types of gambling activities and casino behaviours that predicted family arguments. Findings showed sports betting and internet gambling to be significant predictors of family arguments. Furthermore, the amount of money spent on an average trip and the frequency of spending over budget at the casino were significant predictors of family arguments. Understanding the types of activities and behaviours that are more likely to lead to family arguments is advantageous for all family members. Identifying gambling behaviours that may lead to arguments is the first step in the path to modifying these behaviours and ultimately reducing family conflict.

P54

Health care provider perspectives on continuity of care for older hip fracture patients

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Objectives: Patients who have complex care needs and undergo treatment in multiple care settings, such as older patients with musculoskeletal disorders, may be at higher risk for poor transitions across the care continuum. The purpose of this study was to explore the perspective of health care providers on care continuity experienced by older hip fracture patients.

Methods: Semi-structured interviews were used to gather in-depth information on transitional care issues, particularly those which impact informational continuity, from the perspective of a range of health professionals (n=17) in various care settings, including acute care, inpatient rehabilitation, and home care. Data analysis was conducted using a constant comparative method consistent with a grounded theory approach. This exploratory study was used to guide data collection in a larger ethnographic field study.

Results: Three transitional care themes were identified: multiple morbidities impact care trajectories, larger circles of care can be both beneficial and challenging, and a variety of channels and modes are required for meaningful information exchange. Many issues cut across care settings, and presented challenges to informational continuity among and between health care providers, patients, and caregivers.

Conclusions: Care continuity is challenged by the expanded circle of care necessary to care for older patients with hip fractures for whom medical complexity, multiple morbidities and cognitive impairment are common. Standardized transitional care processes might help to offset informational discontinuity across care settings.

P55

Exploring the Experience of Spousal Caregivers Moving their Partner with Dementia into a Long Term Care Environment

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Objectives: The purpose of this study was to better understand how spousal caregivers of persons with dementia perceive and experience their partner’s relocation to long term care. Methods: Six spousal caregivers of persons with dementia participated in an in-depth, semi-structured interview about their experience moving their partner into a long term care facility. The interviews were recorded, transcribed, coded and analyzed according to guidelines outlined by a grounded theory approach. Results: Though the interviews aimed to elicit spouses’ reactions to different phases of the transitional process (decision-making, waiting, making the move, adjusting), those interviewed focused on their emotional reactions to the entire process. Specifically, spouses spoke about managing a ‘lonely relief’ throughout the placement...
process. Factors impacting the balance between loneliness and relief included finding meaningful connections within and outside the facility; seeing improvements in their spouses’ quality of life and having experiences that challenged their pre-conceived notions of long-term care. **Conclusions:** Policies and practices that aim to minimize caregivers’ loneliness and maximize caregivers’ relief following the placement of their spouse will likely lead to better outcomes for both spousal caregivers and their partners.

**P56**

**Mealtime for elderly with dementia in special care units: the impact of resident's functional autonomy and the organization of meal service.**

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Due to population aging, long-term care facilities (LTCF) have had to adapt their services to a clientele characterized by heavier losses of functional autonomy. This has led to the creation of special care units, where residents are grouped according to their functional profile. These newly designed units contribute to more personalized care and have changed the caregiving. In “traditional” LTCF, malnutrition and its associated risk factors are well documented, but do these special care units improve the mealtime experience? What is their impact on malnutrition-related risk factors? The objective of this project is to describe the mealtime experience of residents with dementia in two different models of special care units. Five residents in each unit were videotaped during three meals. Field notes describing the progression of the meal (e.g., duration, service) were also taken. Video observations were coded and analyzed according to presence/absence of risk factors such as inadequate help, lack of supervision and time, and signs of resident well-being. Preliminary analyses reveal that the unit-specific organization of meals largely influences the resident's autonomy during the meal and the presence of risk factors (e.g., provision of assistance). This study also documents the impact of these new special care units on the known risks of malnutrition in LTCF. The role of the physical environment and the caregivers’ knowledge of the clientele are discussed in hopes of improving mealtime experiences of residents with dementia.

**P57**

**Intergenerational Family Solidarity, Gambling Risk, and Gambling Attitudes in Métis Baby Boomers**

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Bengtson and Roberts (1991) formalized a theory of intergenerational solidarity which describes the construct as multidimensional, with six factors: association, affection, consensus, resource sharing, normative integration, and the opportunity structure for interaction. Family solidarity, measured as affection, has been found to be protective against gambling risk in teens and seniors (Dickson, Derevensky & Gupta, 2008; Norris & Tindale, 2004). This cross-sectional survey explored the relationship between Bengtson and Roberts’ six factors of family solidarity and gambling risk in a sample of 100 Baby Boomers of Métis descent from across Ontario (mean age of 59). This study found support for the hypothesis that family solidarity can act as a protective factor against gambling risk as measured by the CPGI. Participants who were not at risk for gambling problems experienced more frequent contact with family members and perceived less criticism from their families than at-risk participants. However, there was also a positive correlation between gambling risk and a feeling of warmth towards one’s created family. Attitudes towards gambling were also explored. A significant positive relationship was found between a feeling of warmth towards one’s created family and positive attitudes towards gambling. These findings suggest a relationship between the constructs of gambling attitudes and gambling risk. The role of family relationships in studying gambling attitudes and risk will also be discussed.

**P58**

**Does the imperative of independence play a role in social exclusion of older adults? Exploring older adult’s perceptions through photovoice methodology**

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Independence is highly valued in Western societies. The emphasis on independence and consequent fear of dependence may, however, have a downside, potentially leading to social isolation and exclusion. In this study, we explore through photovoice methodology what older adults say about the importance of independence in their lives and how independence may relate to isolation and exclusion. By utilizing photography, participants were able to illustrate features of their lives that they think are important, including their ability to remain independent. The qualitative data consisted of photographs, journals, interviews and focus group transcripts for thirty participants in Manitoba, Canada. Frequencies were run in Nvivo software with phrases commonly found through iterative readings of the data. Analysis of the results showed that 50% of the participants discussed isolation and/or exclusion and 37% of the participants discussed four themes of isolation, exclusion, independence and dependence. Results indicate that older adults are highly concerned about maintaining independence in later life. Further, stigmatization of dependency induces fear in the older adult which can lead to self-isolation. According to participants, lack of material and economic resources can exacerbate the issue by leaving them without the means to maintain their independence. We conclude that addressing isolation and exclusion of older adults in the West requires an integrated structural and cultural approach. By improving the material and economic resources of older adults and working to de-stigmatize dependency in later life, we may better deal with issues of self-isolation.

P59

Choice in the retirement decision: An exploration of factors differentiating between low, moderate, and high retirement congruency.

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Retirement is typically regarded as forced or chosen, but the retirement decision is not necessarily a dichotomous one. Using a modified version of Szinovacz and Davey's (2005) perceptions of forced retirement model, we examined factors contributing to an individual's assessment of their retirement congruency (RC) (Schellenberg and Silver, 2004), which is the fit between one's perception of retirement choice and their preference for continued work. Three RC levels are possible: (a) low, (b) moderate (part chosen/part forced), and (c) high. Secondary data analysis of the 2007 General Social Survey was conducted on a sample of 1166 individuals who retired between the ages of 50 and 78 years. Multinomial logistic regression analysis revealed that different variables distinguished between low, moderate, and high RC. Ten variables increased the odds of having low versus high RC, whereas 11 variables increased the odds of low compared to moderate RC. Eight of the same variables (mandatory retirement policies, job issues, discrimination, adequate income, early retirement plan, worked at early age, pursue hobbies, and age at first retirement) were significant in the low/high and low/mod RC comparisons. Doing paid work after retirement was unique in the low/high comparison, whereas not enjoying work and wanting to change one's career were unique to the low/moderate comparison. Five variables distinguished between moderate and high RC: health, mandatory retirement policies, stressful or physically demanding work, CPP/tax rules, and change in career/work part-time. Findings indicate that moderate RC level is theoretically different from low and high RC. Policy implications are presented.

P60

Exploring the Perceptions of Cultural Competence Among Personal Support Workers in an Ontario Long-Term Care Home: A Case Study

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The purpose of this paper is to bridge the knowledge gap in research through the exploration of perceptions on cultural competence among PSWs in an Ontario LTC home. There has been limited qualitative research on the perceptions of Personal Support Workers (PSWs) on cultural competence within Ontario long-term care (LTC). This research study was conducted through qualitative methods using the case study approach. The conceptual framework of this study was Suh's (2004) model of cultural competence, a model that has been developed for acute care settings. An Ontario LTC home was investigated through three data sources: 1) policy document analysis 2) key informant interview with the Director of Care and 3) 2 focus groups with 5 PSWs. The data were analyzed using open, axial and selective coding. The results revealed 5 major overarching themes that were consistent across the three data sources: Continuation of Cultural Practices, “Excellence in Care,” Team Oriented Collaboration, the Philosophy
of Care in Practice, and a Homelike Environment. These themes were compared to Suh’s (2004) model of cultural competence in order to determine the relevance for cultural competence in the LTC home setting. Major findings have revealed that the delivery of continuous care in a LTC home presents a need to provide cultural competence to older adults in their homelike setting. Also, findings indicate the need to improve work conditions of PSWs in order to further encourage and enhance the capacity to deliver culturally competent care.

P61
Improving Communication Around Death and Dying for Personal Support Workers (PSWs) in Long Term Care (LTC)
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Background:
In Canada, 39% of all deaths have been reported to occur in LTC homes. LTC could be thought of as the hospices of the future, caring for older people with chronic conditions with a long trajectory to death, the most common being dementia. Communication about death and dying has been identified as a key challenge for PSWs working in LTC homes.

Objectives:
To develop, implement, and evaluate a high-fidelity simulation experience as an intervention that can be used for training PSWs in communication skills for palliative care.

Methods:
This intervention was developed, implemented and evaluated in conjunction with a participatory action research project within two LTC homes in Thunder Bay, ON.

Results:
Opportunities to explore situations, role play, discuss difficult topics, and reflect on values and beliefs about palliative care in a safe learning environment are only a few of the advantages of this type of approach.

Discussion:
PSWs provide the majority of hands-on care to LTC residents and interact extensively with families; however they have very limited training in palliative care. Using high-fidelity simulation experiences can be an effective means for providing PSWs with the knowledge and skills needed for delivering quality palliative care and will enhance their contribution to interprofessional teams in LTC.

Funders:
This Community University Research Alliance is funded by the Social Sciences and Humanities Research Council for a project entitled Improving the Quality of Life of People Dying in Long Term Care Home. The Alzheimer Society of Thunder Bay also partially funded this project.

P62
Predictors of Walking in Canadian Older Adults: An Analysis of the Canadian Community Health Survey 2001
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The objective of this research was to identify predictors of walking in older adults in Canada. This research also tested and found support for tenets of the social support theory and Bandura’s social cognitive theory. Focusing on social factors that influence physical activity as people age is a new direction for aging research, and may prove very useful for recreation planning in the future.

The methods used a secondary data analysis of the Canadian Community Health Survey from 2000-2001. Dependent variables were measures of walking over the past three months, and the covariates included age, gender, visible minority status, education, income, self-perceived health status, number of chronic illnesses, activity restrictions, marital status, positive social interaction, tangible social support, self-esteem and mastery. Statistical analyses were run through IBM SPSS 19 software, and included frequencies, crosstabs, linear and logistic regressions.

Results found support for social support theory from the crosstabs, linear regression and logistic regression. Positive social interaction was positively predictive of walking and statistically significant in all
three analyses. Bandura's social cognitive theory also drew support from statistically significant self-esteem results in the linear regression. Age, gender, activity restriction, visible minority status and self perceived health status also had statistically significant results.

Walking is an important expression of physical activity in the oldest segments of our population. This research identifies predictors of walking that can be targeted and improved to increase healthy walking habits in Canada’s elders.

P63

Banking Technology and the Perceptions’ of Older Persons in Canada

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Objective:
This presentation will display the underpinning of a larger study I am conducting for my MA thesis. My thesis question centers on understanding how older Canadians negotiate with our changing financial service institutions. The principal research question for my thesis focuses on seniors’ perceptions of their interaction with the financial/banking sector and its advancing technology.

This research examines the financial system as an example of an organization with which older people regularly and necessarily interact, having an effect on their daily lives. It is an institution that is changing with the continuous advancement of new technologies causing the elderly to renegotiate their interaction and relationship with the system as they age in order to remain autonomous.

Methods
A literature review was conducted to inform upcoming investigation. Direction for this research draws on an eclectic understanding of best practises in both quantitative and qualitative investigation. Survey data will be collected from a participant group at McMaster University to inform an interview guide for qualitative follow up.

Results
Current trends in the literature are uncovering a need for further investigation into the interaction between seniors and the banking sector. Through this study themes of safety/risk, the meaning of money, knowledge and acceptance of technological advancements in banking, and role transition and the usability of technology are explored.

Conclusions
It is hoped that in examining the aforementioned relationship and providing an understanding of the perceptions of Canadian seniors toward their banking system institutions will better inform their best practices.

P64

Body mapping with geriatric inpatients at Toronto Rehabilitation Institute who have end-stage renal disease: A qualitative study

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In this expressive art study, geriatric inpatients who are undergoing hemodialysis treatment at Toronto Rehabilitation Institute will be invited to use the method of “body mapping” in one-on-one sessions during their dialysis treatment over a period of four weeks. Body mapping is an art practice where an outline of a person’s body is the canvas for expressing their thoughts, and connecting to their body through illustration of sensations. It allows participants to express their emotions and experiences. Patients will be provided with instruction about how to participate in body mapping. Following discharge, if the patients find body mapping beneficial, they will be encouraged to initiate these strategies independently, or with their health care provider(s).

The aim of this research is to explore patient experiences of participation in the body mapping sessions. Using an interpretive analytical approach, the one-on-one open-ended, semi-structured interviews following their final program session are designed to gather their perception of what was meaningful about the workshops, their assessment of barriers in accessing creativity, and environmental factors associated with their program experiences. While the research will not objectively assess changes in mood associated with participation in the body mapping sessions, participants will be asked for their own perceptions of the effect of the practice
of creative art and body mapping on their mood in the interview.

**P65**

**Brazilian Elderly Frailty: The Risk Profile of a Rio de Janeiro City Population†**

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Introduction: The ageing population produces a great impact on the health system. The use of a questionnaire as screening instrument at health service that identifies individuals who present risk of frailty to "fast-line" them to a specialized service, would be of great use to prioritize this demand.

Objective: Stratify the elderly residents of the northern area of Rio de Janeiro city, according to the risk of repeated admission, by the screening instrument, Probability of repeated admissions - Pra.

Methods: Population: elders with 65 or more years old, residents of the northern area of Rio de Janeiro and health organization clients. Study design: transversal, descriptive study of the baseline population cohort composed of 847 individuals with an age of 65 or over. The information was taken in the household interview. The sample was stratified in levels of risk by the Probability of repeated admission. As well as the descriptive study, there was also analysis between Pra and a set of social-demographic, state of health, functional and cognitive variables using contingency tables.

Results: 6.6% of the elders were classified with high risk of repeated admission. This sub-group was characterized as having a more advanced age, a great use of health services, more prevalence of coronaries, diabetes, cancer, falls and fractures and chronic obstructive pulmonary disease. They present more dependency for daily activities, less mobility and the worst evaluation of humour. There was no relation between cognitive deficit and risk of admission or between reduction of muscular force and risk.

**P66**

**Memory Training for the Elderly in Southern Taiwan†**

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The purpose of this research is to discuss the efficacy of memory training on the memory and behavior of a community of senior citizens.

Memory training was the intervention given to the participants, 21 community-dwelling seniors aged 65 and over. Male 11 people and female 11 people. The course was given once a week, each session lasting 1.5hours for a total of 5 sessions. Pre-, during-, and Post-tests were given and analyzed using paired T-tests. Each individual was also interviewed after the intervention.

Results show significant differences $P<0.05$. Participants were satisfied with the memory training course. Participant Mr. Z said in the interview that he once got lost on his way home and that the memory training course helped him a lot. Another participant, Mrs. X said that she couldn't recall anything during the first two tests; however she got 80 points on the third test, a score much higher than the previous tests. Her memory self-examination result was higher too. It could be because the test was given separately, and she felt more comfortable to talk. The other participant, Ms. A also performed poorly on the tests, yet in her one-to-one individual interview, she mentions that as long as she makes an effort that she can remember things.

Conclusions :We also found that during the training course, male participants were more interactive, while female participants expressed fewer opinions. It is possible that Taiwanese women are more conservative in public and are not good at expressing their thoughts.

**P67**

**Collaborative Patient Care Model: Comprehensive Care Coordination for Geriatric Population†**

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Evolutionary changes in the health care delivery system and reimbursement of health care services in current healthcare scenario has dramatically changed the resource assessment and health care utilization. Not only that, it has also placed a greater emphasis on quality of services provided through different post acute care settings. Kissito Healthcare
has designed and implemented a unique collaborative model named as Collaborative Patient Care (CPC)™ Model. Compared to standard care, CPC™ Model aims to address the organization's mission to deliver quality patient-centered care and demonstrate greater continuity of care, a shorter duration of stay and improved patient outcomes.

The CPC™ Model is based on four tenets: process, quality, cost and outcome with the patient considered as the center for the tenets. Evidence-based best practices and medicine are embedded in the care processes. Care is coordinated and integrated across all elements and in a culturally and linguistically appropriate manner. The intended outcomes of the CPC™ Model include reduction in preventable rehospitalization, reduction in mortality and readmission rates, continuity of care across all post acute settings, patient driven shorter rehabilitation and recuperation periods as opposed to Payment Setting.

The model is theory-based, collaborative and multidisciplinary primarily focusing on patient-centered care. But evidence of the CPC™ Model’s effectiveness remains inconclusive although there are positive outcomes based on intermediary results. Empiric evidence is needed to validate the effectiveness of the model. If proven effective, model can be widely implemented and translated to a national standard based on evidences.

P68
The Problems of Aging in Nepal†

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Nepalese society is built along the ancient Vedic tradition preached by the Hindu philosophy of life. Spiritualism still runs deep in the Nepalese way of life though modern day materialism has increasingly made its cosmetic presence. The global economic wave has hit the Himalayan Kingdom too, however, the God-fearing Nepal’s faith in values they cherish is far from wavering and the temples, shrines, monasteries and the divine abodes are still thronged with the never-waning fatalistic drive. In Nepal, Hinduism and Buddhism have coexisted in peace and harmony.

Elderly population never really posed a problem in the Himalayan Kingdom, a home for nearly 25 million people. Impoverished and least developed though, it was the deep-seated Hindu values that kept the problem from growing. The society has still considers the elderly pitri (divine) and revere them. The Hindu tradition rooted on Holy Scriptures calls for sons to look after and take care of father. It is not merely a social obligation but a ritual having religious undercurrents. The ritual is still unflinching among middle class and higher Hindu families though grinding poverty at lower level witness the defeat of values.

Unfortunately, the Kingdom that lived in peace and harmony for ages bleeds now. Those putting up resistance are hacked to death or cowered in. The youth flee for life and the elders are left to their lot.

P69
Oral Status and its Association with Frailty in Brazilian Independent-Living Older People†

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Introduction: Evidence suggests that tooth loss may lead to changes in food choice due to eating difficulties and it might affect the intake of important nutrients to health maintenance. This study aimed at assessing the association between frailty and self-perceived chewing ability and oral status.

Methods: This study is part of a major project - the FIBRA study, carried out in Campinas, Brazil. The sample of this cross-sectional study was composed by 900 independent-living older people aged 65 years-old or more. Complete data was available for 571 persons which included sociodemographic, oral status, self-perceived chewing ability, chronic diseases and xerostomia data in Brazilian elderly. The data regarding dental prosthesis use or its lack and number of teeth generated a new variable, oral status, assessed in accordance with the WHO criteria. Participants were categorized into non frail, pre-frail or frail. Multinomial logistic regression was
used to model the relationship between the outcome frailty and the independent variables.

Results: The mean age was 72.7 years-old (±5.81). Frailty prevalence was 8% and pre-frailty, 52.1%. Edentulous who reported wearing none or one denture (OR=7.37 95%IC 1.24-43.71) were more likely to be frail. Having a family income ranging between 1.1 to 3 MW in reais were more likely to be frail (OR=2.84 95%IC 1.05-7.71) and pre-frail (OR=1.51 95%IC 1.04-2.21) as well as having 0-2 chronic diseases were less likely to be frail (OR=0.14 95%IC 0.05-0.42) and pre-frail (OR=0.52 95%IC 0.36-0.74).

Conclusions: Our findings suggest that the lack of oral rehabilitation is associated with frailty.

P70
Connecting Levels and Facets of Lifestyles among Retired Senior Staff in Nigerian Universities

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One of the unique features of aging is the changes in lifestyles with its attendant implications. This study examined post retirement lifestyles of retired University staff with its attendant social pressure among retired senior staff members in southwest and southeast Nigeria.

A combination of qualitative and quantitative methods was adopted in eliciting data from the respondents. Thus, a total of three hundred and fifty questionnaires and ten in-depth interviews were conducted in purposively-selected universities in east and west Nigeria.

Findings revealed that 55 percent (male) and 75 percent (female) had family-centred lifestyles; 17 percent (male) and 10 percent (female) on hobbies and social contracts; while others centred on ill health and consequential dissatisfaction in the Nigerian society. Further, 40 percent above 65 years old were more diverse in lifestyle mainly because more half of them were no longer living with their husbands or wives. More than 35 percent (male) as against 13 percent (female) among retired academic staff were still engaged in academic related activities such as reading, writing and publishing while more than 50 percent (female) non-academic staff were engaged in religious and community activities more than the academic staff. In-depth interviews conducted attributed choice of these lifestyles to socio-cultural and religious beliefs of the respondents.

It is clear that lifestyles among retired University Senior Staff vary considerably as they are determined by their social, cultural and religious beliefs. Further studies are however needed to understand how role changes influence lifestyle's continuity and change.

P71
Determine the Prevalence of Smoking Tobacco and it's relation with pensioners' psychological characteristics

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OBJECTIVE:
The objective data Observation, Demographic and Eysenk personality Questionnaire (EPQ), Cooper Smiths self steem questionnaire and Goldberg's general Health Questionnaire (GHQ) were collected, Then, analyzed the data by T-test, two way analysis variance and multivariable regression.

METHOD:
This study as a descriptive, analytical, and cross sectional investigated the Prevalence of Smoking Tobacco and it's relation with pensioners’ psychological characteristics in Tehran, Iran. This study compare the psychological characteristics of the 200 selected pensioners (extraversion-introversion, self steem and general health in Tehran who smoke and who don't smoke (100 smokers and 100 non smokers, female and male are equally) in the city of Tehran was conducted.

RESULTS:
Results shows smoking prevalence among pensioners in the city of Tehran was found to be 30.5%. The mean age for Tobacco initiation was 14 ± 5 years. pensioners who smoke compare with those who don't smoke, are more extrovert and has lower self steem; low general health. Comparing the psychological characteristics of the pensioners in sexual differentiation, confirm these findings. That is
there isn't any difference between the male and female, smokers and non-smokers.

CONCLUSIONS:

Multivariable regression analysis showed that there is significant relationship between the dimensions of extraversion-introversion and self-esteem pensioners smoke in a day, with the rate of smoke in a day. So, these features distinct how much pensioners smoke in a day.

Key words: Pensioners, Prevalence of Smoking, Tobacco, extraversion-introversion, self-esteem, general health.

P72

OASIS - Private-Public Collaboration to Provide Low-Cost Supportive Living Resources that allows at Risk Seniors to Age in Place

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Objective: To engage at risk seniors in the development of an onsite supportive services program, in a market rent apartment building where the majority of the tenants are elderly seniors who wish to age in place.

Method: OASIS supportive aging at home pilot program is the vision of the Kingston, Ontario, Council on Aging, and was initiated as a result of a needs assessment conducted through focus groups and surveys with elder at risk seniors living independently. The project is an innovative collaboration between tenants, the landlord, healthcare agencies, and educational institutions to develop a program of services that aims to address health issues related to: isolation, reduced mobility, poor physical fitness and nutrition. This is a mixed method evaluation study with participant engagement in the design and implementation of an intervention model. The evaluation involves observation, collection of participant demographics, focus groups, and key informant interviews.

Results: The funded assisted-living program developed provides access to onsite day and night personal support workers as program coordinators to help tenants navigate the healthcare system, as well as onsite exercise programs, nutritious meals, and regular social and education meetings. Longitudinal data collection will continue to evaluate the effect of the program on reducing visits to emergency department and pre-mature entry into long-term care facilities.

Conclusions: Most seniors want to age in place and this is increasing demands for adaptations that allow this to happen. Providing services onsite in existing apartment buildings by enlisting community collaboration is an affordable assisted-living option.

P73

Assisted Living Services without walls

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Purpose

With an aging population governments are seeking creative ways to help expenditures. Assisted living is a safe, affordable and cost effective way for seniors in the community who require some assistance in their homes. This important service allows for the appropriate level of care to be provided in an environment that is best suited to the needs of the senior while supporting independence and choice.

The Renfrew Victoria Hospital was successful in obtaining funding through the Champlain Local Health Integration Network (CHLIN). No assisted living services were available for the elderly in Renfrew and the surrounding area. The presentation/poster will describe the process followed by a rural hospital in Ontario to plan and design an innovative and integrated assisted living program without walls.

Methods

The logic model was used to provide a framework for program planning of the assisted living program. It provides an illustration of the problems and sub-problems; goals and objectives; activities and inputs; and outputs and outcomes that the hospital hopes to achieve with this program.

The evaluation framework was also developed with a variety of qualitative and quantitative data.
elements. The evaluation measures to be used would be described as part of the program.

Conclusions

The presentation/poster would cover the steps taken to plan and design this unique program and the unique advantages to hospitals leading a community program. It is anticipated that this new program will strengthen the integration between the hospital and the community care sector.

P74

Aging-in-Place: New Directions for Long Term Care

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With only 7% of older adults over the age of 65 years living in long term care facilities, the majority of seniors manage to live in their own home. However, we have little knowledge on the needs of seniors and the services required to age-in-place.

This project highlights the needs of seniors living in a rural and an urban community in the province of New Brunswick and allows us to obtain a better understanding of services offered, and needed, in the context of aging-in-place. The objectives of this qualitative case study were: 1) to identify the needs for services with seniors living in a rural and an urban community related to aging-in-place; 2) identify existing services related to aging-in-place; and 3) understand the present contribution and vision for the future of community organisations offering services to seniors.

Individual interviews were conducted with key informants from community organizations as well as three focus groups with older adults in the identified rural and urban communities. Interviews were recorded and transcribed followed by content analysis to identify common themes related to study objectives. Findings indicate that present services do not meet older adults’ needs for aging-in-place and that seniors need to take the lead if they want to facilitate their own aging-in-place. This project allows a better understanding of the needs and the expectations of francophone seniors living in rural and urban New Brunswick related to aging-in-place.

P75

The Choice of Last Resort? Characteristics Of Mexican American Elders Admitted to Skilled Nursing Facilities in the United States: Data from the Hispanic EPESE Study†

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PURPOSE: Information is limited on Hispanic elder use of skilled nursing facilities (SNFs) in the United States. The study purpose was to describe the factors associated with those community-dwelling Mexican Americans who spent time in a SNF compared with those who did not across the Southwestern United States.

METHODS: A probability sample of 3,050 Mexican American elders from five southwestern States followed from 1993 to 2005 were examined. Data was collected on the Mexican American elders who had had a SNF stay within 12 years of the time of survey. Variables examined included sociodemographics, interview language, instrumental activities of daily living, Activities of Daily Living, self-reported health, mental status and depression.

RESULTS 3.9% (n=78) of the subjects had resided in a SNF. Univariate analysis revealed a statistically significant relationship with Mexican American SNF subjects being older, more likely to speak English and less functional than those who had not resided in a SNF. Multiple logistic regression indicated that SNF subjects were older (OR =1.08, p=0.001), had at least one ADL impairment (OR=4.94, p<0.001), had CES-D depression scores (OR=2.72, p=0.001) and preferred English as their primary language (OR 1.95, p=0.042) when compared to those who had no SNF stay.

CONCLUSION: Mexican American elders who have resided in a SNF were more likely to be: older, more functionally impaired, more depressed and more likely to use English as their primary language. These results supports current thinking that Mexican American elders view nursing home care as the choice of last resort.

P76
Rural Mobility For Older Adults: It Takes a Community

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Background: Mobility touches every area of life for older adults, and is critical to aging-in-place. Older adults living in rural communities are often faced with challenges and barriers to mobility that have been associated with negative health outcomes. Yet, little is known about the relationships between mobility, health and aging in rural communities.

Objective: To understand mobility from the perspective of rural-living older adults, specifically their mobility challenges, supports, and the strategies they use in meeting their health and health care needs.

Methods: The study used an exploratory qualitative approach. Three Western Canadian rural communities were selected for their variability in population size, health service configuration, and seasonal and geographical features. Two older adult focus groups were conducted in each study community to represent a range of mobility levels. Twenty-eight older adults participated in a total of six focus groups that were facilitated by a semi-structured interview guide.

Results: Findings revealed changes in mobility across a range of life spaces from home to surrounding communities. Four themes emerged for rural living older adults: heightened spatial-temporal challenges related to mobility, inter-linked mobility or the ripple effect of an older adult's changing mobility, the impact of mobility on health, and the reciprocal influence of health on mobility.

Conclusions: Rural dwelling older adults are often faced with complex decision-making in relation to their health issues as a result of the mobility challenges they face. Although mobility must be addressed at multiple levels, primacy must be given to community level involvement.

P77

Judging Cognitive Function in Acute Care: More than the MMSE

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The cognitive function of older people remains one of the chief concerns of health care workers in hospital. The negative outcomes of cognitive impairments have been well documented and
include increased morbidity, mortality and nursing home placement. Great efforts are being made to address the physical, social and emotional effects of cognitive impairment through preventative measures and thoughtful intervention. However, cognitive impairment continues to be under-recognized and underreported by nurses at the bedside. The purpose of this paper is to critically examine the current literature on how nurses judge cognitive function in hospital. A search of current nursing and allied health literature was undertaken; databases were used to identify relevant papers from the past ten years. The literature was critically examined to explore the potential influences on nurses’ judgements about cognitive function. The reviewed literature is focused on the types of assessments nurses ought to be conducting, with very little known about how nurses are currently making judgments. There is a large body of literature on the effectiveness of screening tools for gathering evidence about cognitive function. There is also a body of evidence suggesting that nurses’ attitudes affect the care they provide older patients. An exploration into how values and power relations influence nursing practice with older people is integral to understanding how nurses are currently practicing with older people at risk for cognitive impairments.

P79

Making a difference among community-dwelling seniors with Alzheimer’s dementia: Nutritional support offered to patients attending a memory clinic.

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Objectives: Ensuring good nutritional status and prevention of weight loss are essential in individuals with Alzheimer’s dementia (AD). Since outpatient memory and geriatric clinics do not typically have a nutritionist on the multidisciplinary health care team, patients rarely undergo a thorough nutritional evaluation at admission to clinic. This study aimed to demonstrate the feasibility and benefits of implementing a nutrition intervention program in a university hospital outpatient memory clinic.

Methods: Nutrition risk screening and systematic dietary evaluation were implemented in a sample of 20 patient-caregiver dyads recruited from the clinic. With their caregivers, two female patients aged 94 and 81 years, respectively, were evaluated as case studies. Results: Sub-optimal dietary intakes were observed in the year following diagnosis of AD. Early intervention stabilised body weight in patient 1 (age 94), improved her dietary intakes, and educated her main caregiver about the dangers of excessive use of nutritional supplements. Patient 2 (age 81) continued to eat poorly at home but ate better when taken to restaurants by her caregiver, who played a greater role in encouraging better dietary intakes as a result of the intervention. Conclusions: Skilled dietary counselling early in AD can improve the patient’s appetite and well-being. Educating caregivers increases their confidence and involvement.

P80

Le jardin de Monsieur P: Étude de cas - Art-thérapie et Maladie d’Alzheimer

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Présentation

La présente étude de cas porte sur le parcours de Monsieur P. en art-thérapie, sur une période de 4 mois. Entre février et août 2010 il a participé à des sessions de groupe hebdomadaires de deux heures, menées par Pascale Godbout, art-thérapeute à la Société Alzheimer de Montréal.

Monsieur P, âgé de 87 ans, a reçu un diagnostic de démence mixte un an auparavant, peu après le décès subit de son épouse avec qui il résidait à domicile.

Objectifs

Offrir à Monsieur P, une activité de stimulation significative, soit à la fois sociale, cognitive et sensorimotrice. C’est un homme de nature entreprenante et sociale, aimant travailler de ses mains.

Méthode

Auprès de personnes atteintes de démence, l’art-thérapeute préconise l’approche centrée sur la personne, favorisant :

- L’expression spontanée
Abstracts / Abrégés

- La mise en valeur des forces du participant.

- La validation de l'expérience subjective de la personne atteinte dans le contexte unique de son histoire personnelle.

Conclusion

En se basant sur les observations des divers intervenants, selon les images produites et selon ses propres paroles, on conclut que Monsieur P a positivement investi les sessions d’art-thérapie et que cela l’a aidé à activement surmonter les nombreux deuils et pertes vécus dans la dernière année.

Références

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P81

Frailty, Dementia and Disasters: What Health Care Providers Need to Know: A Knowledge Translation E-learning Resource

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Purpose: To describe the development, piloting, evaluation, and dissemination of an e-learning tool entitled "Frailty, Dementia and Disasters: What Health Care Providers Need to Know". Method: Key literature on geriatric emergency preparedness and response issues, including the roles and responsibilities of health care providers, was identified and synthesized in consultation with the International Working Group on Health Care Providers and Continuity of Health Services (Division of Aging and Seniors, Public Health Agency of Canada). Content was piloted in a facilitated workshop in Ontario. A pan-Canadian reference group provided feedback on the transition to an e-learning format. Iterative evaluation of the program included facilitated review by health care providers in two workshops in Yukon Territory and two workshops in Quebec. An on-line pilot was conducted by health care providers in British Columbia. A technical advisory group provided expert guidance for web based dissemination. Results: The four module e-learning program is now hosted on-line in French and English by the Canadian Dementia Research and Knowledge Exchange (CDRAKE) network and can be used by any health care organization as part of its emergency management learning strategy. Conclusions: Mounting evidence 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 mitigation/prevention). This project demonstrates a knowledge translation approach to addressing this challenge.

P82

Emotional Control of the Alzheimer's Disease Patients Caregivers by Acupuncture†

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The phrase "a patient with dementia is equivalent to two requiring caregivers" brings up the fact that besides the drastic decline in quality of life of patients, there is also a decrease in quality of life of the caregivers (Wettstein, 1997) due to the considerably increase of the Psychological stress in this individual.

Objective: To evaluate the therapeutic response of improving the quality of life in caregivers of patients with Alzheimer's Disease (AD) by acupuncture.

Methodology: Were recruited 96 female volunteers aged over 30 who care for a bearer of DA in moderate or late stage relative for a one-year minimum period. The caregivers were evaluated by the Scale of the Positive and Negative Animo (Smith et al, 1999) and underwent 12 sessions of weekly acupuncture point using only the extra-She-Shi Tsung. These individuals were reevaluated in the sixth and last session.
Results: In the initial evaluation of these participants was observed a prevalence of negative feelings, and the item with the highest score was "irritation". At the sixth session a small improvement in positive feelings could already be observed. In the last evaluation performed, none of the participants reported being very or extremely angry and the item "joy" showed an improvement of 80%.

Conclusion: Acupuncture proved to be a very effective method for improving the emotional state of caregivers, who will be able to give a better care to their patient.

P83

The effects of marital status on episodic and semantic memory in healthy middle-aged and old individuals


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Introduction & aim: Previous studies have shown inconsistent findings about the relation between marital status and cognition (especially with a general cognitive test, i.e., MMSE). In the present study, we examined the effects of marital status and age on specific memory tests: episodic and semantic.

Method: A total of 1413 adult men and women participated in a longitudinal project (Betula) on memory, health, and aging. The participants were grouped into two age cohorts: 35-60 and 65-85 and studied across a period of 5 years. Episodic memory tasks comprised recognition and recall, and semantic memory tasks comprised knowledge and fluency.

Results: After controlling for education, some diseases and leisure activity as covariates, married people showed significantly better memory performance than single individuals in episodic memory, but not in semantic memory. Also the amount of decline was significantly larger for singles and widowed than other groups in episodic memory during 5 years period time. These results were similarly observed in both age groups.

Conclusion: Our specific episodic memory task showed that the effect of marriage can be observed only in comparison with singles and not with divorced and widowed individuals. This effect can be explained by the role played by cognitive stimulation in memory and cognition. The cognitive stimulation of a partner may protect the brain from deterioration. Marriage can be seen as a positive factor in cognitive aging.

P84

Multivariate longitudinal modeling of cognitive change: Relationship between processing speed and other cognitive outcomes

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Background & Objective: Developments in advanced statistical models that allow for two or more outcomes to be examined simultaneously allow researchers to answer complex research questions and re-examine cognitive aging theories. The main objective of the current study was to examine the importance of processing speed on explaining change in cognitive functioning using multivariate longitudinal analytic techniques. Method: Data from the Longitudinal Aging Study Amsterdam (LASA) and the Origins of Variance in the Oldest-Old: Octogenarian Twins (OCTO-Twin) studies were used. Results: Results from the latent growth curve model with a time-varying covariate indicate that changes in processing speed are coupled with changes in other cognitive functions (e.g immediate and delayed recall, visual spatial ability) at time-specific occasions. The parallel latent growth curve model and the directional bivariate latent growth curve model indicate that rate of change of processing speed is associated with the slope of other cognitive functions. Correlations between time-specific disturbances of the repeated measures of processing speed and cognitive functioning were also found. Conclusions: Even though the different approaches provide corresponding results, differences between the models were nevertheless found. Implications of these findings and comparisons between the different approaches used are discussed.

P85

L’expérience des hommes qui ont vécu le relogement en centre d’hébergement de leur conjointe atteinte de problèmes cognitifs.
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La présente étude vise à décrire l’expérience vécue par des époux lors du relogement en centre d’hébergement de leur conjointe atteinte de problèmes cognitifs en utilisant un devis qualitatif de type phénoménologique. Cinq époux ont été interrogés de manière individuelle. Le processus du relogement chez les époux se déroule selon trois phases bien précises: la prise de décision, l’hébergement définitif et la réorganisation de la vie.

L’analyse de l’expérience des époux qui vivent l’hébergement de leur conjointe montre un sentiment dominant, le soulagement. Les époux se sentent principalement soulagés de ne pouvoir garder leur conjointe jusqu’à la fin parce qu’ils sont impuissants devant la détérioration cognitive qui s’installe chez elle. Ils ressentent peu de culpabilité; ils pensent que ce n’est pas leur faute que leur conjointe soit détériorée ainsi.

La prise en charge de la conjointe suscite d’énormes tensions; la conjointe vient parfois à être violente au point de créer des difficultés au sein du couple. L’hébergement de la conjointe en résidence pour personnes âgées leur apparaît donc la seule issue possible. En centre d’hébergement, ils s’impliquent dans les soins à donner. Peu à peu, ils réorganisent leur vie sans la conjointe. Quelques uns trouvent une autre partenaire pour continuer leur vie. D’autres restent seuls, mais ils ont plusieurs bons amis qui les soutiennent dans leurs vieux jours. Ils ont peur du jugement des autres sur de nouvelles relations.

P86
Omega-3 polyunsaturated fatty acids and mixed dementia
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The two most common distinct types of dementia are Alzheimer's disease (AD) and vascular dementia (VaD). In many cases, both of these dementia types are observed in the same person, which is often referred to as mixed dementia (MD). Regardless of dementia type, dementia is a debilitating disease for which there is no cure. Current treatments are able to combat disease symptoms for a limited time in approximately half of AD patients in the mild to moderate stages of the disease. VaD management aims to reduce the risks for occurrence or re-occurrence of cerebrovascular events as well as reducing other vascular risks, such as hypertension, diabetes, smoking, physical inactivity, and others. Treatments for MD usually involve a combination of both AD and VaD treatments. Similarly, research also is focused on either AD or VaD and not MD.

We examined the mechanisms of action of omega-3 fatty acids in the contexts of both AD and VaD in order to determine if the use of omega-3s could be applicable in regards to MD.

Omega-3 fatty acids may be beneficial to persons with MD by potentially reducing neuroinflammation associated with both AD and VaD symptoms.

There is very little research in regards to MD. Since there are common threads between AD and VaD, such as neuroinflammation, therapies that target these common threads, such as omega-3 supplementation should be explored. Since many persons with dementia exhibit both AD and VaD pathology, such treatments would be extremely beneficial if demonstrated to be efficacious.

P87
The effect of multi-task step exercise on the improvement of cognitive function in elderly
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Background Expecting frail older people with frequents multiple diseases, to participate twice, or even three times a week in a structured exercise programme may not be realistic. To improve cognitive function of frail elderly population, there is a situation to require an easy exercise to participate in. Purpose The purpose of this study is to investigate effectiveness of a multi-task easy exercise on the improvement of cognitive function. Method We developed a multi-task net-step exercise with lower intensity and fewer frequencies based on neuro-behavioral mechanisms. The exercise use a 4-meter-by-1.5-meter net comprised of 50 square centimeter meshes and features low
impact physical movement. In this study, participants were asked to walk across the net without stepping on the ropes or getting caught in the net. **Result** Significant deference were observed in cognitive function and gait speed in treatment group. **Conclusion** Dual-task exercise is useful remedy to improve not only gait ability but also cognitive function. It can reduce burden from physical exercise for elderly population as well.

### P88

**Fall reporting strategies in long-term care facilities in urban and rural Saskatchewan**

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**Objectives:** Falls and fall-related injuries in older adults are a serious public health concern, particularly in long-term care (LTC) facilities. Canadian LTC administrators and clinicians have identified that there is a need for a standardized system of data collection to assist in development and evaluation of effective fall prevention strategies (Scott et al., 2001). However, it is unclear whether systematic fall data is being collected and whether or not this information is being adequately disseminated to LTC staff.

**Methods:** Directors of Care/Nursing or other designated staff from all LTC facilities in 11/13 Saskatchewan RHAs (n=118) were invited to participate in a 30-minute telephone interview assessing knowledge of falls and fall prevention and reporting strategies currently in place at their facility. Independent samples t-test and Pearson's chi-square were used to compare urban and rural facilities.

**Results:** Rural facilities included chart notations in addition to an incident report, while not all urban facilities reported doing so. Urban facilities were less likely (p<0.05) to include information such as location of a fall and resident's activity prior to a fall in chart notations. However, incident reports were reviewed with higher frequency in urban facilities (typically weekly/monthly) than rural facilities (typically quarterly).

**Conclusions:** Rural facilities tend to have more detailed reporting of falls and fall-related injuries than their urban counterparts, although this information was not reviewed as frequently. Also, the collected fall information was not used in safety initiatives at the facility level in either urban or rural facilities.

### P89

**Prediction of Falls During Preferred and Fast Walking**

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**Background and Purpose:** It is well known that gait velocity and gait adaptation declines with aging. The purpose of this study, therefore, was to examine preferred and fast gait velocity as predictors of fall risk, using standardized balance measures.

**Methods:** 229 community dwelling older adults were timed while walking 30 feet at their preferred and fast speeds within a 50 foot walkway. Risk for falls was determined by using either the Fullerton Advanced Balance Scale (FAB) or the Berg Balance Scale (BBS). Subjects receiving < 14 on the physical activity questioner completed the BBS as opposed to a score >14 they completed the FAB. **Data Analysis:** ROC curves were calculated to determine how well preferred and fast walking predicted fall risk using standardized balance testing. **Results:** Both preferred (area=.77) and fast (area=.78) speed walking had fair predictability for fall risk. In contrast, the difference between fast and preferred gait speed had poor predictability (area=.61). A score of 9 seconds during preferred walking provided 70% Sn and 74% Sp whereas a score of 7 seconds during fast walking provided 76% Sn and 72% Sp. A difference in 2 seconds between fast and preferred gait speed provided 72% Sn and 41% Sp. When the BBS and FAB were separated, the best predictor was use of the BBS to determine fall risk with good predictability (area =.81 area). **Conclusion:** In community dwelling older adults, preferred gait velocity alone can be used as a predictor of fall risk using standardized balance measures.

### P90

**The Effectiveness of a Hospital Based Falls Prevention Program for Geriatric Patients**

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Background: The consequences of falling, especially in the elderly population can be devastating. Fall-related injuries have resulted in delayed recovery, longer hospital stays, and increased bed utilization. Many of the risk factors for falls are created within the health care setting itself or as a direct result of illness. A Falls Prevention Strategy was developed and piloted in two sites to determine if staff education and multiple interventions are effective in reducing the number of patient falls in the elderly population.

Method: A retrospective review of data obtained from the Patient Incident Report and the Post Falls Data Collection sheet was completed and analyzed pre and post implementation of the Falls Prevention Program. Fall rates, the number of falls and the number of serious injuries were reviewed. Patient outcomes were compared to the pre-implementation data.

Results: The number of reported fall related incidents increased by 14% and the fall rate increased by 7% the year that the Falls Prevention Program was implemented. One factor contributing to this increase may be related to a heightened awareness of the necessity to report. Although the number of falls increased, the number of serious fall related injuries decreased by 40%.

Conclusion: During this intervention, it has become very apparent that not all falls can be predicted or prevented. However, staff education, risk factor identification, and environmental modification can reduce the number of serious fall related injuries.

P91
Development and Validation of a Falls Grading Scale†
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Objectives

The measurement of fall events in clinical and epidemiological studies is largely based on self-report; this can be subjective and imprecise and methodologically limits falls-related research. We sought to develop and validate a scale to grade near-fall and fall events based on their functional impact to the patient, with the goal of increasing the accuracy of fall reporting in the clinical and research setting.

Methods

Qualitative instrument development was based on a review of the literature and semi-structured interviews to assess the face validity of the scale. We queried older individuals (n=4) and providers with a diversity of expertise in treating older patients at risk of falls (including a geriatrician, otolaryngologist, neurologist, ophthalmologist, orthopedic surgeon, physical and occupational therapists, a nurse, a geriatrics researcher; n=12) about clinically important differences to detect and how to optimize the scale’s ease of use.

Results

We developed the 4-point Hopkins Falls Grading Scale; the grades distinguish a near-fall (Grade 1) from a fall with no medical assistance required (Grade 2), a fall with medical assistance required without hospitalization (Grade 3), and a fall requiring hospitalization (Grade 4). Illustrations were created to visually define the grades. Overall, the scale’s content, presentation and clinical relevance were well-accepted by the patients and providers surveyed.

Conclusion

The Hopkins Falls Grading Scale demonstrates good face validity and ease of use for the measurement of near-fall and fall events. Further evaluation of psychometric and criterion validity as well as clinical and prognostic significance of the scale is in progress.

P92
Obesity affects balance control in older women
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Elderly individuals have reduced balance control, particularly those that are weak and have sensory deprivations. Obese individuals, when measured with a force platform, sway at a faster rate than normal weight individuals, suggesting that they also have difficulty controlling balance. Combining the added mechanical constraints of obesity with the reduced sensory capabilities of aging we stand to identify the most at risk group for falls. The objective of this study was to assess the effect of obesity on balance control in older women.

Postural sway of 11 normal weight (BMI <25kg/m²; age = 70.6 ± 5.5years), 18 overweight (BMI 25< BMI<30kg/m²; age = 72.1 ± 4.4years) and 10 obese (BMI >30kg/m²; age = 71.6 ± 4.8years) women was measured with a force platform for normal quiet stance lasting 30s in opened and closed eyes conditions (7 trials for each visual condition). As well, scores for Timed Up and Go, one leg stance, Functional Reach and Tandem walking tests were obtained.

The obese group oscillated at a faster speed than the overweight and normal weight group (P<0.05). Concerning the clinical tests, only two tests showed significant differences between the normal weight and obese groups, the TUG (P<0.05) and the one legged balance (P<0.05) tests.

Obesity increased the speed of body sway for older women. As older women are more unstable and postural instability is an identified risk factor for falling, this could explain why obesity in elderly women has been considered as a risk factor for falling.

P93
Validation d’un programme communautaire de groupe ciblant la peur de tomber et ses effets sur le quotidien des aînés

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Introduction. La peur de tomber, un phénomène fréquent chez les aînés, peut avoir des conséquences néfastes sur leurs capacités physiques et fonctionnelles et sur leur risque de chutes lorsqu’elles les incite à limiter indûment leurs activités quotidiennes. En dépit de ces considérations, on dénombre très peu d’interventions préventives prenant en compte ce phénomène. Le programme Vivre en Équilibre a été développé par une équipe de chercheurs et d’intervenants du Québec dans le but de combler cette lacune. Adapté en partie d’un programme développé aux États-Unis, ce programme de groupe est conçu pour être animé par des aînés bénévoles.

Objectif : La présente étude visait à valider le programme Vivre en Équilibre pour le contexte communautaire québécois.

Méthodes : Le manuel d’animation du programme a été soumis à un groupe d’experts comprenant des chercheurs, des professionnels de la santé et des aînés. Les experts devaient compléter un questionnaire d’appréciation des différents aspects du programme. Ils étaient aussi invités à annoter le manuel d’animation.

Résultats : Les experts ont jugé le programme valide et pertinent pour la population ciblée. Ils ont toutefois recommandé quelques ajustements mineurs du programme touchant à la fois le contenu des séances et le format du manuel d’animation.

Conclusion : Les résultats du processus d’évaluation démontrent que le programme est valide pour le contexte communautaire québécois, mais que des adaptations sont requises afin qu’il réponde mieux aux besoins et au contexte des milieux. La prochaine étape consistera à étudier la faisabilité de l’implantation du programme révisé dans deux milieux communautaires.

P94
Keeping In Balance Retirement†

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Introduction:
Propelled by the growing concern related to Falls and its impact on the elderly a comprehensive interdisciplinary restorative program was implemented in 39 Revera Retirement Residences.

Objective:
Decrease Falls
Increase Endurance
Increase Functional Mobility
Increase Muscle Strength
Improve Balance
Increase Range of Motion
Provide Social Support
Gain Confidence in Ambulating Ability

Methodology

1. Residents received interdisciplinary assessments upon admission, quarterly, annually with the care conference, with any identified changes in health status and/or upon readmission from hospital.
2. A Safety in Ambulating, Lifting and Transferring (SALT) assessment was complete within 24 hours of admission.
3. A Falls Risk Assessment Tool (FRAT) was completed within 24 hours of admission.
4. Homes completed the MDS Assessment
5. When the Resident was assessed as being medium to high risk for falls a referral was completed to the physiotherapist for further assessment
6. Physiotherapist completed further assessments.
   - a. Resident History
   - b. Functional Reach Test
   - c. Time Up and Go Test
   - d. Tinetti Test
   - e. Berg Balance Test
   - f. Elderly Mobility Scale
   - g. MDS Standing Balance Test
   - h. MDS Sitting Balance Test
7. Residents were then placed into an individualized Falls Prevention Program according to their specific needs.

Results:

Decreased falls by: 15.94%
Most frequent location: Bedroom
Most frequent timing: 15:00 hrs - 23:00 hrs

Summary:

A preventative program aimed at assessing and identifying Residents at risk and the implementation of a comprehensive interdisciplinary restorative program had positive impact on Residents outcomes.

P95

Care Transitions: Perspectives From Three Countries On Elder Transfers Across The Continuum Of Care And Ways To Improve The Process†

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Through his life, and especially at the stage of old age, the geriatric patient has had many loses, which sometimes is unable to solve, or while being in long stay institutions, they may have telling of anger or sadness, as a result of a not solved grief; In that moment we need to investigate the importance that it is given to it, by the patient, also, if it have been included within the diagnosis.

In thanatology, the proposed approach, the most be to support the patient with a not solved grief, by an active, listening that will allows himself to analyze the grief and recognize his emotions, throughout the narrative expression at his life.

Another critical moment for Thanatological intervention, is the time close to the death of the geriatric patient; by allowing himself to take his own decisions, relieving the total pain, without restrictions and without suffering, and supporting the family decisions.

At last: Remains the importance of focus the attention to the family after the patient’s death in order to analyze it: ¿Does it really, the health team have finished their work or still there is a lot more to do?

In thanatology we propose that within the 15 days after death it should be send a letter to the family; this letter should include these requirements: first, the expression of sympathy; second, to acknowledge the work that the family has done, and in third, offering help whenever it may be need.

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The Geriatric Evolution in a Community Acute Care Hospital: Challenges and Lessons Learned
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Objectives:

1. Describe the process of development and implementation of comprehensive geriatric care in a community acute care hospital

2. Discuss the changes and strategies to sustain this model

Description:

Hospitals today are feeling the squeeze - they're facing a growing population whose medical needs are ever more complex, and also facing greater scrutiny on health care costs. In this environment, leaders of our health care are quickly realizing that investment in seniors care not only delivers optimal impact for their patients, but also drives positive impact to the bottom line. Nearly 60% of inpatient care is seniors, although they represent only 12% of the general population.

Programs that encourage proactive, preventative care, and/or root cause resolution with a holistic multi-disciplinary team approach have proven to enhance care and cost-effectiveness of a local community hospital. Rouge Valley Health System, over the past 6 years, has made a series of steps in policy, programming, education, leadership, and in securing funding to raise the bar in seniors care.

This presentation will discuss and describe the journey - successes, challenges, and opportunities. The main goal is to encourage and spread ideas for the direction of our future senior health care model.

Conclusion:

A change of system and policy of senior care at acute care hospitals has positive impacts on our health care system. Discussion on the transformational changes and strategies to sustain and support this comprehensive innovative senior care model will provide insight into future developments of senior health care.

P98

Comparison of Spousal Abuse Prevalence Rates and Risk Factors in 1999, 2004 and 2009

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a) Objectives
Little is known about the prevalence of elder abuse and neglect in Canada. This research project will attempt to add to the literature by examining rates of spousal abuse at three points in time: 1999, 2004 and 2009. It will also determine whether the prevalence of specific types of abuse and neglect has changed, as well as the characteristics of those who have been abused. Changing prevalence rates are then linked to changes in characteristics in order to determine whether changing rates can be explained.

b) Methods

Overall prevalence rates, as well as rates by individual types of abuse will be presented in tabular form, where cell counts permit. Logistic regressions will be used to examine the causal, or risk factors that underlie elder abuse. The data source will be the General Social Survey cycles on Victimization (1999, 2004 and 2009). This is not intended to be a longitudinal analysis.

c) Results

Results will be examined in light of other domestic and international studies on elder abuse. It is hoped that this current data will add to a field where estimates of spousal abuse are limited.

d) Conclusions

General conclusions will be made on the direction of prevalence rates, after considering influences. Lastly, a brief overview will be done of an existing research program that is developing measurement instruments on elder abuse and neglect.

P99

Chart Review of Current End-of-Life Care Needs and Care Practices in Acute Care Hospitals

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Objective: A chart review study was undertaken to describe current end-of-life care needs and care practices at two Alberta hospitals.

Method: Select data were entered into a spreadsheet and analyzed via SPSS program.

Results: 1,018 people died (August 1, 2008-July 31, 2009) in these hospitals; with 9.0% ER deaths, 88.5% not having any surgery done, and 68.5% occurring with a family member present. March had the highest number of deaths (10.8%), followed by January (9.5%); with 28.0% deaths occurring in the hour of 0300-0359. Their mean age was 72.5; with 73.8% aged 65+, 53.0% male, 53.0% not married, and 79.5% urbanites. The most common primary diagnosis was cancer (36.2%). The majority (54.6%) of deaths were expected, with 40.3% of all persons dying expected deaths having had a palliative care referral. Of all decedents, 13.8% had CPR performed, while 86.1% were designated as DNR and 30.8% had a living will. Almost all (97.3%) had potentially life-supporting technologies in use at the time of death, with only 7.0% experiencing technology withdrawal. Of those with pain, 98.6% received potent analgesia.

Conclusions: These findings demonstrate that hospitals continue to provide end-of-life care to people who die both expected and unexpected deaths, although most deaths are anticipated. It is concerning that only 2/3 of all persons had family members present at the time of death, and that technologies continue to be extensively used as oxygen and intravenous fluids may be extending the length of the dying process and the suffering that occurs when dying.

P100

Culture Change in care homes through a person-centred approach

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In 2008, the Alzheimer Society (AS) embarked on a "culture change" initiative focusing on the needs of people with dementia and their family members in the later stages through a person-centred approach.

The culmination of this first phase was the launch in 2011 of the Guidelines for Care: Person-Centred Care of People with Dementia Living in Care Homes[1]. This document summarizes evidence based guidelines for care of people with dementia living in long term care. It is intended to spark conversations about how the AS and its partners can make it more likely that individuals with dementia and their families will experience a person-centred approach to care throughout the disease and particularly in the later stages.
In their next steps, the AS intends to survey people with dementia and caregivers about their expectations, concerns, experiences, and hopes for long term care. This survey will inform the strategic directions of the AS and its partners in order to improve long term care for people with dementia.

Other expected future outcomes are to influence government policy, to guide service provision, to improve quality of care and thus the quality of life for people with dementia, and their families.

P101

Interdisciplinary Program to Older People in Primary Care – The Role of University in the Development of Professionals and Quality of Care†

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The objective of this abstract is a description of program of health assistance to dwelling elders that has been developed by State University of Londrina – Paraná – Brazil. The Interdisciplinary Program of Assistance to Elderly in Primary Care is managed by the professor team in several specialties – Medicine, Nursing, Psychology, Physiotherapy, Pharmacist and Social Work and has as main objective to improve the gerontology knowledge in graduation level of health areas. The activities are realized in the community only and include home visits to dependent elderly, orientation to caregivers and implementation of group of elders to education in health for prevention of falls and cognitive stimulation. There are monthly case-report meeting with participation of professor group, graduation students and local health workers. Beside to older people and health professional activities, have been realized actions with teenage students of the neighborhood about questions related to the ageing and his social repercussions. The team carried out periodic meetings for evaluation of the actions and proposition of new strategies; continuous evaluation and presentation of research in scientific events. This academic program represents a real opportunity of training activity in team and interdisciplinary profile. Moreover the sharing of knowledge between the health areas could improve of global perception of elderly people.

P102

Health Literacy and Older Adults

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Improving health literacy is increasingly critical as information, choices, and decisions about health care and public health have become more complex. The Public Health Agency of Canada' Action Plan to Improve Health Literacy in relation to Chronic Disease in Canada identified the importance of improving health literacy as a fundamental component of taking collective actions to influence the determinants of health.

The PHAC Action Plan defines health literacy as "the degree to which people are able to access, understand, appraise and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life-span". Health literacy plays a critical role in chronic disease self-management. In order to manage long-term conditions, individuals must be able to understand and assess health information, plan and make lifestyle adjustments, make informed decisions, and know how to access health care when necessary.

The senior population is of particular concern since research findings show that average health-literacy scores fall consistently with age. The Canadian Council on Learning found that 88% of Canadians 65 years and order scored below level 3, the minimum proficiency level to effectively manage personal health. Many seniors, especially those who do not read habitually, lose their reading skills.

The purpose of this presentation is to bring the issue to the forefront and to discuss actions being undertaken by PHAC in relation to improving health literacy for older adults.

P103

Who are the Alternate Level of Care (ALC) patients in one Atlantic Canada community?

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40th Annual Scientific and Education Meeting, CAG & 4th Pan American Congress, IAGG
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Abstracts / Abrégés

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Background: Alternate Level of Care (ALC) patients are patients that remain in hospital, following acute illness, awaiting care or nursing home beds in the community. This population is not well described in the literature and the purpose of this study was to better understand this population.

Methods: ALC patients in two hospitals in Atlantic Canada were identified. Data from charts was collected about their hospital admission, medical history, living situation, cognitive and functional status.

Results: Data was gathered on 181 patients, comprising 33% of all acute care beds in the hospitals. The mean age was 79.3 years and 64.8% were female. Prior to admission, 42.4% were living home alone, 58% had no formal supports, and 66% identified their living arrangements as being inadequate. In the year prior to this hospital admission, 43% had no ER visits and 61% had not had a hospital admission. On admission, 80 (44.7%) had a diagnosis of dementia but 53 were diagnosed with dementia during their hospital stay. Patients experienced significant Therefore, 133 (74.3%) had a diagnosis of dementia.

Conclusion: The majority of ALC patients have a diagnosis of dementia. These patients were not high users of the ER or the acute care hospital. Solutions to the growing number of ALC patients in acute care beds needs to focus on those with dementia in the community. Adequate community resources, such as home care services and appropriate numbers of nursing home beds in the community is also part of the solution.

P104

Workplace Conditions for Social Workers in Hospitals and other Aging Practice Settings in Ontario

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Social workers are primary providers of psychosocial services to elders as part of interdisciplinary health care teams, yet little is known about the social work workforce in aging in Canada. A longitudinal internet-based survey is underway that examines workplace conditions and training needs of social workers in hospitals and other aging practice settings in Ontario. Data collected at this study’s first phase were examined in PASW Statistics 18 to (1) obtain information regarding professional, demographic, and employment characteristics, and (2) understand workplace conditions for social workers in hospitals versus other care settings. Univariate analyses showed that the majority of study participants (N=129) possessed either a bachelors (14%) or masters degree in social work (77.5%), had ten or more years of professional experience (70.5%) and provided direct services (83.7%) to the elderly in hospitals (51.2%) and a variety of non-hospital settings such as geropsychiatric programs, long-term care homes, home health and community-based programs. Bivariate statistics revealed that social workers in hospitals were significantly more likely to have an MSW degree, have higher salaries, be union members, and believe that they were adequately compensated. However, social workers in non-hospital settings reported a higher degree of autonomy and lower degree of routinization and role conflict. These findings suggest differing workplace experiences for social workers in health and aging in Ontario depending on the type of organization. The study suggests that job challenges specific to hospitals and non-hospital settings need to be addressed in order to improve workplace conditions for this essential workforce.

P105

Perceived Control Over Future Health and Future Functional Ability Among Older Adults in a Rehabilitation Hospital Setting

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Evidence suggests that control over one’s environment (primary control) is usually beneficial in terms of health and well-being. However, when attempts at primary control are challenged by health concerns, beliefs in powerful others (secondary control) may be important. Not much is known about older adults’ control beliefs over future health (FH) or future functional ability (FFA). These analyses relate control beliefs over FH and FFA of twenty-five older individuals, mean age 84.6 years (SD = 6.98), 64% women, at time of admission to a rehabilitation hospital (T1), to their physical and psychological well-being at time of discharge (T2). In terms of primary control, T1 control over FH positively
predicted balance ability at T2; T1 control over FFA positively predicted transfer ability at T2; and both types of primary control at T1 positively predicted life satisfaction at T2. In terms of secondary control, T1 beliefs in powerful others (i.e., health care professionals) to control FH positively predicted transfer ability at T2. Taken together, these preliminary findings suggest that primary and secondary control beliefs over FH and FFA may benefit older rehabilitation hospital patients in terms of physical function and psychological well-being. The secondary-control findings indicate the importance of patient recognition that health care professionals play a role in control over FH and FFA.

P106

Perceptions of Older Adults with the Health Care System: Ageism or Abuse?

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This paper describes findings from seven focus groups of older adults (n=60) in Ontario, who represent less-frequently-heard voices: Aboriginal, Farsi, Punjabi, Chinese, Latvian, older lesbians, and older adults with mood disorders. The aim of the study was to explore perceptions of what constitutes elder abuse. In response, participants described health care provider behaviours such as inappropriate communication and negative attitudes or interactions, inappropriate medication practices and refusal to accept or maintain older patients in a medical practice. In the health care literature, this is termed ‘ageism’, although no participants labeled it as such. A better understanding of the interactions of older adults with providers is needed to inform the development of strategies aimed at older adults’ experiences of harm in the context of health care provision.

P107

The impact of geriatric rehabilitation program restructuring on patient care

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The purpose of this study was to measure the impact of service delivery restructuring of a geriatric rehabilitation program on patient care. Restructuring strategies included identifying patient populations to be ‘fast-tracked’ and implementing efficiencies and staff mix changes to ensure best use of staff resources. Using a retrospective cohort design, we analyzed health care records for 255 patients admitted to two geriatric assessment and rehabilitation units in a Canadian hospital. We compared two groups of patients during three month periods: those consecutively discharged April – June, 2009, prior to restructuring and those consecutively discharged one year later, April– June, 2010. Patient care variables were based on evaluations at time of patient admission and discharge. Measures included functional independence measure (FIM), length of stay (LOS), FIM efficiency and discharge destination. The impact of restructuring on LOS, progress in rehabilitation and discharge destination was examined via univariate analysis and logistic regression. Quantitative data were compared to findings from four focus groups where staff shared perspectives on restructuring. Patients admitted after restructuring experienced shorter LOS and made similar progress (as measured by FIM scores). However, staff reported working significantly harder to help patients achieve outcomes and reported lower morale as a result of restructuring. Findings can inform policy makers, administrators, and clinicians about effects of program restructuring and efficiencies on patient care. Results from this study may contribute to policy related to program restructuring and improve our understanding of factors that enable and impede patient care and outcomes with different service delivery models.

P108

Growing older, not old: Generativity in middle and later life

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This presentation has been withdrawn at the author’s request. / Cette présentation a été retirée à la demande de l’auteur.

P109

Lifelong learning and active aging: The role of public continuing education as a social determinant of health in an aging society

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This research examines the role that a public continuing education program can play in promoting active aging and wellbeing among older adults (60 years and older), especially seniors "at risk". Despite the graying population and the potential role of lifelong learning for promoting and maintaining health, studies on the impact of later life learning on seniors’ well-being are still scarce, and people in post-work are still a low priority under Canada’s vocational training-oriented lifelong learning policies.

Based on this socio-political view, we conducted a program-wide survey (N~1,200) of one of the largest public continuing education programs for older adults in Toronto. The statistical analysis found out overall patterns in students’ self-perceived health status and wellbeing, and whether they differ according to income status, living arrangement, chronic illness, lifestyle, etc. We found that regardless risk factors such as low income and multiple chronic conditions, older people participating in the program showed higher levels of perceived health and wellbeing, while maintaining a healthy and active lifestyle in general.

The results suggest the role of continued learning as an important social determinant of health for older adults. Given the increasing choices and the widening inequalities in old age, we will also discuss public policy implications from the perspectives of political economy of aging.

P110
Vocalization for Parkinson’s disease works!
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This presentation has been withdrawn at the author's request. / Cette présentation a été retirée à la demande de l'auteur.

P111
Sleep quality as predictor of one-year incident cognitive impairment in community-dwelling older men and women
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Objectives:
To examine in older men and women with intact cognitive functioning whether sleep quality is associated with one-year incident cognitive impairment.
Method:
The sample comprises 1665 community-dwelling older adults aged 65 to 96 and having no cognitive impairment. Participants were randomly recruited in the province Québec, Canada. Data were obtained during two in-home interviews separated by 12 months. Sleep quality was measured by the Pittsburgh Sleep Quality Index (PSQI). Incident cognitive impairment was defined as a loss of at least two points on the Mini-Mental State Examination (MMSE) between baseline and follow-up interviews in addition to a follow-up score lower than the 15th percentile according to normative data. The association between sleep quality at baseline and incident cognitive impairment were assessed by odds ratios adjusted for age, education, baseline MMSE score, psychotropic drug use, anxiety, depression, cardiovascular conditions, and chronic diseases.
Results:
Global PSQI score was significantly linked with incident cognitive impairment (odds ratio: 1.16, 95% CI: 1.05-1.29) in men, but not in women. More specifically, sleep disturbances score (1.97, 1.21-3.21) and long sleep duration (2.05, 1.08-3.92) in women, whereas habitual sleep efficiency score (1.95, 1.42-2.66) and short sleep duration (2.91, 1.24-6.84) in men were associated with incident cognitive impairment.
Conclusion:
Sleep quality in elders should receive particular attention by clinicians since subjective poor sleep quality can be an early sign of cognitive decline. Further studies should examine whether the poor sleep quality preceding cognitive decline is the consequence of particular sleep disorders and/or an underlying neurodegenerative disorder.

P112
Responsiveness of the L-Test
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Background: The L-Test of Functional Mobility (L Test) is a 20-m test of basic mobility skills that includes two transfers and four turns. It has demonstrated excellent reliability and validity in previous studies. Current convention suggests that tools are only truly useful as outcome measures if they are responsive, where responsiveness is defined as the ability of an instrument to accurately detect change when it has occurred.

Purpose: To determine the minimal detectable change (MDC) and minimal important difference (MID) of the L Test.

Method: A prospective follow up design using consecutive sampling was used to study two cohorts of individuals (N=103) with a unilateral lower extremity amputation. The MDC and MID were calculated using distribution- and anchor-based methods respectively. Specifically, the standard error of measurement (SEM) was used to calculate the MDC and a receiver operating characteristic (ROC) curve analysis was performed to identify the MID with a global rating scale of change as the external criterion.

Results: Preliminary results indicate that the L Test is a responsive new measure of basic walking skills. Final results will be presented based on the complete analysis.

Implications: The L Test provides a responsive tool for assessing basic walking skills.

P113

Utilization of TeleHome Monitoring in Patients over the Age of 75 with Complex Heart Failure; Does Age Make Any Difference?

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Background: THM is a program designed for home monitoring of patients by nurses based on direct transmission of clinical data to a central station. Research has shown its benefits in the reduction of hospitalizations and costs, improved survival, improved quality of life (QOL) and functional class. Data on the elderly (≥75 years of age) followed by THM is more limited. This study examines THM of HF patients by comparing 2 age groups and their outcomes.

Methods: This is a retrospective chart review of HF patients followed by THM at The Heart Institute from 2005 to 2009.

Results: Of the 645 patients, 594 meeting the inclusion criteria were divided in 2 cohorts: Age <75 years (mean 61.6) n=350; age ≥75 years (mean 81.4) n=244. The mean duration of follow-up was not different in the two groups (126.5 vs. 125.4 days respectively). The age-modified Charlson co-morbidity index was 4.57 vs. 6.46 p<0.001. Interventions with the number of diuretics adjustments (2.51 vs. 2.67) p=0.68, cardiac medication adjustments (1.04 vs. 0.83) p=0.12 and total number of calls made to patients (9.99 vs. 10.04) p=0.95 were not different. Outcomes during follow-up for emergency room visit were 0.32 vs. 0.34 (mean) p=0.75, hospitalizations were 0.5 vs. 0.55 (mean) p=0.55 and deaths were 8.9% vs. 7.8% p=0.64.

Conclusion: Despite the notion that the old elderly patients have a greater need for resource utilization, our study suggest that they do not require more care, longer monitoring, or more interventions in comparison to those <75. Moreover, they do not have worse clinical outcomes than their younger counterparts. More data is needed on QOL, functional status, educational level, cognitive function, and home support in this elderly population.

P114

Examination of the Tai Chi Program in Reducing Risk of Patient Falls: Comparing the Evidenced-Based Model With a Home-Based Self-Learning Program

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Introduction: Falls are the leading cause of death related injuries, and the most common cause of nonfatal injuries and expensive trauma hospital admissions among elderly. Evidence based findings for Tai Chi classes are promising in reducing risk of falls and improving physical function, but entail fairly significant costs. This pilot project's purpose was to assess a 12-week structured exercise program and an inexpensive home-based self-learning program in decreasing risk of falls and enhancing quality of life in older patients.

Methods: A randomized-controlled design was utilized with 34 patients from Hurley Senior Services clinic; recruitment is ongoing. Seventeen patients were randomly assigned to the experimental group (home-based learning); seventeen patients to the
control group (evidenced-based program model). Measures include fall risk predictors POMA (Performance-Oriented Mobility Assessment) and TUG (Timed Up and Go Test); Geriatric Depression Scale (GDS); participant diaries, telephone logs and instructor records. Descriptive statistics were executed until further data is available for inferential statistics.

**Results:** The majority participant profile was a 76 year old African American female with income <$35,000. The average participant was obese (BMI was 30.3 ± 6.3) with systolic 139± 14 and diastolic 76± 11 mmHg blood pressure. Also, 17.7% fell within 3 months prior to the program, 79.4% are not freely mobile (TUG), 61.8% have a medium to high fall risk (POMA). Follow-up measures will occur in June 2011.

**Conclusions:** Initial data demonstrates room for participants' improvement post-program in systolic blood pressure, mobility and BMI. Study limitations include compliance and lack of transportation.

**P116**

**Perceptions of Primary and Secondary Control in Very Old Men: The Manitoba Follow-up Study**

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Interacting with one's environment is an important part of successful aging, and when attempts to directly control it fail, psychological adaptation is thought to be important. In 1982 the terms "primary" and "secondary control" were coined to reflect actively controlling the environment vs. passively gaining feelings of control via positive reinterpretation and acceptance. Past research, mainly with older women, suggests that primary control decreases and secondary control increases with age. Not much is known about control beliefs in older men. From 1996 to present, on 10 measurement occasions, the Manitoba Follow-up Study surveyed 2,043 older men regarding their narrative definitions of successful aging. Using a grounded-theory approach, 86 successful aging themes emerged from more than 8,000 definitions. Our objectives were to examine whether and how very old men's successful aging themes mapped onto constructs of control (Objective 1), and to test whether the men's emphasis on primary or secondary control beliefs changed over time (Objective 2). Frequency counts revealed that 55 themes mapped onto primary control, 27 onto positive reinterpretation, and 4 onto acceptance, suggesting that primary and secondary control beliefs are inherent in the successful aging definitions of older men. Furthermore, the prevalence of the men's primary control themes decreased while their acceptance levels increased from 1996 to 2006, spanning an age range of approximately 75 to 85 years. Further investigation into the specific types of primary and secondary control beliefs that were emphasized is warranted, since this could provide key insight into successful aging in very old men.

**P117**
Older Adults' Body Image: A Systematic Review of the Literature

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Objective

Despite numerous body image researches, there is a dearth regarding seniors' body image. The objective was to review western seniors' body image literature.

Methods

A systematic three-step study extraction procedure was conducted in five databases (MedLine, Embase, Cochrane systematic reviews, PsycINFO, AgeLine). First, two categories of keywords (1-seniors, 2-body image) were crossed in each database. Resulting hits which contained an adult body image reference or body image were retained. These hits were then selected according to six criteria: (1) adults ≥ 65 years, (2) living in a western society, (3) French or English articles, (4) including a body image measure as outcome or exposure, (5) a body-related theme, (6) or body image review or comment. Finally, references of remaining articles were examined to include papers not identified by the extraction procedure.

Results

We identified 83 articles: 61 quantitative (55 cross-sectional), 14 qualitative, and 8 review or comment. The quantitative results indicated that, like younger individuals, body dissatisfaction and body image distortion are observed among seniors and positive body image perception is linked with better health outcomes. However, the importance of physical appearance decreases as compared to younger samples. The qualitative findings highlighted seniors' body image specificities. Different tensions around women aging body emerged (appearance versus health, inside versus outside, natural versus unnatural) and a double standard of aging for them compared to men.

Conclusions

Seniors' body image shows specificities but also similarities with that of younger individuals. Longitudinal studies are needed to assess body image evolution across the lifespan.

P118

Experiences of the Ethical Considerations in Residential Homes

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ABSTRACT

Ethical issues are integral components in the design, plan and conduct of ethnographic research. They demand greater attention from the researcher, particularly in studies on elderly people as they are more vulnerable than the other age groups. This paper describes the challenges faced by researcher in two small scale ethnographic researches and a major one of residential homes of older persons in Malaysia.

First, this paper provides key definitions. Second, describe ethical issues before entering to the field work. Third, explicate the ethical consideration during all segments of data collection phase including in-depth interviews, participant observations and field notes.

These researches bring to light the major and minor ethical issues in dealing with residents of private and public caring institutions. Better understanding and handling of ethical considerations have helped the researcher to avoid bias and discomfort to the elderly residents and at the same time helped to pave the way for smoother interactions with the subjects.

Key words: Ethical Considerations, Residential Homes, Ethnographic Study

P119

Clinical assessment tool development: Measuring visuomotor integration for early Alzheimer's disease detection
In response to delays caused by a shortage of occupational therapists (OTs), some health-care institutions in Quebec have gradually involved home health aides (HHAs) in choosing bathroom equipment for community-dwelling elderly with bathing difficulties. Clinical OTs working with HHAs are encouraged by their professional order to accept this role overlap and are asked to support them. However, little is known on how to support HHAs since it is a new, albeit controversial, way to organize and deliver services.

Objectives: The purpose of this research was to explore what kind of support HHAs wish for to help them choose bathroom equipment for community-living elderly with bathing difficulties.

Methods: This study followed a qualitative clinical research design. Three HHAs having previously visited individuals with bathing difficulties were first observed while performing an assessment. This was followed by an in-depth individual interview. A content analysis of the verbatim transcripts using an editing style was applied to organize each interview and reveal a helpful interpretation.

Results: Participants wished to be trained to acquire knowledge about bathing equipment and learn how to use tools that would guide and document their observations. They sought supervision by a designated OT, who would be available to answer questions and evaluate individuals with complex clinical situation.

Conclusions: HHAs involved in selecting bathing equipment ask to be supported by OTs. According to data currently available, these needs might not be met in Quebec health-care institutions. This lack of support raises questions about patient security and work efficiency.

P121

Perceptions de l’arrêt de la dialyse et des traitements de maintien de la vie chez la clientèle québécoise en hémodialyse hospitalière : comparaison selon l’âge.

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Objectif : La clientèle au stade terminal de l'insuffisance rénale (STIR) est vieillissante et son taux de survie diminue considérablement plus l'âge augmente. Connaître les perceptions des patients quant à l'arrêt de la dialyse et des traitements de maintien de la vie apparaît essentiel afin de mieux cibler les besoins de cette clientèle au regard de leur fin de vie. Méthode: 244 patients inscrits en hémodialyse hospitalière ont répondu à un questionnaire portant sur des questions d'arrêt de la dialyse et des traitements de maintien de la vie. Des analyses du Khi-carre ont permis de comparer les réponses des patients selon l'âge; 18 à < 65 ans (n=121) et =>65 ans (n=123). Résultats : Peu de participants (21,2%) perçoivent l'arrêt de la dialyse comme une bonne pratique de soins; les plus âgés sont plus indécis quant à ce qu'il peut représenter, alors que les plus jeunes sont plus nombreux à le considérer comme un acte d'euthanasie (p=0,01). Les plus âgés expriment un plus grand besoin de soutien des intervenants et des proches advenant une décision d'arrêt de dialyse (p=0,02) et demandent davantage de consulter le médecin et à leurs proches pour décider des traitements de maintien de la vie (p=0,04). Tous groupes confondus, peu de patients (19,2%) affirment avoir été consultés quant aux traitements de maintien de la vie. Conclusion : Le processus de planification des soins de fin de vie doit être instauré afin notamment de clarifier les perceptions des patients au regard des traitements en fin de vie.

P122

Efficacy of Quantitative Ultrasound in Predicting Low Bone Density Defined by Dual Energy X-Ray Absorptiometry in Older Women

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Objective: Quantitative ultrasound (QUS) may become an important part of future clinical decision making to identify individuals at risk of low bone density and predict fractures. However, thresholds defining low- and high-risk individuals for osteoporosis have yet to be established. The aim of this study was to examine the correlation between QUS and dual energy x-ray absorptiometry (DXA) and to assess the discrimination of QUS measures for osteoporosis and osteopenia defined by WHO criteria. Potential QUS thresholds for osteoporosis risk will be subsequently defined. Methods: This cross-sectional study assessed bone density using calcaneal QUS and DXA of the spine and femoral neck in 101 women (mean age 59.2 ± 6.8). Two QUS parameters, stiffness index (SI) and T-score were used for correlation. Pearson’s correlation coefficients between QUS and DXA parameters were calculated and area under the curve (AUC) was computed. Results: Based on World Health Organization criteria, 10.9% of women had osteoporosis and 40.6% had osteopenia. The QUS parameters were moderately but statistically significantly correlated (r = 0.462-0.457, p<0.01) with DXA at the spine and femoral neck. Area under the curve of diagnosis of osteoporosis and osteopenia were .81 and .84, respectively. Conclusion: QUS has several advantages over DXA including low cost, portability, and radiation free, and may be an efficacious pre-screening device for women at risk of osteoporosis. Future studies should establish thresholds for QUS parameters to detect men and other ethnicities with low bone density according to DXA parameters.

P123

Structural Equation Modeling with RAI 2.0 Quality Indicators: Opportunities and Challenges

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Background: There are 25 quality indicators used in long-term care in Canada, derived from the Resident Assessment Instrument 2.0 (RAI 2.0) data set. Each denotes a proportion of residents that experience a particular problem—such as pain, depression, or falls—that may be influenced by the quality of care provided in a facility. Delineation of the relationships among quality indicators may highlight high priority indicator areas that have an impact on multiple resident health outcomes. Structural equation modeling (SEM) is one approach to empirically test the relationships among the RAI 2.0 indicators.

Objective: To outline opportunities for and methodological challenges of using SEM to test relationships among the RAI 2.0 quality indicators.
Method: Integration of lessons learned from: (i) a critical review of the literature on the use of SEM to test theory and (ii) a pilot project using SEM and secondary analysis of RAI 2.0 data to test theory on the relationships among factors impacting poor mood in long-term care.

Results: SEM techniques allow for testing of theories of complex, multi-directional interrelationships. Challenges with using SEM for analysis of the RAI 2.0 quality indicators include consideration of how to handle resident cognitive status, the unit of analysis (i.e. resident, unit, or facility), and the method for developing theory of the interrelationships, among others.

Conclusions: Careful consideration of the opportunities and challenges are necessary prior to using SEM to analyze RAI 2.0 data for the purpose of testing relationships among the RAI 2.0 quality indicators.

P125

Obesity, aging and balance control

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Obesity and aging have been shown separately to affect balance control, as indicated by increased center of pressure speed (CoP speed). In a population of obese elderly persons, it is unknown if body weight and aging compound the effects on balance control and if these individuals demonstrate the most impaired balance control in our population. The objective of this study was to determine the effect of body weight and age on balance control.

Ninety participants were included in this project and were separated into 7 groups based on age and body mass index (BMI): 11 normal weight females (70.6 ±5.5 years, BMI=21.7±2.1), 18 overweight females (72.1±4.4 years, BMI=27.2±1.5), 10 obese females (71.6±4.8 years, BMI 32.9±2.3), 9 male football players (23.4±1.3 years, BMI=35.3±3.1), 17 obese males (36.9±7.7 years, BMI = 49±6.7), 10 morbidly obese (43.8±10.3 years, BMI = 49±6.5) and 15 normal weight males (38.5±9.7 years, BMI=22.5±2.2). Balance control was measured with a force platform (4-7 trials lasting 30s) and CoP speed (body sway speed) was used to quantify balance control.

A forward stepwise multiple regression analysis was performed on CoP speed. Age, height and body weight were selected as predictor variables. Body weight explained 12.5% (R2=0.125, p<0.001) of the variance and age contributed a further 16% (R2=0.285, p<0.001), height was not a significant predictor.

Variations in CoP speed are related to aging and body weight. It appears that aging and increased
body weight both increase body sway speed which is regarded as a measure of reduced balance control.

P126

Constant Observation for Cognitively Impaired Older Adults in Acute Care Settings: A review of the literature

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Objectives

Constant observation is a frequently recommended alternative to the use of physical restraints in cognitively impaired older adults in hospitals and is commonly provided by unregulated care providers. The evidence-base for the use of constant observation is cited as based on “expert consensus” rather than research evidence. Therefore the objectives of this systematic literature review were to:

• 1) determine the prevalence of constant observation use in the care of cognitively impaired older adults in hospitals
• 2) review the evidence-base for constant observation in acutely ill older adults.
• 3) identify gaps in research

Method

The databases Medline, CINAHL, Cochrane Database of Systematic Reviews and PsycINFO were searched for the time period of 1996-2010 for English language articles using the following search terms: "continuous observation", "sitters", constant observation", and "physical restraint alternative".

Results

Sixteen of the 55 articles reviewed were reported on evaluation of policies, staff education and delirium prevention programs implemented to decrease costs associated with constant observation.

Conclusion

There is a paucity of research evaluating the effectiveness of constant observation as an intervention for maintaining safety of cognitively impaired older adults in acute care settings.

P127

Seniors, their environment, and outdoor mobility: a systematic review

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Seniors’ mobility is a key determinant of health and can facilitate seniors living independently for longer. The “person-environment fit” is an important factor that influences seniors’ participation in their built environment. OBJECTIVE: We conducted a systematic review to determine the association between person-level and environment-level (built environment and social environment) characteristics on non-motorized outdoor mobility of community-dwelling seniors aged > 65 years. METHOD: We searched online databases: PubMed, OVID MEDLINE, Ageline, CINAHL, Embase, ERIC, Psych Info, SPORT Discus, TRIS Online, and Web of Science. We also scanned the reference lists of included studies for relevant articles and conducted forward searches using Web of Science. We broadly defined outdoor mobility as the physical capacity of individuals to move themselves outside their home, which could include non-motorized trips, physical activity (walking), and community participation. Two reviewers independently screened articles for inclusion, extracted data, and evaluated the risk of bias of included studies using the Newcastle-Ottawa Scale. Results were synthesized qualitatively.

RESULTS AND CONCLUSIONS: The association between the individual and the environment is complex. Features of the social environment and individuals’ physical attributes and perceptions can interact to influence seniors’ mobility in the built environment. While the majority of research reported on macroscale elements (i.e. land use patterns, traffic levels), seniors may be especially vulnerable
to microscale elements (crosswalks, sidewalks etc.). More research is needed on the contribution of microscale features of the built environment to seniors' mobility.

**P128**

**Active training to improve older drivers' visual inspections when changing lanes: A 2 year follow-up study**

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In a previous study (Lavallière et al., 2009), drivers received specific simulator training sessions with video-based feedback that was showed to be efficient in order to modify their visual search behaviors prior to executing lane changes in urban driving (increased percentage of inspection to the blind spot during lane change). Control drivers who received the same program without feedback of their driving performance did not modify their driving behaviors.

The aim of this follow-up study was to evaluate the retention effect of the driving program on the group who received feedback. Specifically, we wanted to quantify if drivers maintained the behaviors they acquired previously.

Two years after attending the initial program, seven participants (out of 10) who received feedback were re-evaluated on the same road course. Drivers' vehicles were instrumented with digital cameras (1 for the driving environment and 1 for the driver eye/head) to document visual searches during lane change (15 seconds prior to the onset and 5 seconds after).

Five out of seven older drivers showed similar frequency of inspections towards the blind spot 2 years after attending the initial training program (mean=79.8%, range=56-100%). However, two older drivers returned to their previous behaviours (0 and 16.7% of inspections of the blind spot).

To our knowledge, this is the first time retention is evaluated in driving training program with older drivers. With the importance of the automobile in the current society, it is of outmost importance to help drivers maintain safe transportation autonomy by optimal training curriculum.

**P129**

**L’observance médicamenteuse chez les patients hypertendus: L’étude ESA**

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Objectif de l’étude : Comparer l’observance médicamenteuse chez les patients hypertendus avec et sans troubles psychiatriques (dépression et anxiété) chez la population âgés au Québec.


Résultats préliminaires : La population à l’étude a été constitué de 1515 patients soit 29,1% des hommes et 70,9% des femmes, la majorité célibataire. Les troubles de santé mentale ont été présentés par 13,1% des patients. Les résultats préliminaires démontrent une diminution de l’observance médicamenteuse.

Source de financement : FRSQ et IRSC

**P130**

**The Relationship between Objective Cognition/Memory, Depression, and Anxiety in Older Adults with CIND and Dementia**
P131

Assessment of Anxiety in Older Adults: A Systematic Review and Reliability Generalization Meta-Analysis

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Evidence-based practice from systematically collected data is necessary when providing psychological services. Because assessment is a necessary component of every health care service, it is critical to utilize evidence-based assessment. With the increasing proportion of older adults, and the frequency with which they experience anxiety, it is important to know whether anxiety measures used with older adults are scientifically sound. This study applies the reliability generalization (RG) analysis to examine the reliability of anxiety measures administered to older adults. Literature searches were conducted in the electronic databases PsycINFO and PubMed to identify empirical studies published from 1960 to 2009 in which anxiety measures were completed by older adults. From an initial pool of 1428 articles, a total of 250 articles met our inclusion criteria. The purpose of this meta-analytic research is to a) determine the most commonly used anxiety measures with older adults, b) estimate the average reliability for each of the anxiety measures, c) examine how reliability estimates are influenced by factors such as age standard deviation and sample size, and d) conclude if the most commonly used anxiety measures produce reliable scores. The study will focus on the following measures: State-Trait Anxiety Inventory, Hospital Anxiety and Depression Scale, Geriatric Mental State Examination, Hamilton Anxiety Rating Scale, Goldberg Anxiety and Depression Scale, General Health Questionnaire, Beck Anxiety Inventory, Brief Symptom Inventory, Penn State Worry Questionnaire and the Symptom Checklist-90-Revised. The implication of these findings for both research and clinical services is discussed.

P132

The Personhood in Dementia Questionnaire: Development and psychometric testing

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Objective: It has been proposed that beliefs about loss of personhood in dementia (e.g., the belief that personality disappears as dementia progresses) lead to poorer patient care. Since most of the evidence to support this claim is anecdotal, we developed the Personhood in Dementia Questionnaire with the objective of encouraging research in this area.

Methods: We conducted a literature review and consulted with subject matter experts to develop a 64-item draft questionnaire that was administered to 61 nurses and special care aides at long-term care facilities. We then improved the questionnaire by removing items that reduced the questionnaire’s internal consistency or were associated (r ≥ 0.20) with a measure of socially desirable response bias. Finally, we studied the convergent validity of the questionnaire by examining its correlation with a person-centred dementia care scale.

Results: The resulting 32-item Personhood in Dementia Questionnaire has good internal consistency reliability (α = 0.90). It is not significantly influenced by social desirability (no items were significantly correlated with a measure of socially desirable response bias). Convergent validity is supported by a moderate and statistically significant (r = 0.47) correlation with a scale measuring person-centred dementia care.

Conclusions: Initial results suggest that the Personhood in Dementia Questionnaire may have good potential for use in empirical research on person-centred dementia care.

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Children and grandchildren, implications on gambling attitudes and behaviours

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Evidence-based practice from systematically collected data is necessary when providing psychological services. Because assessment is a necessary component of every health care service, it is critical to utilize evidence-based assessment. With the increasing proportion of older adults, and the frequency with which they experience anxiety, it is important to know whether anxiety measures used with older adults are scientifically sound. This study applies the reliability generalization (RG) analysis to examine the reliability of anxiety measures administered to older adults. Literature searches were conducted in the electronic databases PsycINFO and PubMed to identify empirical studies published from 1960 to 2009 in which anxiety measures were completed by older adults. From an initial pool of 1428 articles, a total of 250 articles met our inclusion criteria. The purpose of this meta-analytic research is to a) determine the most commonly used anxiety measures with older adults, b) estimate the average reliability for each of the anxiety measures, c) examine how reliability estimates are influenced by factors such as age standard deviation and sample size, and d) conclude if the most commonly used anxiety measures produce reliable scores. The study will focus on the following measures: State-Trait Anxiety Inventory, Hospital Anxiety and Depression Scale, Geriatric Mental State Examination, Hamilton Anxiety Rating Scale, Goldberg Anxiety and Depression Scale, General Health Questionnaire, Beck Anxiety Inventory, Brief Symptom Inventory, Penn State Worry Questionnaire and the Symptom Checklist-90-Revised. The implication of these findings for both research and clinical services is discussed.
This study, supported by the Ontario Problem Gambling Center, sought to explore the differences in gambling attitudes and risk, depression and alcohol use among individuals with few, several and without children and/or grandchildren. In total 596 (45 years or older) participants completed the questionnaire, however, 18 participants were excluded due to missing data with regards to the number of children or grandchildren reported. Gambling attitudes were measured with the Gambling Attitudes Scale, gambling risk status was measured by the CPGI, Alcohol mis-use is measured by the CAGE and the CES was used to measure depression. Participants were divided into three separate groups depending on how many children/grandchildren they reported having. The first group consisted of those with no children/grandchildren, the second those with 1 to 3 children/grandchildren and lastly those with more than 3 children/grandchildren. Results of an analysis of variance indicated that there were significant and favourable differences between those with children and grandchildren compared to those without with regards to both alcohol use (CAGE) and depression (CES). Individuals without children had more favourable views of all forms of gambling in comparison to those with children. Adults with children and grandchildren had lower scores on the Risk-taking Scale component of this measure, indicating lower risk taking behaviours. Although children/grandchildren had less favourable attitudes towards gambling and risk taking, there were no significant differences when examining the risk of problem gambling (CPGI). Further research is needed to determine the implications of these findings.

P134
An examination of the relationship between generativity and environmental concern in older adulthood

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Environmentalism has significantly increased in Canada in the 21st century. Environmentalism may be linked to generativity, which is the care and concern for future generations as a legacy of the self (Erikson, 1963). Most research has focused on the development of generativity in midlife adults, but it has also been found in adolescents, young adults, and older adults (e.g., McAdams, 2001). Environmentalism can be one expression of generative concern, as many environmentalists are interested in preserving the Earth for future generations. Past studies have examined the relationship between generativity and environmentalism in young and midlife adults, however there is little research on the relationship between generativity and environmental concern in older adulthood. Therefore, the purpose of the study was to examine how generativity relates to environmentalism in a sample of older adult environmental exemplars and non-exemplars, and to compare this with a sample of young and midlife adults. Results indicated that while young and midlife adult exemplars scored significantly higher on a scale of generative concern than non-exemplars, there was no difference between older adult exemplars and non-exemplars on the measure of generativity (p>.05). However, the older adults’ level of concern for the environment was just as high as in the other age groups. A preliminary analysis on the environmental narratives told by participants indicated that older adult environmentalism may be less motivated by generativity than the young and midlife adults; instead, their narratives tended to emphasize the importance of nature and conservation rather than future generations.

P135
Caring for persons with dementia living in long-term care: the direct caregivers’ experience

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This presentation has been withdrawn at the author’s request. / Cette présentation a été retirée à la demande de l’auteur.

P136
A Literature Review: The Societal and Structural Factors Contributing to Ageism in Nursing Practice within a Long-term Care setting

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Background: Ageism exists in nursing practice, and influences nursing care towards the elderly.

Aim: To provide insight into the existing healthcare structures that perpetuate ageism in...
nursing practice in a long-term care (LTC) setting. 

Method: A literature review of ageism in nursing was conducted, and the three most frequently occurring reasons of why ageism exists in nursing practice were selected and discussed: the lack of geriatric education in nurses, the lack of prestige of the LTC practice setting, and the presence of poor attitudes towards the elderly.

Discussion: The lack of education in LTC is influenced by intersecting inequalities of the nursing staff, as they are mostly women and visible minorities. The lack of gerontological education is based on the devaluing of the elderly in society, as there is little representation in nursing curriculum and a lack of role models. The presence of poor nursing attitudes stems from individual nurses, but also from the environment of LTC that has a lower status when compared with acute care. This social reinforcement differentiating LTC and acute care impacts resource allocation and funding affecting the work environment and development opportunities.

Implications: Future interventions should recognize the power relations within the organizational, professional and societal levels in order to effectively improve nursing practice and resident care in the LTC setting.

P137

Process of Care Following Hip Fracture: An Environmental Scan

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Objectives: Are to identify the current practices and care gaps for patients admitted following an osteoporotic-hip fracture, and describe their’ needs over a one year period.

Methods: Two parts process: 1) a chart review of 81 randomly selected charts from patients (≥ 65 years) with hip fracture to identify gaps and provide insight for part 2 of the study. 2) A Longitudinal study of 70 community-dwelling participants with osteoporotic hip fracture are being recruited and evaluated at 6 weeks, 3, 6 and 12 months post-discharge.

Results: Based on the chart review, there was no evidence that a fall-risk assessment was carried-out; patients’ walking capacity was not recorded and osteoporosis-medications were rarely prescribed. To date, 40 patients have participated in the longitudinal study. Preliminary results show that Geriatrics, OT, or Nutrition were consulted in <40% of the cases and half of patients had an inadequate osteoporosis investigation. At 6 weeks post-discharge a major functional decline in basic daily activities was evident; only 50% of patients could put-on their shoes or do light home-chores without difficulty. At 3 months post-fracture 88% had difficulty with stairs. The health priorities and perceptions of patients driven by the impact of their hip fracture changed dramatically over the period of recovery.

Conclusion: Despite the plethora of evidence-based guidelines for osteoporosis-care following hip fractures, osteoporosis is still under-diagnosed and treated. Gap between pre-and post-fracture functional status remain substantial. A Care-path for hip fracture patients may be warranted, and patients’ perspectives of health priorities need to be considered in care plans.

P138

Viewing family/friend caregivers as learners: implications for policy and program intervention design.

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Family and friend caregivers provide important work and support to older adults, often at great personal sacrifice. In Canada, caregiver resources and supports are frequently designed to assist caregivers within situational contexts, either to better meet the needs of older adult care receivers, or to salvage a situation verging on burnout. The deployment of many of these resources also relies heavily on caregivers’ abilities to navigate, often without orientation, through various networks of related governmental and non-governmental supports. This study views the family/friend caregiver experience through an adult learning and development theory framework, considering the caregiving role as one that is learned, and that therefore can be informed and guided by program interventions that are
sensitive to the multiple and changing dimensions of caregiving, and supportive to learning. Literature describing the experience of caregivers throughout the caregiver journey is reviewed, examining varied patterns experienced by caregivers as they follow loved ones though the continuum of care, and analyzing these patterns in terms of adult learning theory. The review provides a preliminary identification of stages and patterns of learning need for potential caregivers, light caregivers, moderate caregivers, and heavy caregivers, and identifies some of the factors that can affect caregiver learning across several dimensions, from the practical to the personal. With further translation into a learning program framework, the study findings will inform policy and program interventions that proactively and effectively encourage caregivers and potential caregivers to become more informed, confident and self-determining in their caregiving roles.

P139
An evidence-based review on the influence of aging on quality of life among individuals with a spinal cord injury
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Purpose
The purpose of this systematic review was to evaluate the influence of aging on subjective quality of life (QoL) among individuals with a spinal cord injury (SCI).

Methods
The MEDLINE/Pubmed, CINAHL, EMBASE, and PsycINFO electronic databases were searched for relevant studies published between 1980 and 2010, as were the references of included papers. Longitudinal and cross-sectional studies were included for review. The methodological quality of the studies was evaluated and the studies were assigned a level of evidence based on a modified Sackett scale.

Results
In the 20 selected studies, all of low level of evidence, we found that: 1) overall subjective QoL does not significantly change as one ages with a SCI; 2) QoL in later life is often predicted by previous QoL; 3) age at injury may be an influential factor of QoL; and 4) various dimensions of QoL decline as one ages but these declines are no different from those seen in the aging general population.

Conclusions
Although QoL tends not to significantly change over time in individuals with SCI, and the noted declines are comparable to those of the able-bodied population the evidence supporting these findings are weak. Longitudinal studies that include AB control groups are necessary to substantiate these findings. Additional research will facilitate the implementation of relevant health promotion and service delivery programs to address the QoL needs of an aging SCI population.

P140
Do Self Efficacy Interventions Work for Older Adults? A Systematic Review.
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Background: Self-efficacy (SE) refers to confidence in one's ability to perform a particular behaviour successfully. The four sources of SE are performance mastery, vicarious experience, verbal persuasion and physiological feedback. Social cognitive approaches that apply these four sources are commonly used for improving SE. However, the evidence for employing social cognitive interventions for older adults has not been explored.

Objective: To systematically examine if social cognitive approaches improve SE for older adults.

Methods: Electronic databases (MEDLINE/Pubmed, CINAHL, PsycINFO) were systematically searched to locate randomized or quasi-experimental trials that were published between 1990 and 2011. Trials that: employed interventions addressing four sources of SE; had primary or secondary outcomes for SE; and included adults 60 years of age and
older were selected. Methodological quality was assessed by two reviewers.

Results: Of the seventeen trials reviewed, six included social cognitive interventions that addressed all four sources of SE. A total of 890 adults 60 years of age and older were studied. Two trials reported significant increases in SE. One trial reported that SE increased early in the intervention, but significantly decreased at the end of the intervention. Three trials reported there were no significant improvements in SE.

Conclusion: SE may be amenable to interventions using social cognitive approaches. However, findings from this review are insufficient to support the theorized assumption that social cognitive approaches will improve SE in older adults. Further research and development on social cognitive approaches for improving SE for older adults is required.

P141

Elderly Mental Health in a Low Socioeconomic Status (SES) Urban Population.

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Objective: To determine the correlates of mental health in community-dwelling individuals aged 65+ living in an ethnically diverse, low SES urban area in Toronto, Canada. Methods: A total of 63 participants (14 male; 49 female) were recruited. The mental health outcome measures used were the Medical Outcomes Study Short Form (36) Health Survey (SF-36) mental health component, Perceived Stress Scale (PSS), and Subjective Happiness Scale (SHS). Sociodemographic (age, sex, marital status, education, and income), behavior (overall physical activity and alcohol drinking), and health (SF-36 general health and SF-36 role of limitations due to physical health) variables acted as potential correlates. Results: At the bivariate level, older age significantly predicted poorer mental health. Being male, having poorer general health, and experiencing more limitations due to physical health were significantly correlated with higher perceived stress. Being in poorer general health and experiencing more limitations due to physical health was significantly correlated with lower levels of happiness. According to the step-wise multivariate linear regression analysis, older elderly individuals experienced significantly poorer levels of mental health. Elderly individuals in poorer general health perceived significantly more stress in their lives. Lastly, being in poorer general health and being married were significantly associated with lower levels of happiness. Conclusions: General health is a robust predictor of mental health. Older seniors, as well as those in poorer general health, could potentially be targeted for mental health outreach. Future studies could look into the effect of marital status on mental health in low-income elderly populations.

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Informal Social Interaction in Dementia Care Settings: Exploring the Role of the Built Environment

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One of the goals of Special Care Units (SCUs) is to provide a therapeutic and supportive environment that enhances social interaction among people with dementia. Despite a continued acknowledgment regarding the importance of the relational aspects of quality of life, relatively little research has been conducted to examine environmental influences on social interaction in dementia care settings. The objective of this study was to explore and identify important physical environment features within SCUs that facilitate informal social interaction. Here, the focus is on the spontaneous and naturally occurring interactions outside of planned recreational activities among residents with dementia. This study used an ethnographic approach including in-depth interviews with staff members and resident observations at two SCUs in Vancouver, British Columbia. The findings from this study highlight the importance of various physical environmental characteristics in fostering socialization among people with dementia. Specifically, the location of nursing stations, the availability of adequate seating through common spaces, as well as the presence of multiple sightlines and transition spaces throughout each unit all appear to play a unique role in supporting informal social interactions. Accordingly, these findings have the potential to assist in informing design, practice, and policy guidelines within existing SCUs that seek to support informal social interaction and maximize the therapeutic potential of these settings.

P143
Sharing knowledge, preserving history: Life stories from Montreal's Older Black Community

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Debates in gerontological research and practice emphasize the importance of older people's participation in research, policy and practice. In particular, these discussions have stressed the involvement of older adults from diverse communities. This poster showcases results from the "Life stories from Montreal's Black Community" project, a community based initiative conducted in collaboration with the Council for Black Aging Community of Montreal (CBAC) and funded by Heritage Canada. The project had multiple objectives including the preservation of history within Montreal's Black community, facilitating intergenerational education and involvement, creating community and academic partnerships, and outreach to CBAC's eldest members. To achieve these goals, CBAC board members were trained in methods of eliciting life stories through qualitative and narrative interview techniques. They were also given guidance into the processes of data collection and analysis. The project culminated in a booklet and a community event for Black History Month whereby the stories, life lessons, and photographs of twelve Black seniors were presented. Results from the project clearly demonstrate the intersections between experiences, structures, identities, and historical events. From a process perspective, this endeavour provided opportunities for education and awareness, sharing of wisdom and life lessons, and ongoing community capacity. Older adults who participated in the project expressed a sense of pride in sharing their stories and life lessons; indicating how the project offered a means to bridge a disconnect they felt exists between the younger and older members of the Black community.

P144

Scoping review on predictors of self-regulation in driving in normal aging and in aging compromised by dementia

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Objectives: Because many older adults with and without dementia continue to drive, self-regulation in driving is an important area of investigation. We undertook a review of predictors of self-regulation in driving in normal aging and dementia as part of a scoping review of neurocognitive correlates of driving in aging and dementia. We looked for evidence to differentiate between self-regulation in normal aging and in aging compromised by dementia.

Methods: This scoping review included four phases: 1) search for relevant studies; 2) selection of studies based on pre-defined inclusion criteria; 3) extraction of data; and 4) synthesis of results.

Results: Of 236 studies identified through the search strategy, 30 met the criteria to be included in the review. A range of factors were associated with self-regulation in driving. In normally aging drivers the frequently cited factors included perceived level of comfort, vision, reaction time, “thinking ability”, self-rated health and cognitive function. Drivers compromised by dementia were poor at recognizing risks in driving and perceived themselves as less likely to suffer harm. Co-resident status was a frequently cited factor in self-regulation in drivers compromised by dementia.

Conclusions: The practice of self-regulation is not consistent among older drivers. Most drivers adjust their driving, but factors triggering self-regulation differ in aging and dementia. This scoping review prompted the development of a self-regulation scale for aging drivers, as none was available at the time this review was conducted.

P145

Tension and concordance in skilled nursing facilities: New resident trajectories.

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Early research results from a descriptive longitudinal ethnography documenting the care and daily living...
practices of new residents entering skilled nursing facilities will be presented. A subset of data collected for two residents will be highlighted. Drawing from resident and care provider accounts, discursive changes that depict the emergence, unfolding, and resolution of tensions and ambiguities or alternatively, agreements and concordance, between care-providers and residents will be presented.

This research demonstrates the cumulative effect of these types of interactions on ongoing interactions, and resident self-presentation and self-care practices. Residents are shown as active in managing their interests and care needs within the constraints and culture of highly structured health care provision. Prior interactions are linked as meaning and moral resources influencing subsequent interactions, daily living habits, and outcomes such as quality of life appraisals.

These results are useful in considering how new residents demonstrate and evolve their beliefs about personal autonomy and competence. Further, it provides a descriptive account of the ways two residents remained engaged in the management of cooperation with, and/or resistance to, institutional care practices. This research highlights important factors that might yield further understanding of the long-term outcomes of residents of skilled nursing facilities.

P146

Flood Affected Poor People In Bangladesh†

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Flood affected poor people in Bangladesh

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The losses and suffering of the rural poor of Bangladesh during floods are frequently in the attention of the world media. This is despite a considerable investment in Social Effects of Flooding on the Poor People in Bangladesh over the past three decades. This paper reports on distributional and social –economic impacts of flood, which were subject to multidisciplinary evaluations using both rapid appraisal and sample survey methods. Poor people are totally affected and devastated by flood almost every year. During flood and after that they face different sorts of harmful problems which caused main drawback of their normal development. It exigent to find out their problems and solve it as soon as possible. Unfortunately, no proper action has taken so far. From this feeling, I have devoted to research on "Flood affected poor people in Bangladesh ". The policy maker's arc remaining unaware about the problems and needs of poor people. Moreover, in recent time policy makers are giving importance on indigenous skills and knowledge to solve local problems and for sustainable development. I think it will be able to find out the problems and needs of poor people during flood and after it and some effective suggestions to remedies the situation. I hope this will enable policy makers to solve poor people needs and problems properly in flood facing and lunching rehabilitation program.

Key words: Bangladesh, poor people, Floods, flood affected poor people.

P147

Physical Test and Daily Sitting-Time in Rural Elderly Over 80 Years of Age†

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OBJECTIVE - We examined for associations between the results of physical test (PT) and daily sitting-time in all rural residents aged 80 + years in Antônio Carlos, Santa Catarina State, Brazil.

METHODS- A cross-sectional epidemiological study was performed on a population and household basis. For the PT, the participants had to bend down to pick up a pen on the floor and the time (≤ 30 seconds) it took to move from the initial standing position to the final standing position after picking up the pen was measured (> 30 seconds, unable; > 6 to ≤ 30 seconds, poor; ≤ 6 seconds, good). Chi square test or Fisher exact test analyses were used to examine for associations between the self-reported sitting time (< 4 hours/day and ≥ 4 hours/day) and the results of the physical test.

RESULTS - Fifty-six
men (85.0 ± 4.4 y) and 78 women (84.5 ± 4.8 y) were examined. A good score was observed in 82.5% of women and 92.0% of men (p=0.003). Inability was found in 25.6% and 4.0% women and men (including disabled elderly), respectively. The percentages of elderly participants who self-reported prolonged sitting times were 25.6% for women and 14.3% for men. A good score in the PT (excluding bedridden participants) was found in 79.3% of women who reported shorter sitting times (p ≤0.001).

There was no significant difference between sitting time and performance for men.

CONCLUSION - The data suggest that there is an association between time sitting and PT specifically in women.

P148

Physical Health Status and Physical Activity Level Among Older People Engaged and Non-Engaged in Social Groups in Florianópolis, Brazil

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OBJECTIVE: This study aimed to verify the association between health conditions and physical activity level among older people engaged and non-engaged in social groups in Florianópolis city, Santa Catarina State, Brazil. METHODS: The sample included 1.062 older people (625 women), mean age 71.9 (±7.6). The analyzed variables were gender, age, schooling, marital status, physical activity levels (International Physical Activity Questionnaire) and physical health status information (Brazil Older Aging Schedule Questionnaire). Data were analyzed by Chi-square test. RESULTS: 74.0% of the older people reported illness and 60.6% were classified as physically active (total physical activity level). Illness status was more prevalent among social groups participants than non-participants. However, a better positive perception of physical health status was observed among social groups participants. Social groups participation was associated with a positive perception of physical health status (p<0.001) and with illness presence (p=0.005). Physical activity levels and participation in social groups were not associated. CONCLUSION: The participation in social groups contributes to a better perception of physical health status, as well as for adequate physical activity levels maintenance.

P149

Combined cognitive stimulation and physical training to improve memory in older adults.

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The rising prevalence of cognitive decline with aging and the limited knowledge of an effective method to maintain or improve cognitive performance in old age emphasize the crucial need for exploring new modalities to enhance cognition in this population. This study will examine a novel idea that combines two modalities of training in order to maximize the benefits pertaining to physical and mental health and functional autonomy of older adults.

We will present the results of a longitudinal, parallel group study that examined the feasibility and efficacy of simultaneously combining two modalities of training (physical activity and cognitive stimulation) in a group of institutionalized older adults (aged 60 and older) with cognitive impairment. Fourteen active participants were recruited from the Village of Winston Park (Kitchener) and fourteen controls were recruited from the Village of Riverside Glen (Guelph), Ontario. The initial assessment of participants in the intervention group was followed by four months of training and a final assessment. The matched control group received an initial assessment and a final assessment after four months of usual care in the LTC setting.

P150

Formative evaluation of a six-bed Acute Care of the Elderly (ACE) unit

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Objectives

Older adults hospitalized for an acute illness often experience a downward trajectory of functional
decline. ACE units which focus on the prevention of functional decline and delirium have demonstrated improved functional outcomes and discharge disposition. This paper will describe the formative evaluation of a six-bed ACE unit in an urban academic health sciences centre.

Method

A post-implementation chart audit and stakeholder survey design was used. The chart review of all ACE admissions (N=52) in the first 6 months gathered information on demographics, discharge destination, geriatric syndromes, co-morbidities, admission and discharge functional (using the modified Barthel Index) and cognitive status (using the Mini Mental State Exam). An electronic survey was sent to stakeholders, including referral sources and ACE unit staff, to elicit feedback on the unit and referral process.

Results

ACE patients (mean age 82 years) had multiple medical (mean of 8.5 co-morbidities) and geriatric syndromes. Falls and cognitive impairment were the most common geriatric syndromes and accounted for the majority of admitting diagnoses. The majority of ACE returned home: 48% with a direct discharge home and 27% went to inpatient rehabilitation first. 90% of patient showed an improvement in functional status as compared to on admission. Stakeholder surveys (11% response rate) indicated satisfaction with the referral process. Nursing staff identified that the ACE patients had complex medical issues, required assistance with their basic activities of daily living and often required close observation due to cognitive impairment.

P151

Consent & Capacity: Everyday Decision Making in Long Term care

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Conference participants will gain knowledge of Lakeview Manor’s innovative approach to enhancing our understanding of consent and capacity concepts while also strengthening our client centered care approach in everyday decision making.

In collaboration, project leads from the University Of Ontario Institute Of Technology, Research Institute of Aging, the Health Education Technology Research Unit and The Village of Taunton Mills hosted a Healthforce Ontario interprofessional leadership research project.

Lakeview Manor's health care delivery project focused on how we support Resident's to live as independently and individually as possible through everyday decision making which is one of the cornerstones of client centered care.

An interprofessional communication and information sharing model was developed to capture the many perspectives across our organization about the seniors we serve and how we as health care professionals influence everyday decisions in both personhood promoting and malignant ways.

The interprofessional conversations assisted in the development of an educational tool made by healthcare staff to increase our competence and confidence in recognizing and interacting with residents in everyday decision making situations in a long term care setting.

The education tool "Consent and Capacity: Everyday Decision Making in Long Term Care" lays the foundation for understanding consent & capacity concepts from a legal and client-centered perspective.

Participants will also get the first opportunity to see the post project partnership that has developed. A graduate student from the Master of Health Science degree in Community Health at UOIT is currently working on evaluative methodologies for measuring the tools outcomes.

P152

Baycrest's RAI-MDS Scorecard - Feasibility Evaluation of a Clinical Performance Monitoring Tool†

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Objectives: The RAI-MDS (Resident Assessment Instrument - Minimum Data Set) Scorecard was developed as a tool for managers and
interprofessional teams to formally monitor quality of care, inform quality improvement initiatives, and enhance accountability.

Method: Baycrest identified the need for an easy-to-use tool to monitor the 26 quality indicators derived from RAI-MDS and to ensure that data was used effectively for care improvement. An on-line "Scorecard" was developed to allow clinical staff access to program, unit and client specific data. Performance trends and unit comparisons are also available. Staff involved in clinical care, clinical leaders, managers and senior leaders received training that included navigating the tool, clinical utilization, accountability and highlighted the importance of accurate documentation. Evaluation consisted of a user survey and process monitoring.

Results: 105 surveys were disseminated; return rate was 48%. Staff responded positively, indicating that the RAI-MDS Scorecard was "somewhat" (40%) or "very" (50%) useful. Although 75% of respondents indicated using the scorecard, only 38% had used it for team discussions. Reasons for use varied from client specific care-planning to identifying organizational gaps. Barriers included insufficient time, lack of knowledge and target data not reflecting client populations. Managers provided interpretations and action plans for all indicators below target.

Conclusions: Staff at all levels find the RAI-MDS Scorecard useful for informing and monitoring quality improvement initiatives. True clinical and corporate utilization will require commitment of senior leaders, support for managers and inclusion of team members to ensure the scorecard guides comprehensive and informed action planning.

P153

An Exploration of Perceived Discomfort and Pressure in Older Adults Sitting Up in Bed

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Background: High Fowler's position (HF) is commonly used for people in hospital beds to elevate the trunk and head when eating. HF may cause discomfort and increased pressure in the legs, buttocks and lower back. The objectives of this study were to explore 1) perceived magnitude and location of discomfort and; 2) magnitude, location and distribution of pressure when older adults are placed in HF.

Method: Healthy community-living adults aged 60+ were recruited. Sociodemographic and descriptive data were collected. Participants were asked to lay on a standard hospital bed equipped with a pressure map. Participants were asked to rate and describe discomfort while lying supine, and immediately after being positioned in HF. After 8 minutes, pressure images and values were collected. Pressure magnitude was calculated using Peak Pressure Index (PPI) and distribution and location of pressure was described.

Results: 87 subjects were recruited (mean age 69, 21% male). While lying supine, 13% of participants reported discomfort (scapular/lumbosacral regions). When placed in HF, 73% of participants reported discomfort (cervical/scapular/thoracic/lumbosacral/gluteal regions). The HF position caused clinically concerning PPIs (mean= 83mmHg, Maximum= 240+mmHg) and localized areas of high pressure were observed in the sacral and gluteal regions.

Conclusion: HF leads to discomfort and increased pressure magnitudes. This study highlights the need for preventative interventions for older adults that reduce discomfort and pressure while sitting in HF.

P154

An Innovative Approach to Toileting Restorative Care†

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Introduction: Complex illnesses often trigger functional decline among the elderly. Care implemented to address functional decline provides an opportunity to intervene at an earlier stage and improve Resident outcome.
An interdisciplinary educational initiative was developed by Revera Long Term Care and Revera’s McGarrell Place, in collaboration with SCA/TENA, to promote a Restorative Care Toileting Program.

**Background:**

Residents were individually assessed to ensure they were able to participate in the program.

Analysis of the MDS results indicated that Resident toileting practices could be improved.

**Objective:**

- To educate front line care providers regarding restorative toileting strategies
- To promote individualized Resident toileting program

**Methodology**

- Developed a Restorative Care Toolkit based on current best practices to aid in the dissemination of information to front line care providers
- Developed a structured educational plan, utilizing adult learning principles
- Education provided to all staff on all 3 shifts utilizing the toolkit
- Measured knowledge transfer outcomes after each education session through post learning quizzes.

**Toolkit**

1. A Restorative Care video presentation - 3 modules
2. Pre and Post learning quizzes

**Results**

- 80% average learning, post knowledge transfer
- Increase in number of Residents toileted using clinical best practices
- Current MDS results indicated an 8% improvement in adhering to the toileting program
- Improved consistency of care delivery

Consistency in the implementation of a structured Restorative Toileting Program had a positive impact in promoting Resident continence, comfort and quality of life.

**P155**

**Structured Pain Assessment in Older Adults: The NICE Pain Assessment Tool (PAT)**

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**Background:**

Despite being a major health issue in older adults and at the end of life, pain often remains underdetected and undertreated. The availability of reliable, validated assessment tools is crucial in ensuring that pain is recognized, assessed, treated and monitored effectively.

**Objective:**

This presentation will:

- highlight the development process of the NICE Pain Assessment Tool (PAT);
- familiarize the audience with the tool/its five (5) scales;
- provide a report on pilot testing in a clinical environment and its impact on overall pain recognition and management practice; and
- discuss the challenges of tool implementation and continuous improvement alongside lessons learned.

**Methods:**

Following a systematic literature review and environmental scan for pain assessment scales, the National Initiative for the Care of the Elderly's (NICE) End-of-Life Issues Theme Team defined specific parameters for complete pain assessment and monitoring. By assembling five (5) different scales into one comprehensive tool (NICE Pain Assessment Tool (PAT)) and providing clear instructions for use, a practical assessment and
monitoring instrument for both communicative and non-communicative patients has been derived.

Results:

Pilot test evidence to date indicates that the instrument provides a structured framework for pain recognition and management.

Conclusion:

Implementation of the NICE Pain Assessment Tool (PAT) can have a positive impact on overall pain recognition and management practices.

Funding:

Core funding for the NICE Network has been provided through a grant from the Networks of Centres of Excellence (NCE).

P156

Modified-Texture Food: Pilot study investigating change in weight status and food intake among older persons needing dysphagic food products.

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Degenerative diseases can lead to dysphagia which is common in persons in continuing care. Conventional pureed foods may improve an individual's ability to swallow, however are often unappealing. New products are commercially available and may have greater appeal; preserved flavour, enhanced colour and texture and some improve nutritional quality. A nine month prospective interrupted time-series pilot study where participants served as their own controls was conducted to investigate the effect of a new modified-texture food (MTF) on the weight of individuals requiring a modified-texture diet living in a continuing care facility. Single meal audits were conducted in the control and intervention period using visual estimation by a single researcher. For patients who completed the entire intervention period (n=42), repeated measures analysis found no significant change in mean weight between the last weight of intervention period and the average of the control period (p-value= .56). However, the odds ratio of participants gaining 10% or more weight during the intervention period was 3.5 (p-value =0.08). No significant difference in portion consumed for individual menu items (vegetable, starch, and main course) or total plate between periods occurred. Protein, fat and sodium content were higher in the new MTF as compared to the conventional menu, based on the manufacturer food analysis. All other nutrients did not significantly differ. The new MTF was ineffective in significantly increasing weight and food intake among older adults requiring dysphagic food product, although the small sample size and increased acuity of subjects likely had an impact.

P157

Q-Meals - Validity testing of a new instrument to assess mealtime and food satisfaction in long term and complex continuing care

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Objective: To assess the validity, reliability and sensitivity to health changes of a new mealtime and food satisfaction questionnaire "Q-Meals" in Long Term Care (LTC) and Complex Continuing Care (CCC).

Method: A validation study was completed to assess the content, convergent and construct validity of a new mealtime questionnaire. Thirty six cognitively well participants on oral diets in CCC were administered Q-Meals at months 1 and 3. The food satisfaction questionnaire FoodEx_LTC was used for construct validity while convergent validity was determined by comparison with food intake, co-morbidity and weight. Intraclass correlations were used to determine agreement among measures at months 1 and 3. Test-retest reliability was completed by administering Q-Meals twice within a 7-10 day interval.

Results: The average admission length for Q-meals was 11 minutes. Q-Meals and FoodEx were
positively correlated ($\rho = 0.572, P < 0.01$). The difference in Q-Meals score was negatively correlated with the difference in food intake values ($\rho = -0.542, P = 0.016$). Q-Meals was not significantly correlated with co-morbidity or weight ($\rho = -0.14, P = 0.943; \rho = -0.131, P = 0.499$). Intraclass correlation showed significant correlation for Q-Meals ($ICC = 0.581, P < 0.01$) at months 1 and 3. Reliability results are pending (August 2011).

Conclusions: The new Q-Meals LTC has demonstrated construct validity, in comparison to the only similar measure. It is relatively easy to use for LTC and CCC as a clinical or research tool.

P158

Estimating main plate food waste for pureed/minced and regular diets: Photographs versus visual estimations

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Objective: Compare a photographic method of estimating regular and pureed/minced main plate food waste to traditional visual estimations, in a continuing and long term care setting using a meal tray delivery service. Method: Main meal plate food waste was estimated by visual and photographic method for participants on regular (n=36) and pureed/minced (n=42) diets in continuing and long term care settings. A meal plate tracking system to ensure collection and photography of all main meal plates was developed. Four observers used a modified Comstock method to assess food waste for vegetables, starches, and main courses on 551 main meal plates using photographic and visual estimations. Interrater, intermethod and intrarater reliability were calculated using intraclass correlation (ICC) for absolute agreement with $\alpha =0.05$ in SPSS for Windows (version 18). Results: The photographic method results were in high agreement with the visual method for both regular and modified textured foods (ICC 0.903, 0.869 respectively). Agreements between observers for regular diets were higher than those for pureed/minced diets (range 0.906 - 0.944; 0.809-0.903). Conclusions: Photographs are a reliable alternative to estimating regular and pureed/minced food waste, for main meal plates, when compared with visual estimation. Colour, shape, reheating, mixing and the use of gravies and other sauces make pureed/minced waste slightly more difficult to estimate, regardless of estimation method.

P159

Does nutritional status have an affect on continuance of life for Veterans in Long-Term Care?

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Objective: This study was done to examine whether nutritional status was a determining factor for elders who survived two years after a 2008 study of nutritional status.

Method: In 2008 the nutritional status of elders in a Veterans' long-term care setting was examined using the Mini Nutritional Assessment (MNA). Most were at risk of malnourishment (58 %) or malnourished (31%) and 25% had highly unstable health. In 2010 we re-examined the survivors' nutritional status and some independent variables, such as severity of dementia, signs of depression, and unstable health, using the same instruments. Again, answers to 10 of the MNA items were imputed from interRAI 2.0 data.

Results: Of the 55 elders who participated in 2008; 23 had deceased in 2010. Twenty-one persons consented to participate in the second data collection. Of these survivors 3 were identified as well nourished, 13 as 'at risk for malnutrition' and 5 as malnourished at the first data collection. Among the deceased elders (n=33), 3 elders were well nourished, 19 'at risk' and 11 malnourished in 2008. No significant differences in proportions in nutrition status were found between the survivors and the deceased. The deceased scored higher on signs of depression (m=5.91 vs. m=4.90) but the difference was not statistically significant.

Conclusions: Half of these infirm elders were deceased two years after the 2008 data collection, but evidently their nutritional status did not predict their mortality in this small sample, although most were at risk or malnourished when first tested.
The Efficacy of a Consultative Nurse Practitioner Program in the Care of the Nursing Home Resident who Experiences a Change in Condition

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The Efficacy of a Consultative Nurse Practitioner Program in the Care of the Nursing Home Resident Who Experiences a Change in Condition

Many nursing home residents are transferred to the emergency department when they experience a change in condition, only to be returned to the nursing home without hospital admission. It is reasonable to surmise that these residents may have been cared for in the nursing home had resources been available.

One such resource is the consultative nurse practitioner program (NPP). It is based on the belief that some conditions may be treated successfully in the nursing home and that caring for the resident in this manner produces outcomes that are equal or superior to those associated with transfer to the emergency department (ER). The consultative services of the nurse practitioner are offered to increase the number of residents that are cared for in place, enhance the quality of care and positively influence resident health outcomes.

The study is undertaken to determine the efficacy of a nurse practitioner program (NPP) that provides the services of specialized nurse practitioners (NPs) to nursing homes on a consultative basis. Using an ex post facto quasi-experimental design the study will compare the outcomes of those cared for in place to the group transferred to acute care but subsequently returned to the nursing home without admission.

The long term objective of the study is to inform practice regarding the efficacy of this model as a potential alternative to transfer care.

P161

Hearing loss as a contributor to excess disability of long-term care residents with dementia: issues in recruitment and data collection

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Background: Cognitive impairment associated with dementia leads to communication deficits which can be exacerbated by hearing loss. A range of interventions may be useful to reduce such excess disability however little is known about the contribution of hearing loss to excess disability or long-term care (LTC) staff members’ perceptions of and responses to hearing impairment.

Objectives: The study objectives included determining the contribution of hearing loss to excess disability in people with dementia living in LTC facilities, and exploring LTC staff perceptions of the relevance of hearing loss to daily care activities and resident well-being. This paper will describe the challenges encountered in recruiting residents to the study and completing the data collection processes.

Method: A mixed methods approach was used to test the effects of amplification on the cognitive-communication ability of LTC residents with dementia and hearing loss, and to identify healthcare aides’ views on hearing loss and its impact on care.

Results: Forty residents were successfully recruited from 4 long-term care facilities. There were several challenges associated with the recruitment process including the necessity to remove cerumen for 20% of potential research participants prior to screening for hearing impairment. Challenges associated with data collection included working around residents’ and care facilities’ schedules, difficulty finding a quiet testing room and residents declining to use the assisted listening device. Completing the semi-structured interviews with healthcare aides was also complicated by their availability.

Conclusions: We successfully navigated the challenges of recruitment and data collection by being flexible and creative.

P162

DELCK TEAM: Development of a Wound Care Clinical Resource for Nurses†

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PURPOSE: To improve wound care protocols at the Renfrew Victoria Hospital, a team of interested
A team of five front-line nurses with a passion for high-quality care and an interest in becoming the hospital's first Best Practice Champions for Wound Care.

METHOD: Under the guidance of the V.P. of Patient Care Services and a front-line Manager, the clinical nurses selected the Registered Nurses Association of Ontario [RNAO] Best Practice Guideline for Risk Assessment and Prevention of Pressure Ulcers to form a foundation of their evidence-based program.

A literature review was also conducted to gain understanding of evidence behind the recommendations.

Education was provided to the team to enhance their own learning and expertise in wound care.

A pressure ulcer prevalence survey was conducted pre and post-implementation, in February 2010 and February 2011 respectively.

RESULTS: Over a six month period the team developed a complete Wound Care Program consisting of new policies, procedures and protocols; a wound care resource binder; and provide on-going mentoring and support on a peer-to-peer basis.

CONCLUSION: The unique approach enhanced the front-line nurses' accountability and responsibility. The successful implementation of evidence-based practices has provided a consistent approach to quality wound care to patients.

The Nurses continue to be a resource to their peers and audit compliance with this new program.

P163

RN role ambiguity in long term care and its effects on decisions concerning resident care: An exploratory analysis

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Role ambiguity amongst Registered Nurses (RNs) is linked to decreased job satisfaction, hindered communication between staff and increased turnover. However, there is scarce information as to how RN role clarity affects patient important outcomes. The objective of this explorative analysis was to ascertain if RN role ambiguity affects decision-making and if this, in turn, has impacts on patient care. Four semi-structured interviews were conducted with four RNs and two administrator RNs using open-ended questions. The interviews were then recorded and transcribed, followed by first-level coding of the transcripts based on the primary research questions. Second and third-level coding was subsequently conducted to determine underlying themes. A commonality across all the interviews was the Registered Practical Nurses' (RPNs') overly heavy reliance on the RN to make important decisions due to the RN's advanced education and assessment skills. This dependency is attributed to increased resident complexity in Long Term Care (LTC) and interview data suggests that this reliance increases RN workload and hinders RPNs from working to their full scope of practice. Furthermore, removal of the RN from the resident bedside has forced RNs to make decisions based on second-hand information, the consequences of which, on patients, are open to discussion. Empowering the RPN to become confident with their knowledge base and assessment skills has been identified as a way to reduce transferring the responsibility of decision-making onto the RN. These findings suggest the need for RN role clarification in LTC to enhance the decision-making process relating to patient care.

P164

Factors Associated With Undiagnosed Anemia In Older Patients Admitted To Selected Skilled Nursing Facilities in San Antonio, TX†

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INTRODUCTION:

Anemia carries significant morbidity and has been associated with decreased function, increased hospitalizations, falls and mortality. Large proportions of nursing home residents have been found to have undiagnosed anemia. The study purpose was to determine factors associated with undiagnosed anemia in residents admitted to four diverse skilled nursing facilities (SNF’s) in San Antonio, Texas.
METHODS: Data was collected from 411 older adults who had a laboratory diagnosis of anemia (Hb<12 in females, <13 in males) on admission to four SNF sites in metropolitan San Antonio. Subjects who did not have an anemia diagnosis but had anemia (56.2%, n=231) by laboratory parameters were compared to those diagnosed with anemia (43.8%, n=180). Subject information included age, gender, ethnicity, primary admitting diagnosis, co-morbid illnesses including chronic kidney disease and cancer, code status, medications and admitting laboratory values. Glomerular filtration rate was calculated using MDRD.

RESULTS: Univariate analysis revealed a significant relationship of undiagnosed anemia with being older and Mexican American (p<0.001). Logistic regression analysis demonstrated that older age (OR =1.09, p<0.001) and Mexican American ethnicity (OR=6.3, p<0.001) remained important predictors of undiagnosed anemia. Cancer diagnosis (OR=0.33, p<0.001) and higher number of comorbidities (OR=0.69, p<0.001) decreased were protective of a missed diagnosis.

CONCLUSION: In SNF residents admitted to our facilities undiagnosed anemia was associated with older age and Mexican American ethnicity while those with a cancer diagnosis or increased comorbidities have a decreased risk of a missed anemia diagnosis. Additional studies are needed to confirm whether undiagnosed anemia represents a true health disparity.

P165

Engaging Staff in Guideline Implementation through Participatory Action†

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Objectives: 1) Ensure full staff engagement in implementation of mental health guidelines in a long-term care (LTC) home using a participatory action approach. 2) Improve staff satisfaction and team processes related to mental health care.

Method: Key stakeholders including leadership, staff, residents and families were engaged in focus groups, dot-voting and working groups to identify issues related to mental health care on three LTC units. Subsequently, selected recommendations of a mental health guideline for assessment and treatment of mental health issues in LTC were implemented. Intervention included a workshop and team education resulting in practice changes such as enhanced staff participation in team rounds, and use of "mental health huddles" to address challenging client behaviours and safety issues. The mixed methods evaluation approach included a standardized survey addressing staff perceptions of their work environment/experiences, staff and family focus groups and resident interviews.

Results: Both pre and post-implementation, survey responses reflected a positive workplace experience. Mean scores overall were higher at Time 2 than at Time 1 and three domains (job satisfaction, leadership, and workplace resources) demonstrated statistically significant improvement (p < .05) while one domain (workplace conditions), neared significance (p = .07). Qualitative findings highlighted improved team collaboration, communication, support from colleagues and feelings of enhanced value as an interprofessional team member by non-registered staff and non-traditional team members such as housekeepers and food servers.

Conclusions: This initiative demonstrates the benefits of using a participatory action approach when implementing guidelines and changing practice.

P166

Using "Mental Health Huddles" to Manage Challenging Behaviours†

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Objectives: To design and implement "mental health huddles" to support interprofessional staff in managing challenging resident behaviours.

Method: A mixed method waitlist control study was conducted. Two comparable cognitive support floors in a long-term care facility participated. One received the intervention for 12 weeks; the other was
the control. A standardized survey addressing staff perceptions of their work environment/experiences was administered and focus groups were conducted. T-tests were used for analysis. A previous Mental Health Guideline Implementation project had identified “mental health huddles” as a key strategy to assist staff in managing challenging resident behaviours. Huddles are brief, unit-based sessions where staff identify challenging cases/situations, brainstorm solutions, act on the solutions, and then review the outcome and process. Consistent documentation is essential to sustainability.

Results: Paired samples t-tests indicated statistically significant pre-post differences on the implementation floor in conflict management (p=.039) and workplace resources (p=.002). No significant differences were noted in the control group. Post-implementation independent samples t-tests indicated statistically significant differences between floors for leadership (p=.032) and workplace resources (p=.025). Focus groups findings supported these results. Implementation floor staff found the huddles helpful for easier and consistent interprofessional management of resident behaviours. They valued the shared learning. Control floor staff requested implementation of huddles for their own practice improvement.

Conclusions: Residents with behavioural disturbances can be extremely challenging to manage effectively. Providing structured on the spot opportunities to discuss issues, generate solutions and action plans and ensure follow-up effectively engages staff in managing challenging behaviours.

P167
Wellness Recovery Action Planning Program
with minority older Canadians: A community based program for mental health

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Wellness Recovery Action Planning (WRAP) is a consumer-centred program which sets a new direction in mental health intervention. Any innovative intervention should be available for all Canadians regardless of age, and ethno-racial cultural differences; however, ethnic minority older adults do not have access to such services and few studies in Canada examine development of programs for them. The purpose of the presentation is to share the findings from a study which addressed this gap in practice. It examined feasibility and effectiveness of WRAP with Japanese speaking older Canadians. WRAP is a globally adopted recovery-value based non-pharmacological intervention to improve functional and emotional well-being. Method: This study utilized a qualitative pre and post longitudinal evaluation design. Seven ethnic minority participants aged between 64 and 89 joined a 6-week WRAP program. The data are based on interviews with participants before and after the program and reports from monthly meetings voluntarily organized by participants. Five key concepts in recovery (hope, education, self-determination, self-advocacy, and support) were used to assess its effectiveness. The results indicate WRAP helped older adults to gain positive changes in the five key areas and affirmed their sense of agency, control, and wellbeing. Six month after the program, all are still using WRAP and found it useful to maintain well-being. The paper concludes with program recommendations on new directions for healthy aging among ethnic minority older adults.

P168
Screening for Depression in Residential Aged Care Facilities: A systematic Review

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Depression is a common, serious and potentially treatable psychiatric disorder among older adults. It is highly prevalent in residential aged care facilities (RACFs) in North America, ranging from 15% to 50%. Left untreated, depression often leads to increased morbidity, mortality, and medical costs. According to the best-practice clinical guidelines, routine screening can assist in early detection of depression in RACFs, potentially improving access to mental health services. However, the effectiveness of screening instruments in RACFs has not been adequately evaluated in the literature, and the depression detection rate remains low - less than 25%. This presentation summarizes the results of a systematic literature review on screening scales used for detection of depression in RACFs. Forty-one articles published between 2000 and 2010 yielded 11 screening scales whose properties and clinical utility in RACFs were analyzed. The findings
reveal that an optimal screening scale for the detection of depression in RACFs has not been identified. The effectiveness of the depression screens embedded in the Minimum Data Set (MDS), the mandated routine assessment protocol for public RACFs in North America, have not been determined. To increase accuracy of detection, best-practice guidelines recommend a two-step screening procedure supplementing the MDS with another validated scale. Also scales should be selected in relationship to the context of particular facility (resources, residents’ characteristics, etc.). Further research on the effectiveness of screening scales used in non-mandated facilities in North America is warranted.

P169

Explaining the Relationship Between Eye Disease and Depression in Older Adults

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Purpose: To determine whether relationships between age-related eye diseases and depression are mediated by mobility limitations.

Methods: We recruited 261 patients aged 65 years and older (68 with age-related macular degeneration (AMD), 49 with Fuchs corneal dystrophy, 72 with glaucoma, and 72 controls with normal vision) from the ophthalmology clinics of Maisonneuve-Rosemont Hospital (Montreal, Canada). Depressive symptoms were assessed using the Geriatric Depression Scale Short Form with a threshold of 5 suggesting depression. Cognition was examined using the Mini-Mental State Exam-Blind Version. Questions were asked about life space, social support, comorbidity, and limitations due to fear of falling. Logistic regression was used. Mediation was examined by the methods of Baron and Kenny.

Results: There were 69 people who had symptoms suggesting depression (27%). AMD (Odds Ratio, OR)=3.96, 95% Confidence interval (CI) 1.39, 11.32) and Fuchs corneal dystrophy OR=3.04, 95% CI 1.04, 8.92) were associated with depression after adjustment for age, gender, cognitive score, social support, and comorbidity. These associations were greatly attenuated and no longer significant after the addition of life space and activity limitation due to fear of falling to the model. Glaucoma patients had a somewhat higher odds of depression (OR=2.27, 95% CI 0.87, 6.15), although this was not statistically significant.

Conclusions: Visually limiting eye diseases that affect central vision are associated with depression in older adults. Mobility limitations may partially mediate this relationship. Greater attention to the mental health and mobility needs of patients with eye disease is warranted.

P170

Depression in residential care: can data drive a new direction?

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The presentation will highlight the findings of a recent study by the Canadian Institute for Health Information (CIHI) on depression among seniors living in residential care facilities in Canada. The data, representing 50,000 seniors in five Canadian jurisdictions, was submitted to the Continuing Care Reporting System.

The study found that nearly half of these seniors living in long-term care or nursing homes had a diagnosis and/or symptoms of depression. They also experienced other significant health and quality of life challenges. The presentation will explore the impact of depression diagnosis and symptoms on treatment and outcomes for these individuals.

The data suggest that there is room for improvement in detection and treatment of depression among the elderly in residential care facilities. The presentation will provide real-life examples of using quality indicators and new care planning tools to drive a new direction in excellent care for depression among seniors.
Patients From An Inpatient Geriatric Psychiatry Unit

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The person with dementia often presents with a number of behavioural challenges including agitation and defensive behaviour that call upon staff to develop individualized consistent approaches to providing daily care. Continuity of care is particularly important when a person with dementia is moving from one facility to another. Yet, successful knowledge transfer across disparate environments can be difficult.

OBJECTIVE: To evaluate the usefulness of the Pre-Discharge Multidisciplinary Behavioural Care Plan in facilitating transition from an inpatient Geriatric Psychiatry Unit to the Long Term Care (LTC) Setting.

METHOD: Surveys were sent out with each discharged patient to the receiving LTC facility between February 2008 and January 2011. LTC Directors of Care (DOCs) were asked to complete the survey with their teams. The Transition Liaison Nurse followed up with staff to maximize survey return.

RESULTS: A total of 23/30 surveys (77%) were returned. Over 75% of respondents indicated staff reviewed the behavioural care plan within the first week of transfer. Over 85% of respondents indicated the behavioural care plan made it easier for staff to get acquainted with new residents, and made initial contact as well as personal cares more successful. Of particular interest was the finding that 75% of respondents found specific strategies in the plan they could use to deal with agitated/defensive behaviours.

CONCLUSION: The "Priming, Timing, Miming" Behavioural Care Plan is a practical, useful way to communicate individualized, complex care strategies for persons with dementia who are moving from inpatient to LTC settings.

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The relationship between religion/spirituality and gambling is a growing topic in the gambling literature. Two previous studies have found differences in gambling behaviour among people of different religious affiliations. A national telephone survey in the United States found that religious affiliation was an important predictor of past-year gambling (Welte, Barnes, Wieczorek, & Tidwell, 2004). Catholics were most likely to have gambled in the past year (92%), whereas Protestants were somewhat less likely to have gambled (78%). In a study of Las Vegas residents, Diaz (2002) found that Catholics were most likely to gamble daily (33% did so), followed by Protestants (23%), other religions (19%), no religious affiliation (17%), and Mormons (6%). From these studies, it appears that religious affiliation may be an important predictor of gambling behaviour, and Catholics and Protestants may gamble most frequently. In this cross-sectional survey, 100 participants were asked about their religious beliefs, gambling attitudes and behaviour to determine whether previous results could be replicated in a Canadian Aboriginal sample. Participants were people of Métis descent aged 45 and over from across Ontario, and predominantly identified as Catholic or Protestant. Results found no difference between Catholic and non-Catholic people in their gambling behaviour or attitudes. These results suggest that the previous studies have found local or cultural differences between religious groups that may not apply to people outside the United States, Baby Boomers, and/or Aboriginal people.

P173
Factors Associated with Lower Limb Strength in Rural Elderly Over 80 Years of Age†

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In this cross-sectional epidemiological and household-based study we examined factors...
associated with lower limb strength (LLS) in all rural residents aged 80 + years in Antônio Carlos, Santa Catarina State, Brazil. A total of 56 men (85.0 ± 4.4 y) and 78 women (84.5 ± 4.8 y) were examined in 2010. Poisson regression (crude) analysis examined associations between the results of the LLS test (time to rise 5 times from an armless chair, ≤ 11 seconds) and explanatory variables, including the sex of the person; the ability to read and write a message (yes, no); the presence of dementia (yes, no); body mass index (underweight, BMI < 22kg/m²; normal/overweight, BMI ≥ 22kg/m²); smoking (yes, no); alcohol consumption (0-1 day/week, 2+ day/week); morbidity (0-2, 3+); and self-reported sitting time (< 4 hours/day; ≥ 4h but < 6 hours/day; ≥ 6 hours/day). Eighteen elderly people were unable or refused to take the PT test. Poor performance in the LLS test was observed in 48.5 % of elderly people (CI= 38.5 - 58.4%). A greater prevalence of poor performance in the LLS was found among man (p = 0.014), those who consumed alcohol more frequently (p = 0.012) and those who reported longer time sitting (p = 0.043). There were no statistically significant differences in relation to others variables. In conclusion, male sex, alcohol consumption, and longer time sitting were factors positively associated with poor performance in the LLS test.

**Objective** - We examined for associations between handgrip strength (HS) and sex, cognitive status, education, and nutritional status (NS) in all rural residents aged 80 + years in Antônio Carlos, Santa Catarina State, Brazil. Methods - This was a cross-sectional epidemiological and household-based study. A total of 134 elderly were examined in 2010. The educational level was judged from whether or not the participant could read and write a message (yes, no). Dementia (yes, no) was identified using the Mini-Mental State Examination (modified and validated). NS was evaluated according to the Body Mass Index (BMI): underweight (BMI< 22kg/m²) and normal/overweight (BMI≥ 22kg/m²). Poisson regression (crude) analysis examined HS associations (≤ 27 kg, men; ≤ 17 kg, women) and explanatory variables. Results - Fifty-six men (85.0 ± 4.4 y) and 78 women (84.5 ± 4.8 y) were examined. Four elderly people refused to take the HS test. A poor performance in the HS test was observed in 36.9% of elderly (CI= 30.8 - 47.6%). Underweight participants and participants with dementia were 18.8% and 26.9%, respectively. The number of elderly that could read and write a message was 111. Poor performance in the HS test was more prevalent among elderly who reported that they couldn't read and write a message (p = 0.038), who were underweight (p = 0.008), or who had dementia (p <0.001). Conclusion - An inability to read and write a message, dementia and being underweight were factors positively associated with a poor performance in the HS test.

**P174**

**Handgrip Strength, Sex, Cognitive Status, Education, and Nutritional Status in Rural Elderly Over 80 Years of Age†**

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**Objectives:** The objectives were to explore family physicians’ (FPs) perceptions of the influence of their rural setting upon their care of patients with dementia.

**Methods:** Fifteen FPs participated in telephone interviews from November 2, 2010 to March 2, 2011. Interviews were conducted with the assistance of a semi-structured interview guide, and participants received a $50 honorarium.

**Results:** Most FPs were male (n=13), had been in practice fewer than 10 years (n=9), and managed 10 or more patients with dementia on a monthly basis (n=10). FPs acknowledged that there were advantages as well as disadvantages in caring for patients with dementia in rural settings by describing their practice with phrases such as ‘mixed picture’ and ‘catch 22’. Practicing rural was considered an
advantage in terms of the close, personal relationships among FPs, patients, families, and other healthcare workers. FPs also stressed the disadvantages of insufficient local healthcare and related services, physical distance from healthcare services, and better access for urban than rural FPs to urban specialists. For instance, in some regions, services such as day respite programs were nonexistent, while other services such as occupational therapy were inadequately staffed.

Conclusion: FPs’ descriptions of dementia care in their practice exhibited narratives of both rural idyll and rural deficiencies. FPs valued the social proximity of rural life, and believed that their personal knowledge of patients and their families enhanced patient care. However, FPs felt that service access deficiencies in their rural practice put their patients and families at a distinct disadvantage.

P176

Pre-diagnosis Experiences of Informal Caregivers of Individuals Referred to a Rural and Remote Memory Clinic

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The Rural and Remote Memory Clinic (RRMC) evaluation study is aimed at improving access to diagnosis and management of early stage dementia for rural and remote seniors in Saskatchewan. Caregivers of RRMC patients routinely provide questionnaire data regarding their own health and effects of caregiving. Although caregivers spontaneously report challenges in providing support to their family member, we have not systematically investigated their specific needs and experiences. A longitudinal needs assessment is currently underway to identify the pre and post-diagnostic support needs of informal caregivers. Interviews are ongoing, but to date, 24 semistructured interviews averaging 25 minutes have been conducted with caregivers (primarily spouses and adult children) on clinic day while the patient is undergoing testing, before the diagnosis has been communicated. The time from first symptoms to the RRMC diagnostic appointment is typically two years. Caregivers describe experiencing frustration, denial, and second-guessing whether or not this is just “normal aging”, especially when symptoms are first evident.

Caregivers report varying levels of success with primary care providers in moving forward with assessment and referral, with some “getting stuck” and having to advocate for these steps to take place. By the time of the clinic appointment, most caregivers report having been operating in a type of limbo without a diagnosis and having begun planning for the future based on an unknown scenario. For some, acceptance of the unknown and self-care become priorities in order to cope. Most caregivers express that they are anxious to receive information to guide their next steps.

P177

Successful Aging†

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Introduction- The promotion of healthy community living in order to increase number of healthy elderly is one of the goals of health care professionals. Successful aging and its determinants probably fit best within the framework of the human “health span”.

The Determinants of Successful Aging-

Regardless of the continued disagreement over the concept of successful aging, there are overlapping themes within psychological and biomedical frameworks. Accordingly, modern literature focuses on health promotion and disease prevention with the goal of optimizing the health span through minimizing declines in functional status across physical, cognitive, and social domains.

The Emergence of Successful Aging as a Concept-

The view of aging has changed from a theoretical to a positive and helpful outlook for the later decades of life. Three major social theories of aging disengagement theory, activity theory, and continuity theory best reveal this shift of thinking. Both the activity and continuity theories suggest that any declines in social interaction among aging adults might decrease health and physical function against to a basic need to withdraw from society as the disengagement theory indicates.

It is possible that older persons, with their associated health concerns, may need nursing care, rather than medical care, to promote wellness, prevent illness and thus enhance life satisfaction. Changes in life expectancy have resulted in an increased proportion of the aged, and can significantly affect ageing
Improving the quality of life and appreciation of the elderly.

MATERIALS AND METHODS: 56 literate, diabetic, hypertensive elderly and 150 students from the 5th, 6th and 7th grade participated on the project. 1 - The students were asked about diabetes and high blood pressure. 2 - Lecture for the teachers, students and the elderly about diabetes, high blood pressure and appreciation of the elderly. 3 - Mail exchange, each elderly gets at about 3 letters a month. 4 - Monthly meetings with the elderly to check their pressure, glucose and exchange letters.

RESULTS: 1 - Based on the questionnaire the students had answered, in the beginning and after the development of the project, we were able to observe a significant improvement on their knowledge about diabetes. 2 - The knowledge learned by the students, are socialized at home and at school. 3 - Appreciation of the elderly with an intensive feeling to meet their correspondents, creating new friendships and admiration.

Conclusion: It is a wide project due to the many age groups involved; it is an educational ongoing process. Working the prevention between children and the elderly means to establish differences between the past and the present.

P180

Older Adults’ Use of Transportation and Its Relationship to Social Participation

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Age-friendly communities are ones that provide older adults with opportunities and services to enjoy good health, participate in society, and feel safe and secure (WHO, 2006). Having access to transportation options is one important aspect of an age-friendly community. Drawing on data from in-person interviews conducted in Winnipeg, Manitoba the relationship between transportation and participation in social activities among 341 individuals aged 65 and over was examined. Participation in social activities was measured as the number of activities (e.g., playing games/cards, visiting friends/relatives) participated in at least monthly. Two measures of transportation use were included, driving oneself and public transit use.
Rates of social participation varied significantly by gender with higher participation found among women (mean=4.53 activities) than men (mean=3.84 activities). Men were also significantly more likely to have driven in the past 6 months than women (96.8% versus 73.8%), whereas women were significantly more likely to have used public transit (34.8% versus 16.9%). Analyses examining the relationship between transportation use and social participation were conducted separately for men and women. There was no difference in participation rates among men whether they drove (mean=3.85) or used public transit (mean=3.88). Among women, social participation varied depending on the mode of transportation; those women that both drove and used public transit had the highest participation rates (mean=5.49). These findings suggest that having access to transportation can facilitate participation in social activities, particularly for older women.

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"I Don’t Want to Be the Bad Guy!" How Family Members Contribute to Driving Decisions of Aging Parents.

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This presentation has been withdrawn at the author’s request. / Cette présentation a été retirée à la demande de l’auteur.

P182

Older Women’s Quality of Life Following Driving Cessation

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There is a great deal of research interest in how to keep older adults driving safely as long as possible and factors that predict driving driving cessation, but we have little knowledge of the diverse ways in which older adults’ quality of life is affected by driving cessation. This study explores factors that negatively impact the quality of life for older women following driving cessation. Face-to-face interviews were conducted with 11 women aged 70 and older who had ceased driving within the past two years. The findings confirmed that the women experienced a loss of independence and spontaneity, and for most, their level of out-of-home activities sharply diminished. There was a clear difference between the women's ability to continue participating in activities they "need" to do versus the activities they "want" to do. This resulted in a negative impact on the women and their ability to play an active meaningful role in their families, social networks and communities. Several mobility barriers were identified such as the women not wanting to ask for a drive and family members not being available or having the capacity to meet al of the older women's transportation needs. In addition, the results indicated that this cohort of women is not likely to demand or expect that their transportation needs and wants be addressed by family, friends or the public sector. The study provided insight into strategies to help older women plan for driving cessation and to maintain a high quality of life following driving cessation.

P183

Computer self efficacy among aged users for holistic well being

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Objectives: Computer self efficacy among aged users.
Computer related technology has made its presence felt in everyday life. Information technology skills are not limited to computer usage, but have entered areas of life like hobbies, shopping, banking, personal communication and so forth. Being adept at these skills is essential.

Methods
Research shows that older adults are not as adept at computer related skills which limits their computers related activities. A pilot study was conducted using Brown’s Computer Self Efficacy (CSE) Survey. The results of the survey/interview results initiated another pilot study. A Learning module was created as a collective learning module where adult users log on and pursue whatever hobby suits them, thus creating a network of adult users sharing their interests in a learning environment. They would follow the different tabs to see the given information / instructions. It could be using information videos reviews, Module guided learning, networking.

Result
Using WebQuest encouraged the users to be self efficacious in using computer in general. The participants feedback during interviews also
revealed a healthy engagement both in terms of time and learning.

Conclusion
Ease of navigation, greater computer Self Efficacy. Enable a medium for engaged learning using activities of interest. In case of older adults, a general well being leads to physical and mental well being as well which in turn draws their attention away from physical ailments and loneliness.

P184
Age-related Changes in Outcomes from the Use of Assistive Technology Devices
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Objectives: The Assistive Technology Outcomes Profile for Mobility (ATOP/M), is designed to measure the specific functional effects of mobility assistive devices, such as canes, orthotics, walkers and wheelchairs, on performance of mobility-related activities and participation as defined in the International Classification of Functioning, Disability and Health (ICF) framework. This presentation describes age-related changes in mobility outcomes as measured by the ATOP/M.

Method: ATOP/M scores from a sample of 1,037 mobility device users, ages 18 to 90, were analyzed. Users had a wide range of diagnoses, including cerebral palsy, multiple sclerosis, spinal cord injury, acquired brain injury, stroke, and amputation. The ATOP/M consists of 68 items distributed across two domains, each having two subdomains: Activities (Physical Performance and Instrumental Activities of Daily Living); Participation (Social Role Performance and Discretionary Social Participation). It yields two scores, one reflecting respondents’ mobility level while using a device, the other reflecting their capability without it.

Results: There were statistically significant age-related changes in mobility outcomes. The functional benefits from assistive device use increased with advancing age. This trend varied across the domains measured by the ATOP/M.

Conclusions: The ATOP/M belongs to a new generation of health outcome instruments specifically attuned to the effects of assistive technology devices. It is available in several formats that make it clinically economical to use, including computer adaptive testing (CAT).

P185
Accommodating Diversity in Customizing a Reminiscence Software Program
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Background: Benefits of reminiscence for older adults are well-recognized, and technological advances have facilitated development of software incorporating media, both personal and public, to support reminiscence. Selection of content for such programs, especially drawing on sources such as government archives or public libraries, raises intriguing questions that are particularly relevant when designing programs intended for people in multiculturally diverse communities: Whose perspectives are represented in archival materials? What issues arise in selecting materials to support reminiscence in groups subjected to oppression within the broader community (e.g., Japanese-Canadians during World War II)?

Objectives: This study sought to explore these and related questions by developing and evaluating a process for selecting media for a software reminiscence program intended for use with seniors with dementia who grew up in British Columbia.

Methods: Focus groups of community-dwelling seniors defining themselves as long-time residents of the province were conducted to identify topics of reminiscence and to evaluate media obtained through archival searches. The need to explore representation of specific sub-communities emerged in this process, leading to focus groups with Japanese-Canadians and with First Nations elders.

Results: Findings from all groups offer insights into tensions inherent in the portrayal of times past from multiple perspectives.

Conclusion: Discussion focuses on implications for media selection for reminiscence programs and, more broadly, for engaging in reminiscence activities incorporating those media with seniors with or without dementia.
P186

Bridging the Information Divide: Strategies for Enhancing the Use of Health Information for Older Home Care Clients with Musculoskeletal Disorders

Selena Santi, Paul Stolee, Katerine Berg

Objective: To explore how available health information could be used more effectively to improve rehabilitation for home care clients with musculoskeletal (MSK) disorders

Methods: An iterative consensus process was undertaken to identify barriers, facilitators and potential strategies related to effective use of health information in home care rehabilitation, with a focus on electronic health information systems (EHIS) such as the RAI-HC assessment. The process included: 1) a systematic literature review on the use of EHIS in home care; 2) three regional knowledge exchange workshops involving home care case managers, administrators, and rehabilitation service providers (n = 40); 3) a consensus survey of workshop participants (to assess the relative importance of identified barriers, facilitators and strategies); and 4) a final workshop to achieve consensus on recommended strategies to improve the use of health information in home care rehabilitation, in light of ongoing provincial developments in EHIS.

Results & Conclusions: Information sharing and use of information are dependent on several factors relating to the nature of the exchange (i.e., for planning, assessment, and outcome measurement), the composition of the information being exchanged, and knowledge and understanding of the tools and assessments used in EHIS in home care. Knowledge translation activities and education sessions are needed in order to reduce the barriers to the use and sharing of health information in home care rehabilitation.

P187

Consumer products and fall-related injuries in Canadian seniors

Lauren Griffith, Parminder Raina, Nazmul Sohel, Kate Walker, Ying Jiang, Douglas Hopkins

Objective: To examine the relationship between consumer products and fall-related injuries in seniors.

Methods: We conducted an environmental scan to identify literature on consumer products (including assistive devices) and fall-related injuries. We then analysed data from participants of the Canadian Community Health Survey (CCHS) who agreed to share their data with Canadian Longitudinal Study on Aging (CLSA) researchers. The CCHS included questions on the number, nature, severity, and consequent healthcare utilization related to falls.

Results: The literature search yielded 40 citations, but few were directly relevant. Typically, studies did not link consumer products, their influence on a given injury and the age of the subject when a given injury occurred.

The CCHS-CLSA sample of participants aged 65 years and over included over 9,000 respondents representing approximately 4 million Canadian seniors. The estimated number of senior Canadians experiencing at least one fall in the previous 12 months was almost 800,000. Of these people, it was estimated that about 48,000 seniors were using an assistive device at the time of their fall. There was no data on whether the assistive device was protective or contributed to the fall.

Conclusions: There are significant gaps in the literature on the role of consumer devices in fall-related injuries in seniors. Addressing these gaps will require specific data that is not currently available in large population-based studies. There is an opportunity to begin to address these gaps through a Canada-wide study on health and aging, the Canadian Longitudinal Study on Aging (CLSA).

P188

An Exploration of Health Care Provider Attitudes and Perceptions on Physical De-conditioning Among Seniors during Acute Care Hospitalization: Strategies for a Collaborative Approach to Prevention.

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BACKGROUND: Acute care hospitalization can be a pivotal time for elderly patients. Many may experience periods of decreased mobility and subsequent physical de-conditioning and even functional decline. In this population, recovery of function can be very difficult and many never return to their baseline level. PURPOSE: This qualitative study explores the perceptions of health care providers (HCP) regarding the prevention of physical de-conditioning among elderly patients during acute care hospitalization. METHODOLOGY: Four focus groups were conducted with HCPs from an acute medical ward in a tertiary care hospital. Content analysis was used to identify common themes or attitudes of the HCPs. RESULTS: Subjects identified factors that contributed to de-conditioning and also discussed strategies for prevention. Contributing factors were categorized as patient factors, staff factors and the hospital environment. Prevention strategies included modifications to hospital processes, the physical environment, and education. It was also observed that HCP perceptions were often dichotomous with respect to role clarity, fear of injury to self, and the overall priority given to the prevention of de-conditioning. CONCLUSIONS: HCPs are aware of the need to prevent de-conditioning among elderly patients. The results suggest potential areas to target prevention strategies in order to overcome identified barriers and utilize enablers. In the future, further study of implemented prevention strategies will be required.

P189

Une programmation d’implantation du guide de pratique En Mains afin de favoriser son appropriation et utilisation

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Les formations données de façon ad hoc en milieu de pratique ont des effets limités si elles ne sont pas intégrées à une programmation de changement. Cet exposé vise à rendre compte du contenu d’une programmation d’implantation afin de favoriser l’appropriation et l’utilisation du guide de pratique En Mains (maltraitance envers les aînés) par des professionnels des services de santé et des services sociaux. En s’appuyant sur une expérience pratique, un modèle de programmation a été développé en adaptant le cadre conceptuel développé par Chen adaptant le cadre conceptuel développé par Chen en utilisant la méthodologie de Chen. Une programmation d’implantation du guide de pratique En Mains a été développée en utilisant une méthodologie de programmation adaptée. Les enjeux identifiés concernent l’appropriation et l’utilisation du guide de pratique En Mains par les professionnels des services de santé et des services sociaux. Les résultats de cette programmation d’implantation permettent deplanifier les étapes nécessaires à l’utilisation du guide et d’identifier les enjeux pouvant entraver la poursuite des buts visés et favorise une démarche structurant en contexte de maltraitance. Notre modélisation est transférable à d’autres programmes de formation en milieu de pratique gérontologique.

P190

A patient and caregiver resource: The Driving and Dementia Toolkit for Persons with Dementia and Caregivers – first edition.

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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 d) a ‘dealing with grief’ insert for caregivers.

Conclusion: This Toolkit is a valuable resource for PWD and their caregivers.

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Connection and Action: Results of a Telehealth Delivered Frontotemporal Dementia Spousal Support Group Evaluation Project

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A support group for rural and remote-dwelling spouses of persons with frontotemporal dementia (FTD), an atypical dementia characterized by early age-onset and challenging behaviours, was developed and facilitated by two neuropsychologists affiliated with a rural and remote memory clinic in Saskatchewan. Because FTD is relatively rare, these rural spousal caregivers are geographically isolated from others in similar circumstances. In order to bridge the geographic barriers faced by rural caregivers, the support group meets monthly via telehealth, a type of videoconferencing technology delivered over a secure connection. After meeting via telehealth for a year, nine of the ten spouses plus two facilitators met in-person for a retreat. A key purpose of the retreat was to evaluate the utility of the telehealth delivered support group. Focus group discussions were conducted which were recorded and transcribed verbatim. In addition to an evaluation of the support group, a broader thematic analysis of the discussions was conducted; these results will be presented here. Core categories of connection and action were identified as central in the analysis, including subcategories of understanding, awareness, navigation, and advocacy. Each subcategory contributes to an understanding of the needs of spousal caregivers of persons with FTD, and how a telehealth delivered support group helps them to appreciate and address those needs.

P192

A Population Based Perspective of Acquired Brain Injury in Older Adults: How do they happen?

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Objective: This presentation examines the causes and mechanisms of injury among older adults (aged 65 years or older) with acquired brain injury (ABI) in Ontario by older age groups.

Method: This retrospective cohort study utilized population based data on emergency department visits and acute care episodes of care obtained from the National Ambulatory Care Reporting System and Discharge Abstract Database respectively (fiscal years 2007 to 2009).

Results: Falls were a major cause of traumatic brain injury, which increased dramatically with age (e.g., 70% in those 65 – 74 years vs. 90% in persons 85 years and older). When specified, the most common types of falls were on the same level (38%) and on and from stairs and steps (16%). Similar trends were found across the age groups in both data sources, with the exception of falls on the same level. Age differences were also observed for the type of non-traumatic brain injuries. While the top three types were brain tumours (44%), anoxia (20%), and vascular insults (14%), the proportion due to brain tumours decreased while the proportion due to anoxia and vascular insults increased with age in both data sources.

Conclusion: This presentation addresses the lack of research on the mechanisms of injury relevant to traumatic and non-traumatic brain injury. It also informs services related to prevention for older adults with ABI. The highest rates of ABI are among older adults and thus, policy makers need to address prevention and preparation of service delivery for this growing population.

P193

Dementia in Retirement Homes; Prevalence, Treatment and Screening for Undetected Cognitive Impairment
Retirement or Residential Homes (RH) represent an important component of the Canadian Health Care system, although this concept is probably underappreciated. Previous studies have shown that over 40% of RH residents are in fact eligible for long-term care institutionalization. RH residents represent a significant percentage for Emergency Room assessments and/or hospitalizations. Average age is 85-86 and residents have the usual complexity and chronicity of medical problems and are on multiple drugs. This study took place in a RH in Ottawa (Stillwater Creek Retirement Residence) with 211 residents (a 28 bed secure unit for dementia residents, 20 assisted living suites, 55 residential suites, and 96 apartment residence).

RH Records were reviewed for the diagnosis of Dementia or Mild Cognitive Impairment and the use of specific anti-Dementia drugs. All patients without a diagnosis of dementia or MCI were screened for cognitive problems with a 3 item Dementia Quickscreen (3 item recall, animal naming in 1 minute, and clock drawing).

The prevalence of cognitive impairment was 48% consisting of 39% dementia and 9% Mild Cognitive Impairment. Only 60% were on specific anti-dementia drug therapy, demonstrating a potential significant gap in treatment and management.

Screening of those without Dementia or MCI showed that 60% failed the Dementia Quickscreen and will now go on for further comprehensive cognitive assessment. Results will be presented.

Dementia is a growing issue for RHs with significant gaps in diagnosis and treatment.

P194

Adapting Heart Failure Care Process Recommendations for the Long-Term Care Setting: Recommendations from Interprofessional Staff Groups.

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Heart Failure (HF) affects up to 45% of Long-Term Care (LTC) residents. Frailty, functional decline and cognitive impairment further complicate HF management and create multiple challenges to successfully implementing the Canadian Cardiovascular Society (CCS) Recommendations on HF in the LTC setting. Adaptation of these recommendations is needed to optimize the management of HF in LTC and reduce transfers to acute care facilities. In phases 1 and 2 of this project, Delphi surveys and focus groups were used to assess interprofessional staff perspectives on implementing the CCS guidelines in LTC, including practicability, barriers and potential solutions. Following an interdisciplinary expert panel review, results were used to develop a workshop template for Phase 3, in which facilitator-lead workshops were held with interprofessional LTC staff groups, including PSWs (n=10), RNs (n=8), RPNs (n=4), MDs (n=4), Administrators (n=4), Pharmacist (n=1) and Dietician (n=1). Results were presented at three LTC sites, followed by facilitator-guided discussions. Workshop notes were synthesized and key recommendations were identified, including: improving interprofessional relationships and communication between staff, residents, families and community agencies; tailoring HF education interventions for each staff group; supporting appropriate pharmacotherapy; reducing sodium intake facility-wide; developing protocols for regularly monitoring weights; and developing strategies to increase physical activity among residents. The interprofessional care (IPC) perspective was used to organize recommendations. Results are presented using the IPC framework. Suggestions for interventions to implement the adapted CCS recommendations in LTC are presented.

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Accessibility of Grocery Stores and Pharmacies in Eight Hamilton Neighbourhoods

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Objectives: The purpose of this study was to obtain data on the accessibility and age-friendly qualities of selected grocery stores and pharmacies in Hamilton, Ontario using the Community Health Environment Checklist (CHEC) building assessment instrument.
which is similar to the World Health Organization’s age-friendly building criteria. This project was initiated by the Hamilton Council on Aging as part of its strategy to make Hamilton an Age-Friendly City.

Method: Information was collected by 20 McMaster University gerontology students and 12 Hamilton Council on Aging older adult volunteers. After participating in CHEC training sessions, small groups of students and volunteers assessed 16 grocery stores and pharmacies within eight Hamilton neighbourhoods. Data from the CHEC assessments were compiled and analyzed to identify accessibility strengths and recommendations for the buildings.

Results: Grocery stores ranged from moderate to excellent accessibility, with poor to excellent accessibility in the pharmacies assessed. Issues in grocery stores included inaccessible parking spaces, crowding problems, merchandise and restroom toilery items not within reach from a seated position, and narrow restroom doors. Pharmacies had inaccessible parking spaces and drop-off areas, uneven routes leading to the entrance, curb cuts in poor condition, entrance thresholds too high with heavy, inaccessible front doors, and merchandise out of reach from a seated position.

Conclusions: These findings can be utilized by building owners and the City of Hamilton to improve the accessibility and age-friendliness of grocery stores, pharmacies, and other buildings used by the public. Other communities may want to conduct similar assessments using the CHEC.

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Time, Workload and the Quality of End-of-Life Care: Resident Care Aides’ Perspectives

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The majority of end-of-life (EOL) care in Canadian long-term care facilities (LTCFs) is provided by resident care aides (RCAs). Objective. We explore contextual features shaping the provision of end-of-life care (EOL) to LTCF residents, by drawing on the perspectives of RCAs from three LTCFs in Victoria, British Columbia. Methods. Face-to-face interviews were completed with eleven consenting RCAs. Data were analyzed thematically and compared and contrasted. Results. EOL care by RCAs was characterized as “comfort care,” including physical and emotional comfort, and that of the family. Concerns with time and workload challenges dominated RCA accounts and generated guilt, sadness, and frustration. RCAs spoke about “finding the time” by taking it from oneself or other residents, and by relying on the commitment of their co-workers and the contributions of family members. Though families are considered part of the unit of care, in the context of time restrictions they are simultaneously viewed as providers of EOL care and as a substitute for RCA care. Conclusions. Findings emphasize the importance of the RCA role (particularly in emotional comfort) yet call for attention to interpretations of what is involved in this work, and to defining scopes of practice and training requirements. Findings reiterate the importance, among Canadian RCAs, of appropriate workloads to facilitate quality EOL care, and raise concerns about how EOL care practice and the meanings infusing this practice may be shaped by time constraints.

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The Canadian Community Health Survey 2007-08: Social Support Availability (SSA) is Independently Associated with Self-Reported Health (SRH) among Older Adults

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Objective: To investigate the association between social support availability (SSA) and self-reported health (SRH) among older adults.

Methods: Data from participants, age 50 and above, of the 2007-2008 Canadian Community Health Survey who responded to validated SSA and SRH questions was analyzed. SRH of was re-coded from five to three categories: Excellent/Very Good, Good, Fair/Poor. Multinomial logistic regressions were performed controlling for demographics, disease, stress, activity limitations, mental health, smoking, BMI, and socioeconomic factors (Alpha<.05), for each of the four SSA sub-scales. Adjusted OR and 95% CI were calculated.
Results: The sample (n=22407) was 47.7% male and 46.7% were over the age of 65. SRH distribution was: Excellent/Very good=46.3%, Good=35.4%, Fair/Poor=18.3%. Excellent/Very good health was taken as the reference. One unit increase in SSA “Positive social interaction” (have a good time with) reduced the odds of reporting poor/fair health by 4% (aOR=.96, CI:.95-.98) and good health by 3% (aOR=.97, CI:.95,.98). Similarly, reduction of reporting poor/fair health was seen with one unit increase in “Tangible” (help with daily chores) (2%), “Affection” (4%) and “Emotional/Information” support (1%). Odds of reporting Good health versus Excellent/Very good health were of the same magnitude but for “Tangible” support which was not significant (aOR=.97, CI .98-1.01)

Conclusions: Social support availability subscales are associated with better self-perceived health among our representative Canadian sample of seniors and older adults, independently of disease, known risk factors or socioeconomic conditions. This might have practical implications for clinicians, service delivery organizations and policy makers.

P198

Understanding Long Term Care Facilities as Communal Living Environments: A Value-Added Perspective

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Objectives: Long-term care (LTC) facilities are communal living environments that provide accommodation, hospitality, and health services to older adults who are no longer able to live independently. Communal living is not a common arrangement for most adults before entering a LTC facility. However there is potential for communal living to afford many benefits to individuals who need this level of care. The objective of this knowledge translation project was to develop a discussion guide to facilitate awareness and exploration of this potential.

Methods: A thematic literature search was conducted to explore concepts relevant to understanding LTC homes as communal living environments. Leaders within a service that provides facility-based LTC to elderly Canadian war veterans were recruited as key informants. A Discussion Guide was developed. Consultation with treatment team members was conducted to enhance end-user appeal of the Guide.

Results: The Guide includes Main Messages extrapolated from the thematic literature review and Reflection Questions and follow up probes shaped by the insights of the key informants and end-users.

Conclusions: The culture change movement in LTC has focused on person-centred care and the implementation of a home-like environment. More recently, there has been increasing emphasis on relationship-centred care. Further value may be added by understanding the LTC facility as a communal living environment. A tool to facilitate this process of reflection has been developed.

Funding: St. Joseph’s Foundation: The Parkwood Hospital Alzheimer Care and Research Fund

P199

Ageism in Design

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The objective of this paper is to investigate why and how ageism is reflected in design and presents a ten-point plan for reducing ageism in design and among designers. A Harvard study on prejudices found that the largest prejudicial bias people had was not towards people of different race or sex, but towards the elderly. A survey of design students found that they overwhelmingly perceived older people as slow, feeble and weak. Ageism, discrimination based on age is widespread but one of the least addressed and challenged prejudices in our community. In design, this prejudice and stereotyping shows up in the products and environments that are designed for our older population. Or as one designer says if we view the products that are available to them then they would be viewed as ‘cranky, stupid, and tacky’. The issue of ageism and its reflection in the design of products not only perpetuates society’s view of older people but their view of themselves.

This paper explores ageism in design and what designers can do to address ageism. The first section of the paper describes how design is influenced by and reinforces ageism. Three main factors driving this ageist narrative in design are identified and discussed. The second part of the paper presents and analyses a number of educational methods, strategies and experiences to reduce ageism among designers and also presents a ten-point plan for a reduction of ageism in design.
Role Transitions in Adult Daughters Providing Care to Mothers Living with Alzheimer’s Disease

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Adult children frequently become involved in the care of an aging parent living with Alzheimer’s disease (AD). For daughters providing care to their mothers, we examined in detail the interplay among progressive stages of AD, changing mother-daughter relationships, and role transitions. Three recent caregiving memoirs published by daughters with close relationships with their mothers were selected. Narrative analysis of the texts confirmed transitions through three previously identified phases of caregiving while elaborating on caregiver thoughts and feelings and emphasizing the dynamic mother-daughter relationship. During the first phase (assumption of caregiving role), memoirs exhibit themes of denial and guilt evident in the daughter’s inability to balance numerous role demands. Furthermore, the mother-daughter relationship is challenged by the daughter’s resistance to accept major cognitive changes in their mother. Evident during the second phase of care (ongoing caregiver role) is a sense of loss among adult daughters in terms of both previously enjoyed activities and valued characteristics of their mother. During this phase daughters become completely engulfed by caregiving duties. In the final phase (termination of the caregiving role, i.e., role exit), great ambivalence shifts towards acceptance. The mother-daughter relationship becomes primarily intimate, non-verbal and nurturing. Despite the deep pain of losing a mother and an overwhelming long-term role, adult daughters are aware of the work ahead of them to redefine their sense of self outside of caregiving. Overall, findings display the need for dementia-sensitive caregiver support services, adjusted specifically to the evolving mother-daughter relationship during each phase of care.

P201

Migrations in a Globalized Era: Salvadorian Immigrants in Canada and Preparations for Later Life

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The purpose of this research study is to explore the social, economic, and political circumstances and experiences of immigrants from El Salvador, in order to understand the extent to which these have affected their preparation for retirement. Through a life course approach, sixteen semi-structured life history interviews are being conducted. Participants are Salvadorian men and women, aged fifty plus who immigrated during the political violence in the 1980s as refugees, have a residency time of over 15 years, and have worked for over ten years in Canada. Early findings reveal that Salvadorian immigrants are not planning for later life, that they are not fluent in English, have lower educational levels, have little knowledge of the pension system in Canada, and that they plan to continue to work until they are no longer physically capable of doing so. Against a background of social change, risk, the welfare state, and an aging population it is critical to understand the factors that constrain or facilitate aging and preparing for retirement. Standardized services are not meeting the much needed services and supports for this ethnic group. Many immigrants are aging in their new country and subsequently will make up an increasing portion of the aged in Canada. It is clear that research in ethnic cultural competency is necessary to meet the needs of a diverse aging population who have significant disadvantages that will impact their later life. This exploration and understanding then can help transform social patterns of inequality and exclusion that exist within society.

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Perspectives on Older Adults and Driving: A Survey of Canadian Psychologists

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Several recent studies have emerged to examine the attitudes and practices of health care professionals regarding fitness-to-drive and older adults. While research has examined that of physicians, occupational therapists, and more recently psychiatrists, the role that the psychologist may play has yet to be investigated. In addition, it has been suggested that a multi-professional approach in identifying at-risk older drivers may best serve the individual, the family and policy when dealing with what has increasingly become an important matter as the number of older adult driver’s in Canada increases. An online survey was developed to examine the attitudes and practices of clinical psychologists across Canada who practiced a minimum of 2 days per week and who had clients over the age of 60 who could potentially be at risk due to their driving behaviours. 84 psychologists completed the 68 item survey based on questionnaires administered to other health professionals; 14 psychologists began the survey but did not meet the inclusion criteria. 50% of respondents felt that addressing clients’ fitness to drive was an important issue in their practice while 52.4% felt they were also the most qualified professionals to identify clients with cognitive impairment who are unsafe to drive. Responses concerning confidence to evaluate fitness to drive (53.4% lacked confidence) and the implications for psychologist-client relations (59.5% agreed or strongly agreed to a negative impact), mirrored responses given by others professional groups. Challenges associated with this research included regional variations in driving policies and access to health care professionals.

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Meeting the Challenges of Diversity in Neuropsychological Assessment of Older Adults

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Background: Ethnically and linguistically diverse older Canadians represent a growing demographic. Some will require neuropsychological assessment to evaluate cognitive changes.

Objective: To examine challenges associated with assessing ethnically and/or linguistically diverse older adults in a geriatric neuropsychology service and to evaluate approaches to meeting these challenges.

Method: Archival data were examined to identify outpatients for whom ethnic and/or language background was felt to affect the assessment process. Selected patients were age 55+ and most were referred for assessment of possible dementia. For each patient, separate lists were generated of challenges to valid neuropsychological assessment and approaches taken to maximize assessment accuracy.

Results: The patients (N=14, average age=68.8) represented five ethnic and eight language backgrounds. Eight Caucasians spoke a primary language other than English. There were six non-Caucasians, of whom two spoke English as an additional language. The most frequent challenge was lack of appropriate test normative data. Limited English fluency was a factor in five cases. The most frequent approaches were obtaining collateral information from family members, examining test results and behaviour qualitatively, conducting a follow-up assessment to evaluate change in the patient’s functioning over 12 months, and using nonverbal tests. When possible, tests were administered in the patient’s primary language or through an interpreter.

Conclusions: More normative data are needed for diverse populations. Valid assessment of cognitive functioning in older adults from non-English-speaking/non-Caucasian backgrounds can be facilitated through collateral information, qualitative data, nonverbal tests, and follow-up examinations.

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Choosing herbalism for geriatrics among the Bangladeshi immigrants to the United States: The experience of City of Boston in the Massachusetts

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Objectives: In the United States, complementary and alternative medicine use is most prevalent among the immigrants. Very few studies have been conducted in the Bangladeshi immigrants to the United States on herbalism knowledge. Therefore a gap in knowledge exists. This study deals with the field observations recorded on the traditional
therapeutic applications of the herbalism used in geriatrics by the Bangladeshi immigrants of City of Boston in the Massachusetts.

Method: Fieldwork was carried out from April 2011 to July 2011. An open-ended semi-structured questionnaire was used in collecting field information. In-depth information regarding herbalism types, preparation of medicines, ailments for which they are used, dosages, and side effects if any, were obtained from the Bangladeshi immigrants.


Conclusions: Information on phytochemicals as well as pharmacologic activity studies on this herbalism (if any) was obtained from several data bases. Information on indigenous use of herbalism has led to discovery of many medicines in use today. Scientific studies conducted on this herbalism may lead to discovery of more effective drugs than in use at present.

P205

Implementing the Elderly-Friendly Hospital Concept at the McGill University Health Centre (MUHC)

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Many elderly in-patients deteriorate during their hospital stay, which is due in part to an inadequacy of the milieu to respond to their needs. We sought to assist the MUHC administration to cope with the demands of a growing older in-patient population with multiple chronic conditions. A review of the literature was performed that helped to established the guiding principles of an Age-Friendly Hospital, which includes: 1) A favourable physical environment; 2) Zero tolerance towards ageism at all levels of the organization; 3) An integrated process to develop comprehensive services using principles of the geriatric approach in the entire institution; 4) Assistance with appropriateness decision-making, e.g. Levels of care and Interventions; 5) Fostering links between the Acute Care Hospital and the Community. A short document highlighting the principles was presented at the level of the Clinical Operation Committee before the Board. As the MUHC will move into a new building, we met with the planers to render the layout of the new Hospital Centre age-friendly. We obtained funding to develop an Office dedicated to the age-friendly concept with a manager, a medical director and secretarial support. We will start an information campaign and initiate teaching to develop comprehensive services in the present MUHC that will latter be part of the culture of the new Centre. We hope to continue having an influence in the hospital practice to improve outcomes for those older patients with multiple chronic conditions and contribute to maintain the hospital mission of acute specialized state-of-the-art care.

P206

Women, Migration and Care Work: Filipino Health Care Aides in Canada

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As Canada’s population ages, the demand for qualified caregivers continues to rise. Personal care homes have become increasingly dependent on the employment of immigrant care workers to carry out their essential functions, tasks which Canadian born workers are often reluctant to perform. This poster will present the results from a qualitative study that examined the high concentration of Filipino health care aides from their own perspectives, as well as that of policy stakeholders. In depth interviews were conducted with seven Filipino health care aides working in personal care homes in Winnipeg, Manitoba. Semi-structured interviews with policy stakeholders examined the policy context of the health care aide labour force. The study identified several factors that influenced the migration and employment of Filipino health care aides including: poverty and unemployment, migrant social networks, barriers in the labour market and financial incentives. The lack of regulations for health care aides sustained the flow of immigrant labour and enabled the expansion of social networks. Although their employment decisions were primarily based on financial need, health care aides valued their work and viewed themselves as critical care providers.
Examining Older Adults’ Perceptions of Age-Friendly Communities through Photovoice

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The concept of age-friendly cities and communities was initiated by the World Health Organization’s Global Age-Friendly Cities Project (WHO, 2007). Based on focus groups in 33 cities around the world, the World Health Organization study examined age-friendliness across eight domains: outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion; civic participation and employment; communication and information; and community support and health services. The goal of the present study was to use a participatory methodology to explore older adults’ perceptions of age-friendliness without relying on pre-determined categories. The study employed photovoice technique with thirty community-based seniors in four Manitoba communities. Participants were provided with cameras and took photographs to illustrate the relative age-friendliness of their communities and to generate discussion in interviews and focus groups. The most prominent themes identified by the study were: the physical environment, housing, activities and volunteering, businesses and services, community supports, and health services. Less commonly identified themes included community history and identity, aging in the North, and respect. The major themes from the photovoice study corresponded to the eight domains of age-friendly communities. However, several additional categories emerged that add new insights into the study of age-friendly communities.

P208

Curriculum for the Hospitalized Aging Medical Patient (i-CHAMP): implementation of an educational and clinical program in CME for a community hospital

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Objective: Describe the process of adapting and presenting curriculum to interdisciplinary groups and report on impact in clinical outcomes.

Methods: All staff at a community hospital was invited to attend 10 series of geriatrics workshops on site, noon classes where lunch was served and CME/CEU was offered. Active and adult learning principles were use in the planning of the sessions. Sessions were delivered by geriatricians. Evaluations were completed. Staff was seated in mixed groups comprised of MDs, nurses, therapists, chaplains, case managers, social workers, pharmacists, dietitians, residents, and students. The Quality improvement committee monitors four quality indicators; physical restraints, falls, diagnosis of delirium and dementia illness, and Foley catheter before and after the geriatric training.

Results: Educational intervention: half the participants had twenty years of experience or more. 12 disciplines were represented in the workshop, with registered nurses accounted for 34% of the attendance, MDs comprising 25%. The responses to six questions on each workshop were overwhelmingly positive. Greater differentiation was shown when respondents were asked to respond to ‘This educational activity will result in a change in my practice.” Over half strongly agreed, a third agreed. The barrier to change most often listed was time. Clinical intervention: 50 % risk reduction on physical restraints use, no changes in falls, 50 % reduction on hospital acquired UTI. New protocols were also implemented.

Conclusions: Interdisciplinary geriatric education is feasible in community hospitals if the leadership is supportive of the program. Small group activities in classroom can improve teamwork and a cultural change toward collaboration.

P209

Impact of Body Mass Index on Decline in Physical Function with Age. The NuAge Study

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Decline in physical function with age is associated with substantial health consequences. Body mass index (BMI) is implicated, but its role is still controversial. Objective: We examined the association between BMI and rate of decline in physical function. Methods: Three-year follow-up data from men and women (n = 1,741), aged 68–82 years from the Longitudinal Study on Nutrition and Successful Aging (NuAge; Québec, Canada) were used. Growth curve modeling was performed to examine trajectories of a global physical performance score across time as conditioned by BMI, while controlling for potential confounders including depression, education, chronic conditions, physical activity and appetite. Results: Significant decline in physical function was observed with age (p<.0001) and higher BMI (p<.0001). Rate of decline in physical performance score was accelerated in the older participants (>77 years; age^2: p<.05) and affected by BMI (age^2 X BMI: p<.05). Lower BMI was associated with higher physical capacity throughout the follow-up period, but participants with BMI ≤25 showed an accelerated decline with age while the impact of BMI >30 was found to be attenuated as people aged. Although more depressive symptoms or chronic conditions, lower education, and poorer appetite were associated with lower physical capacity over the entire follow-up period, they did not affect its rate of decline. Conclusions: Our results suggest that the negative impact of low BMI on physical performance increases at older ages while it is attenuated with high BMI. Results emphasize the need for further research in this area. CIHR MOP 62842, MMA 77829.

P210
Étude de faisabilité auprès de personnes âgées fragiles: difficultés liées au recrutement et à la collecte de données

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Les besoins complexes des personnes âgées fragiles demeurent encore mal compris, d’où la pertinence de réaliser davantage d’études auprès de cette population. Or, le recrutement et la collecte de données constituent un véritable défi. Objectif: Tester la faisabilité d’une étude réalisée auprès de personnes âgées fragiles, notamment les procédures liées au recrutement et à la collecte de données. Méthodologie: 81 personnes âgées potentiellement fragiles ont été contactées. L’étude comprenait 4 séances d’évaluation cognitive et fonctionnelle (±90 min), dont une à l’extérieur de leur domicile, s’échelonnant sur 4 à 8 semaines. Les taux et les motifs de refus, d’exclusion, d’abandon et d’annulation ont été recueillis. Les difficultés liées à la collecte de données ont également été colligées. Résultats: 33.3% (n=27) ont refusé de participer et 18.5% (n=15) ont été exclus. 5.1% (n=2) des participants ont abandonné. 27% (n=10) de ceux ayant complété l’étude ont annulé au moins une séance. De plus, 21.6% (n=8) n’ont pas réalisé l’ensemble des évaluations. La fatigue et les restrictions de mobilité, souvent exacerbées par la température (humidité/glace), constituent les motifs fréquemment évoqués. Plusieurs stratégies ont pourtant été déployées pour optimiser le recrutement et la collecte de données (ex: accompagnement des participants en taxi).

Conclusion: Cette étude fait état du besoin de développer de nouvelles stratégies susceptibles de minimiser les difficultés liées au recrutement et à la collecte de données auprès des personnes âgées fragiles. L’élaboration de mesures adaptées à leurs besoins spécifiques est essentielle pour assurer la validité interne et externe des études conduites auprès de cette population.
Methods: a systematic review of the literature published between January 1996 and December 2010 was completed. Manuscripts could be published in English, French, Dutch or German searching the Medline, Embase, Psychinfo, Cinahl and the Cochrane Library databases. The literature search was performed by two researchers with the assistance of a university librarian. Abstracts were reviewed by two reviewers for inclusion.

Results: Thirty studies were included. A significant proportion of newly-diagnosed patients undergoing cancer treatment had unmet needs, ranging from 15% to 93%. The most common needs varied by study but included psychological needs, information needs, and needs in the physical domain. Most studies showed that the level of unmet needs was highest after diagnosis and start of treatment and decreased over time. Predictors of unmet needs included: younger age, female gender, depression, physical symptoms, marital status, treatment type, income and education.

Conclusion: The level of unmet needs in newly diagnosed older cancer patients after the start of treatment is high, and the most common needs are psychological and information needs. More research is needed which would focus on the needs of older adults with comorbid conditions, and how these comorbid conditions influence the level of unmet needs.

P212

 Associations of Self-reported Chronic Conditions and their Perceived Burden on Daily Life with Walking and Physical Activity among Quebec Elders: The NuAge Study.

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Objective: We examined associations of self-reported chronic conditions and their perceived burden with walking and physical activity (PA) among seniors.

Method: A cross-sectional sample of 904 elders (females = 50.7%) aged 67 to 82 years from the Quebec Longitudinal Study on Nutrition and Aging and living in the Sherbrooke area (Québec) reported the presence/absence of various chronic conditions and their perceived burden on daily life. Multimorbidity measured as the total number of chronic conditions was computed. Outcomes were walking (<120 versus ≥120 minutes/week) and total PA (median score, Physical Activity Scale for Elderly). Control variables included age, sex, marital status, and household income. Crude and adjusted associations between self-reported conditions or their perceived burden and walking or total PA were examined using logistic regressions.

Results: After adjusting for control variables, either presence (OR=1.39;95%CI:1.03-1.88) or perceived burden (OR=1.92;95%CI:1.37-2.70) of arthritis was associated with reduced walking. Reduced walking was also associated with presence of hypertension (OR=1.42;95%CI:1.06-1.91), digestive (OR=1.47;95%CI:1.08-1.99) and cerebrovascular diseases (OR=2.65;95%CI:1.10-6.38), and with perceived burden of osteoporosis (OR=3.63;95%CI:1.45-9.06) and circulatory diseases (OR=2.20;95%CI:1.05-3.89). Lower PA median was associated with presence of hypertension (OR=1.50;95%CI:1.11-2.03), diabetes (OR=1.92;95%CI:1.20-3.08), digestive, (OR=1.46;95%CI:1.06-2.00), urogenital (OR=1.77;95%CI:1.27-2.46) and respiratory diseases (OR=1.96;95%CI:1.09-3.51). Multimorbidity was associated with both outcomes (walking; OR=1.13;95%CI:1.06-1.21 and physical activity; OR=1.17;95%CI:1.09-1.26). Indeed, each additional chronic condition reduced the likelihood of walking and total PA by respectively 13% and 17%.

Conclusions: Seniors’ perceived burden of chronic conditions seems to contribute to a larger extent to walking as compared with total PA. Longitudinal studies to assess causal relationships are needed.

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Identifying Older Adults Rehabilitation Needs To Enhance Community Participation Following Discharge from In-patient Musculoskeletal Rehabilitation

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Objective: We examined associations of self-reported chronic conditions and their perceived burden with walking and physical activity (PA) among seniors.

Method: A cross-sectional sample of 904 elders (females = 50.7%) aged 67 to 82 years from the Quebec Longitudinal Study on Nutrition and Aging and living in the Sherbrooke area (Québec) reported the presence/absence of various chronic conditions and their perceived burden on daily life. Multimorbidity measured as the total number of chronic conditions was computed. Outcomes were walking (<120 versus ≥120 minutes/week) and total PA (median score, Physical Activity Scale for Elderly). Control variables included age, sex, marital status, and household income. Crude and adjusted associations between self-reported conditions or their perceived burden and walking or total PA were examined using logistic regressions.

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Conclusions: Seniors’ perceived burden of chronic conditions seems to contribute to a larger extent to walking as compared with total PA. Longitudinal studies to assess causal relationships are needed.
In August 2007 the Ontario Ministry of Health and Long Term Care (MOHLTC) announced their Aging at Home Strategy, with a stated goal of enabling “people to continue leading healthy and independent lives in their own homes”. This study had two primary objectives: 1) to identify the supports and rehabilitation services that musculoskeletal (MSK) rehabilitation patients believe are important for their re-integration into the community following discharge; and 2) to identify the effect of rehabilitation services for musculoskeletal (MSK) rehabilitation patients on their re-integration into the community following discharge. Participants were selected from the MSK Rehabilitation Unit at Parkwood Hospital, in London, Ontario. This longitudinal study employed 6 methods of measures: Timed Up and Go (TUG) test, Berg Balance Scale (BBS), Functional Independence Measure (FIM), Return to Normal Living Index (RNLI), Two-minute walk test (2MWT), and Geriatric Depression Scale (GDS). Measures were collected at the time of discharge and at 2 and 6 weeks, and 3 and 6 months after discharge. Over a 6 month period, results demonstrated improvement in the Timed Up and Go (50%), Berg Balance Scale (25%), Functional Independence Measure (12%) and Return to Normal Living Index (14%) with scores tending to peak at the three month period and in some cases declining or showing little or no sign of improvement at the 6 month period. In conclusion, results suggest greater attention is needed to identify reasons for poor scores in the areas of mobility and important activity participation and to allow for possible rehabilitation intervention.

P214

The Association of Gender and Sexual Orientation with Reports of Spousal Influence on Retirement

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Objective: With nationally representative Canadian data, we examined the association of demographic factors and sexual minority status on reports of spousal influence on retirement planning among retired adults.

Method: Drawing on the General Social Survey Cycle 21, analyses focused on the 4,591 participants who were retired and married or cohabiting. Forty three percent of the participants were female, average age was 69, average number of children was 2.58, and about 1% were sexual minorities. Spousal influence was the sum of four yes/no questions on spousal influence on retirement (e.g., spouse’s health, spouse’s wish for respondent to retire). In regression analyses, we tested the association of demographic factors, sexual minority status, and demographic by sexual minority interactions with degree of spousal influence.

Results: Women (vs. men) and those with greater education reported greater spousal influence. Greater income was associated with less spousal influence. The gender by sexual minority interaction was significant. Among heterosexual participants, women (vs. men) reported more spousal influence (b = 0.25, t = 8.69, p < .001), but among sexual minorities, the association was in the opposite direction, but was not significant (b = -.42, t = -1.41, p = n.s.).

Conclusion: Consistent with previous retirement planning research, women tended to report higher levels of spousal influence than men. However, this association applied only to heterosexuals, not sexual minorities. This finding suggests that the dynamics of partner influence in same-sex relationships may be different than those in heterosexual relationships, and hence provides a new direction to the aging of sexual minority individuals.

P215

The power of observation: Theories of surveillance and ambient assistant living

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Through the use of home automation, activity monitoring, and ubiquitous computing, ambient assisted living (AAL) technology is intended to provide unobtrusive support of activities of daily living and to extend the quality and length of time older people can live in their homes. Although AAL is designed to support independence and autonomy,
concerns have been raised with how activity monitoring may impact user’s sense of privacy.

Objective: Drawing on the contributions of Foucault and Goffman, the purpose of this paper is to compare and contrast potential experiences of surveillance in four settings: private homes without AAL, private homes with AAL, institutional settings (i.e., residential care facilities) and public spaces.

Method: We employed Foucault’s concepts of self-discipline and governmentality and Goffman’s ideas of dramaturgical analysis and total institutions, as a way of contextualizing AAL in relation to the sense of observation experienced in other settings.

Results: Activity monitoring in AAL contributes to an erosion of the boundary between public and private space. This conflation threatens the existence of backstage areas that may enable public performance, although they are less constraining than total institutions. AAL has the potential to create a pseudo-panopticon, in which monitoring is continuously ongoing, but the types of activities that are recorded may be only crudely documented (e.g., “lying in bed” may include sleeping, reading, or watching television).

Conclusions: The findings suggest that the manner in which activity monitoring is developed and introduced needs to attend to the unintended negative consequences associated with use of this technologically-based “clinical gaze.”

P216

Are “Age-Friendly Communities” Sustainable communities? Opportunities and Challenges

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The primary objective of this research was to explore the nexus between age-friendly communities as economically sustainable communities. Based on the concepts of “age-friendly communities” and “place integration”, the research explores the extent to which becoming age-friendly can: (1) attract older adults to, and retain older adults in communities; (2) encourage their participation in communities; (3) create opportunities to promote improved individual and community level health; and (4) promote economic development and community sustainability. The sample included 24 older adults recruited from three rural communities in Manitoba with varying lengths of residency in the community, as well as 17 key informants, including representatives of the local, municipal, regional and provincial levels of government and non-governmental organizations.

The data were analyzed using descriptive statistics and qualitative methods. In particular, comparisons of qualitative responses were made between: (a) older adults; and (b) older adults and key informants. The findings indicate that although the advantages of attracting older adults to communities were recognized by key informants, barriers to their retention and the provision of a healthy lifestyle for them existed. Key informants cited a lack of support from some municipal councils and a lack of funding in communities as problems, but the demographic profile, size and location of communities also impact the extent to which communities can become more age-friendly. The researcher attempted to provide a basis to engage communities, key stakeholders, and the province with information on the utility of adopting Manitoba’s Age-Friendly Initiative as a component of a community’s sustainability program.

P217

Exploring the Effect of Marital Status on the Quality of Life of Chilean Older People

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Aims: To explore the influence of marital status on the quality of life (QoL) of Chilean older people, using data from the study “Quality of Life and Aging” conducted in 2008-2009.

Methodology: A total of 1676 independent people of 60 and over living in Santiago were surveyed. An ordinary linear regression was performed. The dependent variable was the WHOQOL-Old total score. The independent variables were: marital status, having children, participation in seniors groups, education, sex, age, socioeconomic status by neighbourhood, and health prevision system.

Results: There is a significant association between marital status and QoL scores. Other significant variables were: participation in senior groups, age, sex, socioeconomic status, level of education, and health prevision system.
Conclusions: The results confirmed the hypothesis that older people married or with a partner have a better QoL than singles, widowers, or divorcees. Nevertheless, the significance of the control variables related to older people’s social environment confirms the importance of social dimension in old age. The low significance of having children and the positive and significant association between participation in seniors groups and having a better QoL could indelicate a change in the experiences of independent older people among whom other types of sociability and support could be emerging as meaningful. Participation in senior groups could be indicating the new strategies developed by older people not only to receive, but also to give social support and, therefore, to not only have stocks of social capital but also to be meaningfully integrated into society.

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Gender differences in suicidal ideation and mental health service use in community living elderly

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Purpose: To ascertain gender specific determinants of (i) suicidal ideation; (ii) mental health service use; (iii) and antidepressant use.

Methods: Data used in this study came from the ESA survey on a large representative sample of community dwelling older adults (n=2494). Multivariate logistic regression analysis was used to study the association between suicidal ideation, mental health service and antidepressant use and a number of clinical and socio-demographic factors.

Results: The prevalence of suicidal ideation reached 6.3%. Specific determinants of suicidal ideation for males included the presence of depression and self rated mental health, whereas in females determinants included the presence ≥2 daily stressors, depression and the use of antidepressants and benzodiazepines. The results also showed that females were more likely to consult and use psychotropic drugs. The results also highlighted that mental health service use in males is more multi factorial. Further, in females, suicidal ideation was associated with increased antidepressant use; whereas in males the presence of depression was significantly associated with use.

Conclusions: Females with suicidal ideation are more likely to be dispensed antidepressants than males; whereas the diagnosis of depression in males is associated with antidepressant use. The more prevalent use of psychotropic drugs in females with suicidal ideation may lead to better management of symptoms related to depression and their consequences at an earlier; as opposed to males where full DSM-IV criteria of depression are associated with treatment. Increased promotion campaigns sensitising men to the prodromal symptoms of depression and the need to foster access to mental health care when the disorder is manageable are needed.

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Diurnal Cortisol Secretion in Depression and Anxiety and Daily Stress Among Community Dwelling Older Adults

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Background: In the older adult population studies have shown differential HPA responses to stress measured with salivary cortisol in the presence of depression and anxiety disorders. Studies on cortisol secretion patterns in epidemiologic settings are scarce. Objectives: The aim of this study is to assess, in community living older adults, the association between diurnal salivary cortisol and the presence of depression and anxiety and to assess whether these associations are affected by the presence of daily stressors in a naturalistic environment. Methods: Cortisol samples and data on the presence of depression and anxiety and daily hassles were assessed in a large representative community sample of older adults (n=1761). Multivariate regression analyses were used to study projected morning and afternoon cortisol levels as a
function of depression and anxiety, and to test for the presence of an interaction with the number of daily hassles, controlling for a number of socio-economic factors. Results: Finally, the presence of depression was associated with higher morning and afternoon projected cortisol levels. This association is not affected by daily stressors. The association between anxiety and cortisol is however modulated by the effect of daily stressors. People with anxiety show higher increases in cortisol levels due to daily stressors than those without. Conclusion: The findings in this study suggest that daily hassles and stress are associated with differential patterns of HPA secretion in depression and anxiety in older adults.

P220
Development of a tool for assessing the 'walkability' of the environments in which residences for seniors are located: A Montréal test case

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The built environments surrounding residences for older adults have profound effects on everyday mobility and activities. Many studies have been conducted to assess the 'walkability' of neighbourhoods in general, yet little work has been done to examine the environments in which residences for seniors are located. The street environment outside these residences can impact the quality of life of residents by facilitating or impeding their social and community participation. This presentation reports on the development of a tool to assess local neighbourhood environments, examining several residences for seniors in Montréal to see which ones have favourable environments for walking. Eight residences were selected in locations with high populations of senior citizens according to Canadian Census tract data. The tool includes 40 variables categorized into four broad attributes (diversity, street features, traffic safety, and aesthetics); it was used to audit the streets in the immediate vicinity of the eight residences. Results showed 90% inter-rater reliability among the items in the audit tool. Residences assessed in the suburban Côte-Saint-Luc district had the highest walkability results while the one located in downtown Montréal scored the lowest. The presentation will address methodological issues and substantive results, including the need to deal with traffic safety, and next steps in this ongoing research project. In particular, we need to go beyond immediate aspects such as street features and aesthetics to assess the walkability of the contexts in which residences for seniors are located, including how public transit can be incorporated into the assessment tool.

Emerging National/Regional Strategies for Preventing and Addressing Abuse and Neglect in Later Life

Convenor: Gloria Gutman, Simon Fraser University, Vancouver, Canada
Discussant: Gloria Gutman, Simon Fraser University, Vancouver, Canada

Description:
In both the northern and southern hemispheres cases of elder abuse and neglect have been reported since the mid-1960s. As was true of child abuse and spousal abuse, many of the early efforts to address the problem were undertaken on an ad hoc basis by individuals, NGOs and public agencies at the local level; research was sparse and many qualitative. This symposium, organized by the International Network for Prevention of Elder Abuse (INPEA) reviews progress in policy and legislation, programs, practice and research in the Americas, with emphasis on emergent national and regional strategies. Jordan Kosberg, INPEA Representative for the USA will provide an overview of US initiatives at the state and federal level. Charmaine Spencer, INPEA Representative for Canada, will provide an update on adult protection legislation in the 13 provinces/territories, highlighting what can be learned from their different approaches. She will also describe key elements and objectives of the recent federal initiative. Next, Martha Liliana Giraldo, INPEA Representative for Mexico will describe the development of response to elder abuse and neglect by government, health and social service providers and researchers in her country. Research will be the focus of the fourth speaker, Marie Beaulieu, INPEA Representative for North America. Her presentation will describe findings from a survey of topics being researched in the USA, Canada, Mexico and other countries in Latin America and the Caribbean. Discussant Gloria Gutman, INPEA President, will provide a global perspective.

S1
Recent Elder Abuse Initiatives in Canada†

Charmaine Spencer
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While the Federal Government launched a Canadian initiative on elder abuse a few years ago, each province and territory is responsible of its own legislation, policies and programs to prevent elder abuse and to respond to the needs of abused or mistreated seniors. In other words there are 13 different ways of addressing the issue in Canada (10 provinces and 3 territories). For example, while the four Maritime provinces each have special adult protection laws, only Nova Scotia and Newfoundland have mandatory reporting requirements. Both also have a strong infra-structure of social and legal services to respond to the needs. In Québec, a Government plan of action, released in 2010, has placed the focus on coordination between existing services, public awareness, a professional helpline, and action-research by the creation of a research chair and a series of benefits to actual practices. In Ontario, recent legislation has changed the rules regarding elder abuse in institutions. In British Columbia, the Adult Guardianship law has been under revision for some years. This presentation will provide an update of legislation in each province and territory, highlighting the different paths that have been taken and what has been learned from these different approaches. It will also describe the key elements of the federal initiative and the activities and projects that have been funded.

S2

Elder Abuse and Neglect: The Case in Mexico†

Martha Liliana Giraldo
Instituto Mexicano de Geriatria, Mexico City, Mexico; E-mail: martha.giraldo@salud.gob.mx

The subject of elder abuse is taking on more and more importance in research and in action in Mexico. Demographic changes, greater consciousness of human rights, and the themes of no discrimination and equity are contributing to this advance. While aware that there is still much to do, we continue in the attempt to understand its nature, behavior, and its extent. Instruments for the detection of maltreatment have been developed, as have interventions, and we hope that these advances will help to modify the law to penalize acts against the wellbeing of older adults. Research from different disciplines, especially in the last 5 years, has made the problem of maltreatment more visible, and has generated interest in a more precise measurement of its prevalence, which is currently estimated at between 14 and 18 per cent in the Mexican urban population; instruments for its detection have been developed from the social and the health perspective; there are guides for action for health professionals; and there are newly created specialized institutions for attention, and there are more and more scientific publications and information available on the subject. However, much of the work that has been done in Mexico is still vague and disarticulated and we advance without a true national project which would allow for more complete research, adequate strategies and interventions to include families, caregivers, and older adults from rural-urban areas, indigenous peoples, and people of different educational and socio-economic levels.

S3

Current Effort to Combat Elder Abuse in the U.S.†

Jordan Kosberg1,2
1 New Mexico Highland University School of Social Work, Albuquerque, USA, 2 University of New Mexico School of Medicine, Albuquerque, USA; E-mail: jkosberg@comcast.net

This presentation will provide an overview of efforts within and between states in the United States and at the national level to prevent the occurrence of elder abuse, as well as efforts undertaken by nonprofit organizations, private foundations, and academic institutions in the country. From local to national levels, there have been increasing efforts to focus upon one of the most invisible problems in the country. Discussed will be efforts at different levels of government, as well as coalitions composed of diverse organizations and national departments, and those at local levels made up of professionals, concerned citizens, family members and older persons. Specific attention will focus upon the National Elder Justice Act, passed in 2010, to create mechanisms that would combat elder abuse, neglect, and exploitation in the community and within long-term care facilities. Recently, famed entertainer, Mickey Rooney (90 years of age) presented testimony to the U.S. Senate Special Committee on Aging on his mistreatment in the hands of a step-son. His testimony has helped bring the problem of elder abuse out in the open. To be discussed will be efforts of the National Adult Protective Services Association and the National Center on Elder Abuse. In addition to the efforts of national and federal organizations, the presentation will summarize recent efforts at local and state levels that seek to publicize, prevent, understand, and intervene in problems of elder abuse.

S4
Mistreatment of Older Adults in the Americas: What Are the Research Directions?†

Marie Beaulieu  
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Elder abuse, or mistreatment of seniors, is an important social, political and public health issue in the countries of the Americas as elsewhere in the world. The Madrid Plan of Action on Aging, which will celebrate its 10th anniversary in 2012, highlighted the importance of countries addressing the issue. Besides seeing some changes in social policies and practice, we have also witnessed an increase in knowledge. Reflecting the infancy of the field, prior to Madrid many papers attempted to define elder abuse and attributed a set of "static" characteristics to both victims and abusers. Since 2002, we have witnessed the publication of several more sophisticated incidence and prevalence studies and numerous studies on complex issues related to identifying and intervening in elder abuse situations. In this paper, based on information provided by INPEA's national and regional representatives, we will present a review of current research in the Americas. The data were gathered in order to identify topics and issues that are being explored in the different countries. From this review, we will be able to give first answers to the questions "what do we know about elder abuse in the Americas?" "What are the avenues that are being explored?" What are the avenues that we could gain from exploring? And, "how can we work better together in order to gain comparative knowledge".

New Directions in Nursing Home Care: Learnings from the Canadian Context

Convenor: Pamela Fancey, Mount Saint Vincent University, Halifax, Nova Scotia, Canada  
Discussant: Janice Keefe, Mount Saint Vincent University, Halifax, Nova Scotia, Canada

Description: Over the past 15 years, long-term care facilities have altered their approach to care to support a resident-centered perspective that emphasizes resident choice, autonomy and dignity, and encourages increased social interaction and partnerships among and between residents, families and staff. There have also been changes in how nursing home space is designed and utilized from the traditional, institutional model to smaller, more self-contained models.

This symposium brings together researchers from across Canada to highlight new approaches in study design, as well as the latest research findings on integrative approaches to quality of care and what they mean for practice in the Canadian context. The presentations demonstrate the need to examine nursing home care from diverse perspectives and disciplines. The first paper investigates differences in understanding family involvement within resident-centred dementia care. The next two papers broaden the scope to examine some of the methodological lessons to be learned and further developed in implementing change. The second paper introduces the notion of the built environment and the strengths and challenges of collaborative research, while the third examines the advantages of participatory action research within the Partnerships in Dementia Care Alliance. The final paper describes the Translating Research in Elder Care (TREC) Program and how it can be used to understand the experience of care work, shape practice and outcomes. The Chair’s discussion of emerging directions in nursing home care provides perspective on new opportunities within continuing care sectors to build research capacity and more effectively transfer results to influence care practice.

Exploring Transitions in the Physical Environments of Nursing Homes: Experiences from a Case Study

Laurel Strain1, Deanna Wanless1, Jan Pierzchajlo3, Peggy Standen1  
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Despite a desire to make nursing homes less institutional, relatively little research has been published on the impact of changes in the physical environment on residents, family caregivers, and care staff. Often a post-occupancy evaluation approach is conducted in a single facility with limited follow-up and study findings are not widely available. This presentation draws on experiences from a case study of a small rural Alberta nursing home that involved collaboration between the facility, the architectural firm that designed the new building, the...
regional health authority, a provincial government department, and University researchers. Using a longitudinal design, the case study focused on changes in the nursing home’s physical environment from an institutional-style building attached to an acute care hospital to 5 purpose-built cottages with 12 residents each. Data collection was undertaken prior to the move and at 4 and 12 months after the move and included resident assessments; interviews with family caregivers, care staff, and key informants; and, an environmental assessment. The findings revealed the interplay between the physical and social/care environments and the difficulty of linking changes in the environment to changes in the residents’, family caregivers’ and care staff’s situations. The strengths and challenges of conducting this research, the development of partnerships, the transfer of findings to practice, and implications for future research are discussed.

S6

Involvement in Long-Term Residential Dementia Care: What Do Families Think is Important?

R. Colin Reid¹, Neena Chappell²
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Objectives: Optimal resident-centred dementia care requires meaningful involvement and participation of families. Research supports this position but has also made clear that family and staff have differing expectations for type and degree of family involvement. This study contrasts the type and degree of involvement thought to be important by families with the extent to which they perceive themselves as actually being involved. Method: Data are drawn from a CIHR funded study of 134 family members of newly admitted seniors with dementia in 18 British Columbia facilities. Data on family perceived involvement and the importance of involvement were gathered using the F-INVOlve and F-IMPORTANT tools, which assess 20 types of involvement using likert response scales. Results: Four categories of discrepancy between perceived involvement and assigned importance for the 20 types of involvement were identified: 1. More involvement than seen as important; 2. Involvement and importance are equivalent; 3. Importance somewhat exceeds perceived involvement; 4. Importance significantly exceeds perceived involvement. Examples of the latter category include: staff had helped them to understand how dementia affects my family member; staff have taught me how to communicate with my family member as the disease has progressed. Conclusions: These results can inform our understanding of the dynamics between formal and informal care providers as the effort to improve outcomes for resident, family and staff continues to evolve. These observations may also serve as an opportunity for facility operators to encourage staff to deliver individualized care by enhancing communication between staff and families.

S7
Mobilizing Authentic Partnerships in Dementia Care

Sherry Dupuis¹, Carrie McAiney², Jennifer Gillies⁵, Lorna deWitt³, Paul Holyoke³, Janet Iwaszczenko⁵
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Long-term care homes currently experience a number of challenges to providing quality care experiences for all those in the care home, particularly persons living with dementia. As the number of individuals with dementia continues to grow, these challenges will only increase. At the heart of the problem are the hierarchical organisational structures and unidirectional, provider-as-expert approaches that continue to predominate in long-term care homes. Such approaches fail to engage those directly involved in care and support, including persons with dementia, family members and front-line staff, in meaningful ways in decision-making, despite knowledge of their ability and desire to do so. What is needed in LTC generally, and dementia care more specifically, is a culture that: (1) has strong bi-directional relationships at its core where each participant is treated as equal; (2) ensures direct, active, and meaningful involvement in planning and decision-making of all key stakeholders; (3) provides empowering, humanistic approaches to care by focusing on the experiences and needs of all involved in care, and (4) ensures that processes and strategies are in place so that all those in the care context are well-equipped in their care roles and better able to translate research into practice. This presentation will describe the appreciative participatory action research approach being used...
by the Partnerships in Dementia Care Alliance in working towards this vision, highlighting the possibilities of such an approach for facilitating large-scale culture change in action in different LTC settings.

The Partnerships in Dementia Care Alliance: Sherry Dupuis and Carrie McAiney (Co-Principal Investigators); Lorna deWitt, Sharon Kaaslainen, Jenny Ploeg, Bryan Smale, Ken LeClair, Carol McWilliam, Catherine Ward-Griffin, Jennifer Gillies, Frances Westley (Co-Investigators); Josie D’Avernas, Amy Go, Anita Cole, Paul Holyoke, Janet Iwaszczenko, David Harvey, Carla Bergermann (Community Research Site Partners); and 50+ regional, provincial, national and international partners working in dementia care

S8

Building a Longitudinal Monitoring System to Improve Quality of Care in Nursing Homes

Carole A. Estabrooks¹, Peter G. Norton², Janet E. Squires³, Lisa Cranley¹, Greta G. Cummings³
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The Translating Research in Elder Care (TREC) Program focuses on identifying the determinants and processes for improving the use of knowledge and thus: (1) quality of care and quality of life for elderly Canadians residing in nursing homes and (2) quality of work life of the staff caring for them. TREC is a multi-level 5 year program of research, situated in the Canadian Prairie Provinces. A main activity of TREC was to develop a longitudinal monitoring system that includes a set of survey measures describing modifiable and structural features of nursing homes and caregiver outcomes and clinical data describing resident care. The survey measures, which were collected from caregivers and care managers working in each TREC nursing home, include a variety of contextual (work setting) and quality of work life (e.g., job satisfaction, burnout, health status) variables. The clinical data (MDS-RAI) are routinely generated by the nursing homes. The longitudinal monitoring system created includes data from all levels of caregivers (currently over 3000 surveys from healthcare aides and over 1000 surveys from regulated professionals), each TREC nursing home (n=36) and each care unit (n=102) within these nursing homes. By bringing these data together into one system, TREC provides a unique and powerful description of how care is provided in nursing homes in the Canadian Prairie Provinces. An overview of the contextual factors that influence the use of best practices, staff health outcomes and resident care will be presented.

S9

Education in Geriatrics and Gerontology: How do students want to learn about older persons, their health and well-being?

Convenor: Kathleen Cruttenden, Canadian Association on Gerontology, Canada

Description:
Demographers are showing that the Canadian population is aging. The problem is that universities and colleges are slow to learn how to translate this knowledge into stimulating and innovative student learning. One of the objectives of the Interdisciplinary Educational Division is to examine the Scholarship of Teaching and Learning. This year our focus examines how students want to learn about older adults, their health and wellbeing. Questions: From the student’s perspective, what do we do with knowledge translation surrounding the ageing person tsunami? What does it mean for educators? What inspires students to develop a passion and an interest to learn about older adults, their knowledge, courage and challenges? Using the literature and the media as vehicles to reduce bias is one pedagogical approach to reduce students’ preconceptions of ageing (Tice et al. 2010). Similarly, experiential learning, mentorship programs in health and policy-making, and multilevel learner-centred curriculum as Gerontological education are critical to meeting the coming service and care needs of this population. We need New Directions for learning about older adults. Few undergraduate and graduate students, however, are aware of the possibilities of a career in any of the Gerontology related professions. Students and an educator will discuss how Geriatrics-Gerontology is taught, what works, and what is needed to create a learner-centered curriculum that is informative, innovative and will inspire students to work with older adults.

S9

The Problem of Teaching and Learning: It’s a paradox!

Dominic Girard
Canada, Centre Universitaire de Formation en Gérontologie, Université de Sherbrooke, Sherbrooke; E-mail: kcrutten@unb.ca
As a master degree student in gerontology I have seen in the past year, the problem of teaching and learning. It is a paradox. On one hand, I’ve seen gerontology as an undefined field of study because of the difficulty being recognized by professionals and scholars in other fields as a holder of a specific body of knowledge. And this is even worse. Often gerontology seems to me blurred from the inside and on the other hand, some teachers confined themselves in an existing field (psychology or sociology) without ensuring a correct distinction between these fields and gerontology. It seems to me the coexistence is inescapable, but somehow gerontology should differentiate from them. The differentiation could be done by establishing a special way to teach and learn gerontology within the professions.

Taking into account our present era, as well as the fact that economic utilitarianism influences research and practice in health, I think we should examine first how the gerontologist (not gerontology) can meet concrete needs. These needs should be clarified and transmitted to the students. For example, after identifying what positions they may take in the professional and scholar world, links between these positions and their schooling should be made. Differentiation should be made without neglecting the risk to train technicians rather than specialists only. We could examine the need to train such technicians and such specialists separately.

Personally, I would like to learn gerontology through a mentorship perspective, with frequent contacts with other health clinicians and researchers. Also, in order to establish the future environment for gerontologists, I would like to learn through creating projects in real environment (clinics, hospital, elderly association, and other faculties).

S10

A case study of a young researcher's path in gerontology education and research

Laura Booi
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Research has clearly established that we cannot always apply what has been learned in health science from adult populations to older adult populations. Thus, we must engage a new portion of young, enthusiastic students and researchers to be committed and diligent in examining best practices and best policies for our older adults. Recent research has discussed a number of novel and innovative ideas to ease students from different background into the area of Gerontology and Health Science. There are a number of paths that can be taken to enhance baccalaureate and graduate student learning and research skills in Gerontology. This discussion will compare personal experiences as a young researcher in the field of Gerontology with suggestions from current literature on the scholarship, teaching, learning and fostering of the next generation of Gerontology students and researchers. This presentation will include discussions on current Gerontology courses in the Arts and Health Sciences, educational volunteer opportunities, experiences with invaluable research mentors and future career paths.

S11

The Nature of Nursing Education: What can be Learned to Stimulate Interest in Working with Older People?

Elaine Moody
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Gerontological nurses are often heard arguing that caring for older people is the core business of nurses in Canada. However, the education of entry-level nurses has not had the same emphasis on caring for older people. As the population ages, it is integral to understand how nurses best learn about the health and well-being of older people and how to support interest in this growing field. While there often seems to be a plethora of research evidence that can be used to support gerontological education, there are limits to the amount that can be presented to students. The challenge for nursing educators is to support the development of nurses who have the theoretical foundations to seek and appropriately use this evidence in their practice with older people. This discussion will be framed by findings from of the Carnegie Study on Nursing Education that point to three important areas of nursing education: 1) nursing identity and the ethical nature of nursing work; 2) clinical teaching in combination with classroom learning as a powerful education tool and; 3) teaching theory so it is relevant in practice. These findings will be considered to enlighten the understanding of gerontological education.
The Current Status of Canadian Geriatric Medical Education and Possibilities for Improvement Based on Established CGS Core Competencies

Marisa Rossi, Tyler Chesney
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Although most physicians will be involved in the care of the expanding geriatric population, many will only receive formal training in geriatric topics at the undergraduate level. To address this, it is essential to have a relevant geriatric program in each medical school. For this reason, the Canadian Geriatrics Society (CGS) has proposed twenty core competencies in the care of elderly patients for Canadian medical students. However, Canadian medical schools still continue to provide limited geriatric education and there is variability in the implementation of the recommended competencies.

In this presentation, the differences in number and types of exposures to geriatrics content currently in Canadian medical schools will be described. Additionally, the perspectives of medical students enrolled in a small-group, problem-based program at McMaster University will be shared. To supplement formal curricula several student-driven initiatives have been developed to promote and improve geriatrics education; these will also be discussed. After reviewing the current status of geriatric education in Canadian medical schools, recommendations for its enhancement will be presented including the importance of early and repeated exposures as well as interprofessional and patient-centered experiences. These initiatives would be well supported by a formal recognition and commitment to adopting the established CGS core competencies.

Reference:

Ageing in the city

Convenor: N Guberman, UQAM - CREGES, Montreal, Canada

Description:
In North America, social representations of older people, especially those not cared for by their families, have led to their being specifically located (or dislocated) in certain geographical spaces By the end of the Second World War, poor older people, especially those not cared for by family, were forced to live in the inner city which had fallen into disrepair as young middle class families moved to the new suburbs. However, as inner cities were revitalized and gentrified in the 70s and 80s, older people were gradually forced out of these areas, which they could no longer afford. Many were attracted to residences for retired people built in the more peripheral zones of the city. This tendency of assigning older people to areas situated between the inner city core and the suburbs continues to this day. This symposium brings together empirical studies that address and question the concept of “aging in place”. The papers in this session help us understand how older people themselves see the places where they would like to age and how municipal decision-makers perceive the challenges of an aging population. Papers will examine these different perspectives on aging in the city, as neighbourhoods change physically and in demographic composition. The symposium will examine issues related to city planning practises, housing for older people with disabilities and creating places to live that older people consider as “home”.

S13

Ageing in place in the city: Judging the future of the older population

N Waldbrook, M Rosenberg, J Brual, R Holman, L Timmerman
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As part of a larger project on Canada's older population, its changing geography, economic dependency, and community development, six medium sized cities across Ontario were chosen to capture the various regional differences which exist between northern and southern Ontario, the rapidly growing suburban municipalities of the Greater Toronto Area, and regional urban centres in southwestern and southeastern Ontario where rural and industrial restructuring have taken place. In each city, decision-makers were interviewed using an open-ended format. They were asked questions to elicit their views on the challenges they face in dealing with the current older population in their communities and how they view the future older population as it ages in place. While the findings generally support an age-positive view of the older population across all six communities, we also highlight regional contrasts. We conclude by arguing that local decision-makers recognize that ageing in place is occurring, are generally supportive of their
older populations, but are less sure about what ageing in place will mean in the future.

**S14**

Ageing in place in the central core of Montreal

N Guberman1,2, L Blein2, A Leibing2,3, M Chaprentier1,7, J Wiles5, S McLeod4, D Neumark6, E Crawford1, L Hébert7

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Ageing in place is a subject of crucial concern in gerontology, government policy and the field of housing. While experts from these areas regularly make their opinions on this subject known, older people rarely have the chance to define for themselves what ageing in place might mean and where they would like to grow older. Our study aimed at filling this gap by asking older people what makes a place a home and where they would like to age should their health deteriorate. We met with 25 people over the age of 70 living in Montreal to find out what ageing in place meant for them. Using semi-structured interviews and photo-elicitation, we discovered that while the space that one occupies is important in the definition of what makes a place a home, its location in the city is also primordial in ensuring that participants feel at home and can be even more important than the physical “home” itself. In particular, almost all the participants living in the central core of Montreal explained how this location was vital to their feeling of home. We also found that urban older people appear to have a different understanding of freedom and autonomy, central constructs to the meaning of home, than suburban seniors. We will present our findings on these issues and discuss how this relation to the city and to home offers insights for the development of places that can become “home” for frail and disabled older people.

**S15**

Older people’s experiences of social exclusion in two changing Montreal neighbourhoods: The case of Petite-Patrie and Lower Notre-Dame-de-Grâce (NDG)

V Burns1,2, J-P Lavoie1,2, D Rose3

1CREGES, Montreal, Canada, 2Mc Gill School of Social Work, Montreal, Canada, 3INRS Centre

Immediate environment becomes increasingly important with age because older people’s social networks and daily routines are more restricted in space (Oswald, et al., 2005). Also, aging in a familiar environment increases the feeling of security and sense of self among older people. Consequently, “Aging in Place” has become a burgeoning topic in gerontology. Yet few studies have considered what occurs when neighbourhoods undergo change. Although some studies have explored aging in deprived neighbourhoods, little is known about the daily lives of seniors aging in gentrifying neighbourhoods (Phillipson, 2010). Drawing on concepts of social exclusion, displacement and place, this qualitative study sought to fill this gap in the literature. Semi-structured interviews were conducted with 30 autonomous seniors aged 60 years and above and 10 key informants, in two contrasting neighbourhoods: 1) Petite-Patrie, a rapidly gentrifying neighbourhood; 2) Lower Notre-Dame-de-Grâce (NDG), a disadvantaged neighbourhood. Our study revealed complex and unexpected impacts of neighbourhood change. Gentrification triggered processes of social exclusion among older adults, while some changes in a disadvantaged neighbourhood reinforced social inclusion. The results stress the strategic importance of spaces dedicated to seniors. In Petite-Patrie the loss of senior clubs led to social disconnectedness, invisibility and loss of political influence on neighbourhood planning. In NDG, despite reports of increasing deprivation, the recent construction of a community centre was unanimously recognized as a positive addition, and brought forth feelings of inclusion and cohesion. Recommendations include the necessity of maintaining spaces dedicated to seniors in order to promote their visibility and inclusion.

**S16**

Housing and disabled older people: are the suburbs the best place for older people?

A-M Seguin

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Are the suburbs elder-friendly and are they the best place for older people? Residential zones situated in the suburbs or peripheral areas were first conceived for young families with several cars. What happens as family members age and can no longer drive? Is
a concentration of high-rise uni-generational private residences, the best way to meet the needs of older people? Taking the case of Montreal, we will show the limits of the current response to the needs of older people, large private residences, mainly in the peripheral areas of the city, offering a number of services within their walls: health services, dining rooms, cinemas, swimming pools, exercise rooms, pharmacies, etc. Given the high costs of this type of residence, this solution runs the risk of promoting a division between older people living in these neighbourhoods, those who can afford this kind of housing and the rest. What are they being offered? As well, the high concentration of these residences in specific areas of the city poses a problem. Once the baby-boom generation is gone, young families will once again populate these areas. To that end, cities, such as Montreal, should be considering how to develop these areas so that they can be adapted for other age groups in the future. Rather than being seen as a constraint, this presentation will show how this challenge forces us to relook at current city planning practices so as to develop more innovative solutions, that are both age and environmentally-friendly.

**Translating Research in Elder Care: Evaluating the feasibility of providing feedback reports to study participants as a knowledge translation strategy**

Convenor: Carole Estabrooks, University of Alberta, Edmonton, Alberta, Canada

Discussant: Lisa Cranley, University of Alberta, Edmonton, Alberta, Canada

Description:
Objectives: In this series of papers we report on three “feedback projects” that were designed to develop a knowledge base for sharing research results with participants in a way that added value to their practice. These projects were conducted in the context of a larger program of research – Translating Research in Elder Care (TREC).

Methods: In the TREC study we surveyed health care aides (HCAs) from 36 facilities during 2008 and again approximately one year later about their perceptions of the organizational context and knowledge use. As part of the TREC study we conducted three feedback projects that focused on: (1) feedback to participating HCAs, (2) facility annual reports to site administrators, and (3) a focused case study to explore how TREC influenced management and staff.

Results: Findings from the three studies are reported in this symposium, as well as implications for future research particularly research using an integrated knowledge translation approach.

Conclusions: Based on the feedback projects we have begun to develop a knowledge base to help ensure that research conducted in facilities ultimately provides some benefit to participants. Findings highlight the importance and value of providing feedback to survey respondents and site administrators, which often requires separate venues and formats. Regular reporting of key variables could be used as ‘real time’ feedback and as a quality improvement strategy.

S17

**Feedback reporting of survey data to healthcare aides: A knowledge translation intervention**

Alison Hutchinson¹, Neha Batra-Garga², Lisa Cranley², Anne-Marie Bostrom³, William Bambrick², Greta Cummings⁴, Peter Norton⁴, Carole Estabrooks²

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Background
The project purpose was to develop, and evaluate healthcare aides’ (HCAs) perceptions of, feedback reports. Reports were designed to feed back aggregated data (including demographic information and perceptions about influences on best practice) from the TREC survey they had recently completed.

Methods
A convenience sample of seven of the fifteen nursing homes participating in the TREC research program in Alberta agreed to participate. Facility-level summary data were provided to each facility in the form of a one-page poster report. Two-weeks following delivery of the report, a convenience sample of HCAs were surveyed, using one-to-one structured interviews. Additionally, focus group data were collected from research assistants who
Results

One hundred twenty-three HCAs responded to the survey. Overall, HCAs' opinions about the presentation of the feedback report and the understandability, usability and usefulness of the report content were positive. Major themes that emerged from focus group interviews (n=3) of research assistants (n=7) related to information sessions, the feedback reports, and the TREC research study itself. For each report, analysis of data, production and inspection of the report, took up to one hour. Information sessions to introduce and explain the reports, averaged 18 minutes. Two feedback reports (minimum) were supplied to each facility; printing and laminating cost CAN$2.39 per report.

Conclusion

This project highlights not only the feasibility of producing understandable, usable and useful feedback reports of survey data, but the value and importance of providing feedback to HCA survey respondents.

S18

Nursing home administrators’ perspectives on study feedback reports: An integrated knowledge translation approach to providing feedback

Anne-Marie Bostrom1,2, Lisa Cranley2, Alison Hutchinson3, Greta Cummings2, Peter Norton4, Carole Estabrooks2

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Objective:

The purpose of this paper is to report on the process of developing a Facility Annual Report (FAR) and the evaluation of the FAR from participating facility administrators' perspectives on meaningfulness, understandability and usefulness of the FAR to improve quality of care for residents.

Method

Facility administrators from 36 nursing homes in the three Prairie Provinces were invited to evaluate the FAR, which was developed in collaboration with facility administrators. The FAR presented results on four areas of the survey: workplace culture, feedback processes, job satisfaction, and burnout. Six weeks after the FARs were mailed we conducted telephone interviews with administrators to elicit their evaluation of the meaningfulness, understandability, and usefulness of the FAR. Administrators were also asked if they had taken any organizational actions as a result of the feedback report. Descriptive and inferential statistics, and content analysis for the open-ended questions were used to summarize findings.

Results

Thirty-one administrators participated in the interviews representing 32 facilities. Six administrators had taken actions and 18 were planning on taking actions. Most administrators found the topics meaningful, understandable and useful. Twenty-two administrators requested information on additional topics. Twenty-four administrators indicated that the length of the FAR was “just right” while 8 found the FAR “too short”.

Conclusions

Findings from the evaluation of the FAR where we involved the users of the research have important implications for increasing the likeliness of the relevance and use of the findings to key stakeholders.

S19

Making research results useful to the study site: A case study

Lisa Cranley1, Judy Birdsell2, Carole Estabrooks1, Peter Norton3

1Faculty of Nursing, University of Alberta, Edmonton, Alberta, Canada, 2On Management Health Group, Calgary, Alberta, Canada, 3Faculty of Medicine, University of Calgary, Calgary, Alberta, Canada; E-mail: lisa.cranley@nurs.ualberta.ca
**Objective:** We report findings from a focused case study that explored how involvement with the Translating Research in Elder Care (TREC) program of research influenced management and staff at one of 36 facilities involved in TREC and how more in-depth analysis helps guide efforts to share research results in the future.

**Methods:** An Expanded Feedback Report was developed for use during this case study. It presented survey results that compared MIST to the best performing site on all variables, all other participating sites in the province, and compared year 1 and 2 findings. Data were collected through individual interviews, participant observation, and a discussion about the Expanded Feedback Report with the facility manager. Content analysis of interview transcripts and field notes was conducted to derive themes.

**Results:** The manager suggested changes to the structure and format of the report that would have improved its usefulness. From the case study additional information was gleaned that validated findings from other studies within TREC. The importance of understanding organizational routines was a key theme. Another theme was that direct care providers feel undervalued.

**Conclusions:** The findings from this study highlight the importance of involving front line staff in implementing strategies to improve their work environment. Understanding organizational routines may be important in strategizing how to provide information that may help facilities use knowledge arising from research. Additionally, the findings from case study will inform approaches to future feedback inclusion in studies. The findings also reinforce the value of field testing such reports.

**Healthy Aging in the 21st Century: Getting the Word Out**

**Convenor:** Roger McCarter, Penn State University, University Park/Pennsylvania, United States

**Discussant:** William Hall, University of Rochester, Rochester/New York, United States

**Description:**
This symposium will highlight the joint effort of the AARP and the American Federation for Aging Research (AFAR) to launch the creation of the Institute for Health Promotion. The goal of the Institute is to bring increased public understanding of the considerable progress now being made in the science of aging, and in particular in the fields of geriatric medicine and the biology of aging. Speakers will address important clinical problems currently facing older men and women, how lifestyle choices affect health in old age and how clinical medicine is able to alleviate some, but by no means all, of these problems. In addition, new insights into mechanisms of aging will be presented with particular reference to loss of muscle mass and function with age. Possible interventions to increase functional ability and to reduce the burden of disease in old age will be discussed, based on recent laboratory findings. The session will emphasize the roles of AARP and AFAR in working together to bring reliable information about developments in the science of aging and geriatric medicine to the public at large.

**S20**

**The Changing Face of Geriatric Medicine :The Challenge of Translating Science into Clinical Practice†**

William Hall  
*University of Rochester, Rochester/New York, USA; E-mail: rjm28@psu.edu*

Dr. Hall will describe experiences encountered over a lifetime of treating elderly men and women. New challenges posed by the changing demographic structure of the populations of developed countries will be discussed, including the increased prevalence of chronic diseases such as cancer, dementias of various types, type 2 diabetes, cardiovascular disease, etc. Strategies to alleviate poor quality of life in old age together with the significant burdens faced by caregivers, will be addressed. Contributions over the lifespan of altered lifestyles, including poor dietary practices, physical inactivity and social isolation, will be assessed and the role of geriatric medicine in addressing these factors, assessed.

**S21**

**Mechanisms of Sarcopenia†**

Judd Aiken  
*University of Alberta, Calgary, Canada; E-mail: rjm28@psu.edu*

This presentation will address my laboratory's recent studies regarding one of the most debilitating aspects of the aging phenotype: sarcopenia. This is
defined in terms of the age-related loss of both mass and function of skeletal muscle and is a major factor in the development of frailty and loss of mobility in the elderly. We have meticulously documented changes of fiber type and number with advancing age in rodents, using muscles from different anatomical locations. We have shown that mitochondrial DNA deletion mutations are generated in aging muscle and can accumulate to high abundance inside muscle cells. By combining histological, immunological, molecular biology and cell biology methods, we have demonstrated that the clonal accumulation of deletion-containing mitochondrial genomes precedes the enzymatic abnormalities, fiber atrophy and muscle fiber loss.

S22

Calorie Restriction and Other Interventions: What the Science is Telling Us About Healthy Aging†

Roger McCarter

The Pennsylvania State University, University Park/Pennsylvania, USA; E-mail: rjm28@psu.edu

Advances in understanding the biology of aging have accelerated over the past 20 years, spurred on by study of a wide array of different species, including yeast, worms, flies, rodents, monkeys and men and women. Insights gained have been made possible by the identification and characterization of the age-retarding effects of simply reducing the intake of food, or calorie restriction (CR) in rats and mice. While the mechanism of action of CR has yet to be identified, investigations in lower organisms such as yeast, flies and worms, have resulted in new insights into evolutionarily-conserved mechanisms of aging. Studies of Swedish twins indicate that heredity contributes about 35% of the variance in longevity, suggesting that environmental and social factors play a major role in the variability of lifespan. Clearly diet and other factors contribute to how well we age. The search for substances/compounds which are capable of upregulating resistance to stress and the maintenance of homeostasis has produced several possibilities, including rapamycin, resveratrol, etc. However, each of these involves significant downsides. Possible mechanisms involved in extended healthspan will be described and evaluated, including current information regarding CR in adult men and women.

Innovations in Age-Friendly Communities Implementation

Convenor: Louise Plouffe, Public Health Agency of Canada, Ottawa, Canada

Description:

Jurisdictions in Canada have demonstrated varying methods to implement the Age-Friendly Communities (AFC) initiative which is modeled on the principles of the World Health Organization’s Age-Friendly Cities project. An Age-Friendly Community engages older persons and others to develop policies, services and structures related to the physical and social environments that support and enable older Canadians to age actively. Presentations will describe implementation strategies and approaches of the AFC model in major urban settings, minority language rural municipalities and at the provincial/federal levels. Innovations in the Age-Friendly Manitoba Initiative (AFMI) will focus on the development of partnerships with non-governmental organizations to assure sustainability and continuity of the initiative. A provincial francophone seniors organization will describe their experience in implementing the AFC model in three largely francophone municipalities in rural Ontario. The Province of Quebec will discuss implementation strategies and approaches of the AFC model in large urban centres. The Public Health Agency of Canada will highlight the Pan-Canadian Age-Friendly Communities Recognition Framework that provides an overall vision for AFC in Canada and internationally, demonstrates Canada’s commitment to the initiative as an affiliated national program with the WHO’s Global Network of Age-Friendly Cities.

S23

Innovation in Age-Friendly Manitoba

Vickie Toews

Seniors and Healthy Aging Secretariat, Province of Manitoba, , Canada;

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The growth of the seniors’ population is a global trend and Manitoba is no exception. Launched in 2008, the Age-Friendly Manitoba Initiative (AFMI) was modeled on the principles of the World Health Organization’s Age-Friendly Cities project.

The AFMI was designed to foster the development of age-friendly communities that cultivate supportive environments conducive to leading a healthy, active
life. Seventy-two communities in Manitoba have joined the initiative. These communities are creating environments that enhance opportunities for physical, social and spiritual wellbeing; including opportunities for employment, volunteerism and civic participation.

Partnerships and unique collaborations as well as the development of innovative strategies and tools are key to the success and sustainability of any initiative. The AFMI has diverse partners that are committed to the age-friendly initiative; including the academic community and non-government organizations such as the Manitoba Society of Senior Centres, and the Active Living Coalition for Older Adults-Manitoba. These mutually beneficial relationships have broadened the scope of AFMI, thus addressing issues of sustainability.

The AFMI has developed the Age-Friendly Manitoba website and the Age-Friendly Team. Although different in nature, the website and the Team mobilize communities into action. The Team provides assistance on a personal, one-on-one capacity, whereas the website is a technological tool with the capacity to connect and inform communities about resources and inventive age-friendly projects.

Manitoba is looking forward to new partnerships and developing collaborative opportunities to ensure communities have the tools and resources to succeed in their age-friendly journey.

S24
Des villages amis des aînés implantés par des aînés
Francine Poirier¹, Jean Sirois¹
¹Fédération des aînés et des retraités francophones de l'Ontario, , Canada, ²Fédération des aînées et aînés francophones du Canada, , Canada; E-mail: info@fafo.on.ca

La Fédération des aînés et des retraités francophones de l'Ontario a initié, grâce au support financier de la Fondation Trillium, un projet de Villages amis des aînés. Trois villages en Ontario participent à ce projet soit Hearst, Noëlville et Verner. L'Initiative de l'OMS, bien qu'elle ait suscité la participation de nombreuses villes au Canada, n'avait pas encore intéressé de municipalité majoritairement francophone ou de milieu rural en Ontario. Dans cette province, les personnes aînées représentent 14,4% de la population francophone (comparativement à 12,3% de la population entière de la province toutes langues confondues). Nombreuses d'entre elles se retrouvent en milieu rural. Les personnes aînées qui souhaitent rester dans les collectivités rurales peuvent être confrontées à des obstacles à leur maintien à domicile ainsi qu'à leur participation active au sein de la communauté, d'où l'importance d'une approche Village ami des aînés. La particularité innovatrice de ce projet est qu'il est mené sur le terrain par un comité d'action local gouverné par des aînés. La FAFO préconise cette approche de prise en charge par la base afin d'assurer que l'intérêt des aînés soit toujours présent lors des prises de décision que leur mobilisation face au projet soit optimale et que leurs forces contributrices soient mises à profit. Nous partagerons avec vous les diverses stratégies employées dans la mise en œuvre d'une telle initiative tant au niveau de la planification, de la mise en œuvre, de l'accompagnement que de l'évaluation.

S25
A Pan-Canadian Age-Friendly Communities Recognition Framework
Cathy Bennett
Division of Aging and Seniors, Public Health Agency of Canada, Ottawa, Canada; E-mail: kathryn.jarrett-ekholm@phac-aspc.gc.ca

The Age Friendly Communities (AFC) initiative exemplifies the creation of supportive environments to promote healthy, active aging and to reduce health inequalities among older adults. With an AFC Reference Group, the Public Health Agency of Canada promotes the adoption of AFC across Canada and works with other jurisdictions and non-government stakeholders to foster sustainable age-friendly development and exchange successful practices, domestically and internationally. As municipalities caught the AFC "wave" with enthusiasm, PHAC and the Reference Group identified a set of AFC Pan-Canadian "milestones" to guide consistent implementation of AFC in a manner that respects the principle of seniors' engagement and that follows effective community development practice. These milestones form the basis for provincial AFC recognition programs. To provide pan-Canadian, as well as international, recognition to communities engaged in age-friendly development, PHAC has established a Pan-Canadian Age-Friendly Communities Recognition Framework. This framework provides an overall vision for AFC in Canada and demonstrates the commitment of participating jurisdictions to work together to advance healthy, active aging. At the
same time, the framework respects the authority of provinces and territories to shape and administer their own approach to AFC recognition. Internationally, the framework positions Canada as an affiliated national program with the World Health Organization Global Network of Age-Friendly Cities.

S26
Engager les grandes villes à l’initiative MADA
Élise Paquette
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Concernées directement par le vieillissement démographique, les municipalités et, plus particulièrement, les grandes villes du Québec doivent trouver de nouvelles façons de concevoir les services et les infrastructures axés sur les besoins de leur population vieillissante. Le programme « Municipalité amie des aînés » (MADA), lancé en 2009 par le ministère de la Famille et des Aînés (MFA), appuie la création d’environnements favorables aux personnes aînées et offre une aide financière aux municipalités, MRC et grandes villes du Québec à cet égard. La démarche MADA permet d’adapter les politiques, les services et les structures municipales, de favoriser la participation des personnes aînées ainsi que la concertation de toute la communauté en vue de mieux adapter les milieux de vie aux besoins des aînés.

Le MFA a consulté les grandes villes engagées dans la démarche ou sur le point de l’entreprendre afin de s’assurer que le programme est bien adapté à leurs réalités. Par rapport aux petites villes, les grandes villes affrontent des défis particuliers, notamment en ce qui a trait à la densité de leur population, à la complexité de l’organisation municipale et à la concertation des nombreux partenaires aînés. À la suite de ces consultations, le MFA s’est adjoint une équipe d’universitaires spécialisés en gérontologie du Centre de recherche sur le vieillissement (CDRV), qui s’impliquera directement avec chacune des grandes villes afin d’offrir une formation et des conseils stratégiques sur les problématiques spécifiques des grandes villes.

Changing the Culture of Healthcare Organizations to Control the Spread of Influenza
Convenor: Lois Crowe, Bruyere Continuing Care, Ottawa, Canada

Influenza is one of the leading causes of acute respiratory infection and results in significant mortality, hospitalization and outpatient clinic visits, representing an enormous economic burden for healthcare systems. Influenza immunization of healthcare personnel reduces resident mortality in long-term care facilities and employee absenteeism and financial costs in acute care hospitals. Despite significant investment by healthcare organizations, immunization rates remain low, well below the 90% target set by the World Health Organization and the National Advisory Committee on Immunization.

One of the challenges facing healthcare organizations is the limited evidence available on ways to optimize their programs to increase immunization uptake among healthcare personnel. Most wait to begin campaign planning until September, overlapping the start of the influenza season (based on preliminary reports from our national survey currently underway). Rarely do the organization’s campaign planners have appropriate supports in place to make the campaign successful.

With suboptimal support and investment, organizations can reach a plateau and their rates remain static or worsen, despite trying multiple ways to improve their rates. In response to this problem, our work has identified organizational change interventions demonstrated to support increased immunization uptake by staff; these interventions are required at all levels of the organization.

The Canadian Healthcare Influenza Immunization Network (CHIIN) is funded through a Canadian Institutes of Health Research Emerging Teams Grant. We will be reporting the work leading to these new interventions and will discuss insights into this practical, evidence-based approach to cultural change. This will be an interactive symposium.

S27a
Influenza: A Serious Disease
Po-Po Lam¹, Lois Crowe²
¹University of Toronto and Mount Sinai Hospital, Toronto, Ontario, Canada; ²Canadian Healthcare Influenza Immunization Network (CHIIN); Care of the Elderly Program, Élisabeth Bruyère Research Institute; CHIIN Community of Interest, Seniors Health Research Transfer Network, Ottawa, Ontario, Canada; E-mail: lcrowe@bruyere.org

We will be presenting an overview of latest research on the clinical aspects of influenza. Recent studies...
have proven that current surveillance techniques using the current definition of an influenza-like illness (ILI) are not sufficient. Recent evidence shows that influenza is six times more prevalent in acute care hospitals than previously thought, leading to an unrecognized burden of illness on an already overburdened healthcare system.

S27b

Influenza: The Importance of Immunizing Healthcare Personnel

Po-Po Lam

University of Toronto and Mount Sinai Hospital, Toronto, Ontario, Canada; E-mail: lcrowe@bruyere.org

Ms. Lam will be presenting the results of a series of systematic reviews that have formed the evidence base for two innovative tools, the Ottawa Influenza Decision Aid for healthcare personnel and "Successful Influenza Immunization Campaigns for Healthcare Personnel - A Guide for Campaign Planners".

S27c

How to Effect Organizational Change to Control the Spread of Influenza

Larry W. Chambers¹, Lucy Elliott², Lois Crowe³

¹Elisabeth Bruyère Research Institute and University of Ottawa, Ottawa, Ontario, Canada; ²Rockwood Terrace Home and Canadian Healthcare Influenza Immunization Network, Durham, Ontario, Canada; ³Canadian Healthcare Influenza Immunization Network (CHIIN); Care of the Elderly Program, Elisabeth Bruyère Research Institute; CHIIN Community of Interest, Seniors Health Research Transfer Network, Ottawa, Ontario, Canada; E-mail: lcrowe@bruyere.org

We will discuss the current study in 26 healthcare organizations aimed at changing organizational culture to effectively control the spread of influenza. From the research and fieldwork, we will be discussing real-world examples of the barriers and facilitators to making these changes.


Convenor: Eva Neufeld, University of Waterloo, Waterloo, Ontario, Canada

Description:

Though healthcare sectors involve a diverse mix of protocols, funding, and human resources, older adults often access care across the health care continuum. Health care integration and improved coordination, both in practice and research, necessitates the use of a common framework to assess and understand the similarities and differences across these populations. This symposium demonstrates new directions in aging research through the application of common assessment data across health care sectors in Ontario.

interRAI is a not-for-profit research consortium of approximately 50 clinicians, researchers and health administrators from 25 countries. This group produces a suite of standardized comprehensive assessment systems for aged care, mental health and disability services that together constitute an integrated health information system. Each comprehensive assessment instrument records the person’s strengths, preferences, and needs in a broad range of health related domains. All instruments are comprised of items common to other instruments which facilitates communication at both the practice and research level. Using analyses of health care data, the present symposium will underscore the important ways in which the interRAI suite of instruments might assist with the continuity of care for the aging population. Individual presentations will examine home care clients (RAI Home Care), palliative care (RAI Palliative Care), long-term care residents (MDS 2.0), and alternate level of care patients in acute and complex hospitals (RAI Home Care hospital version).

S28

Geriatric Patient Population Research: Focusing Data Mining Techniques on Older Adults and Age-related Health Issues within the Ontario Home Health Care System

Joshua Armstrong

University of Waterloo, Waterloo, Ontario, Canada; E-mail: elneufel@uwaterloo.ca

Objective: The home health care system in Ontario provides a wide variety of services to individuals in home and community settings. In 2009/10, the Ontario Association of Community Care Access Centres reported that 603,535 clients received a variety of support services including nursing, homemaking, meal delivery, transportation, and
rehabilitation services. Of this large patient population, the majority (56%) were over the age of 65. The goal of this study is to utilize a data mining approach on older adults in the Ontario home care system. Specific focus is aimed at the prevalence of cognitive impairment, frailty, depression, ADL impairment, and pain.

**Methods:** Clinical assessment data was collected on 1+ million homecare clients in Ontario using the provincially mandated RAI-HC assessment tool. Exploratory analyses and data visualization techniques were used to exemplify the primary age-related health issues in this large patient population. Models created by data mining and machine learning algorithms (K-Means clustering, Random Forests) explored the relationships between these health issues clinical characteristics and outcome measures.

**Results:** Exploratory analyses, data visualizations, and modeling techniques illustrated the heterogeneity found within older adults who utilize home care services in Ontario. Analyses also revealed geographic variability in this home care population.

**Conclusions:** Home health services are particularly important for a heterogeneous population of older adults as these services aid in allowing individuals with complex health issues to remain at home and out of emergency rooms and long term care facilities.

S29

A Grave Situation: Identifying Risk Factors for a Bad Death among Palliative Homecare Clients in Ontario, Canada

Shannon Freeman  
*University of Waterloo, Waterloo, Ontario, Canada;*  
E-mail: elneufel@uwaterloo.ca

**Objective:** The hallmark of hospice palliative care is the focus on whole-person health care which prioritizes the relief of pain and suffering and the improvement of the quality of living and dying. The avoidance of a bad death is at the foundation of hospice palliative care. This study investigates the conceptualization of a bad death with focus upon risk factors for a bad death among terminally ill homecare clients.

**Methods:** Using the interRAI-Palliative Care (interRAI-PC) assessment instrument, 7577 terminally ill clients receiving palliative home care services were identified from January 2006 to December 2010. Cross-sectional and longitudinal analyses of health and service utilization which can influence the level of risk for a bad death are assessed.

**Results:** A detailed examination of what constitutes a bad death and factors which affect associated risk for negative outcomes is provided. Factors discussed include effects of diagnosis, depression, functional ability, cognitive impairment, pain control, and proximity to death. The prevalence of identified risk factors for a bad death among palliative home care clients is compared examining individuals at the end of life who are not receiving palliative care services in other care settings including home care and long-term care.

**Conclusion:** This research provides sound evidence to inform best practices aimed at improving the quality of living and dying of terminally ill individuals. Study findings will assist clinicians to identify terminally ill individuals at higher risk of experiencing a bad death and illustrate the differences in prevalence of risk factors across care sectors.

S30

Geriatric Giants: Examining Depression and Associated Factors in Long Term Care Facilities in Ontario, Canada.

Eva Neufeld  
*University of Waterloo, Waterloo, Ontario, Canada;*  
E-mail: elneufel@uwaterloo.ca

**Objective:** Depression is a common, yet insidious mental health disorder among older adults in long term care (LTC) facilities. Prevalence of depression in LTC facilities ranges from 6% to 57%. Conceptual and methodological differences however may account for the wide variation. As depression presents atypically in this population, research is needed to ensure that the mental health needs of institutionalized older adults are adequately met. The goal of this research was to examine depressive symptomatology and associated factors amongst older adults newly admitted to a LTC facility in Ontario.

**Methods:** New admissions to LTC facilities in Ontario between June 2003 and March 2009 were examined for this study (N = 25,035) using the Minimum Data Set (MDS 2.0). Cross-sectional
analyses of depression and associated risk factors including sociodemographic variables, cognition, and pain were performed using bivariate and multivariate methods.

Results: Among older adults, newly admitted to a LTC facility, the prevalence of depressive symptoms was approximately 21%, with one-third of admissions already taking antidepressant medication. Additional cross-sectional analyses of clinical and functional indicators are provided. Current treatment and prescribed therapies are discussed highlighting the need for a focus on mental health needs in LTC care planning.

Conclusion: Depression symptoms are associated with poorer health and increased odds of mortality among the LTC population. Understanding the prevalence of depression and the necessity of a mental health focus in care planning will improve the quality of life for current and future LTC facility residents.

S31

Hospital Patients Designated “Alternate Level of Care” (ALC): Descriptive Characteristics and Determinants of Length of Stay, Transitions, and Outcomes.

Andrew Costa
University of Waterloo, Waterloo, Ontario, Canada; E-mail: elneufel@uwaterloo.ca

Objectives: Hospital patients designated “alternate level of care” (ALC) are those who no longer require acute care, but cannot be discharged due to the lack of appropriate post-hospital care options. ALC has been partly implicated in the overcrowding of emergency departments, increases in surgical cancellations, as well as health system financial risk. In Canada, approximately 44-60% of ALC patients are waiting for a long-term care (LTC) placement. The aim of this research was to investigate the characteristics of the ALC population as well as their journey through Ontario’s acute and complex hospitals.

Method: Analyses were conducted on a census level Ontario prevalence sample (2007-2008) of 15,145 acute and sub-acute ALC patients waiting for LTC and assessed with the RAI Home Care (HC). The RAI HC sample was linked with community and acute care administrative databases to determine length of stay and discharge.

Results: ALC patients are more heterogeneous than many elderly health care service populations. Those ALC patients with long stays have characteristics that discourage LTC referral acceptance. Summary results indicate that there is a sub-group of ALC patients that share a similar clinical profile with elderly home care clients. Analysis of restorative approaches to care shows good indications of successful transitions.

Conclusions: ALC patients have complex needs that require novel approaches to care and different capacities within the health care system. The results of these population comparisons and analyses provide insights into care options that may meet the needs of ALC patients.

Health systems planning for the aging population: Policy challenges across provinces and the north (Sponsored by Canadian Health Services Research Foundation) / Défis particuliers auxquels font face les décisionnaires et les planificateurs du système de santé dans le Grand Nord canadien (parrainé par la Fondation canadienne de la recherche sur les services de santé)

Convenor: Jennifer Verma, Canadian Health Services Research Foundation, Ottawa, Canada

Description: Canadian Health Services Research Foundation (CHSRF) is an independent organization that brings evidence and ideas to improve healthcare in Canada by working with individuals and organizations to shape policy, transform services and support change. Through October and November 2010, CHSRF hosted five regional roundtables and one national roundtable as part of its series, “Better with Age: Health Systems Planning for the Aging Population”. The objectives of the roundtables were to bring clarity to the impact of population aging on the financial sustainability of Medicare; raise the profile of the most pressing policy- and decision-making challenges and research gaps across provinces; and offer ideas and strategies for delivering high-quality care to older adults. The event brought together over 200 policy-makers, healthcare executives, researchers and citizens to exchange ideas about different approaches for addressing health system challenges related to Canada’s aging population. No roundtables were hosted in the territories, however, this session introduces challenges unique to rural and Northern contexts, such as limited access to services, a transient workforce, and higher incidence of chronic
disease. This session will inform provincial/territorial policy development to improve health services for older adults living in rural and remote locations.

S32
Health systems planning for the aging population: Policy challenges across provinces and the North
Jennifer Verma¹, Gillian Mulvale¹, Liris Smith²
¹Canadian Health Services Research Foundation, Ottawa, Ontario, Canada, ²Health and Social Services in the Yukon, Whitehorse, Yukon, Canada; E-mail: kelly.ripley@chsrf.ca

Canadian Health Services Research Foundation (CHSRF) is an independent organization that brings evidence and ideas to improve healthcare in Canada by working with individuals and organizations to shape policy, transform services and support change. Through October and November 2010, CHSRF hosted five regional roundtables and one national roundtable as part of its series, "Better with Age: Health Systems Planning for the Aging Population". The objectives of the roundtables were to bring clarity to the impact of population aging on the financial sustainability of Medicare; raise the profile of the most pressing policy- and decision-making challenges and research gaps across provinces; and offer ideas and strategies for delivering high-quality care to older adults. The event brought together over 200 policy-makers, healthcare executives, researchers and citizens to exchange ideas about different approaches for addressing health system challenges related to Canada’s aging population. No roundtables were hosted in the territories, however, this session introduces challenges unique to rural and Northern contexts, such as limited access to services, a transient workforce, and higher incidence of chronic disease. This session will inform provincial/territorial policy development to improve health services for older adults living in rural and remote locations.

Care Transitions: Perspectives From Three Countries On Elder Transfers Across The Continuum Of Care And Ways To Improve The Process

Convenor: S. Oakes, University of Texas Health Science Center, San Antonio, United States
Discussant: David Espino, UTHSCSA, San Antonio, United States

Description:
Transitional care comprises a major part of elder management. Elders often transition between different healthcare settings, such as from the hospital or emergency department to a skilled nursing facility or nursing home. Transitional care can therefore be defined as the actions as a set of actions designed to ensure the coordination and continuity of health care as elders transfer between different locations. A variety of individuals are involved in transitional care including the elder, their primary and specialty care providers, nurses, social workers, and informal or family caregivers. Successful transitional care involves the development of a comprehensive care plan and the availability of experienced chronic care health practitioners who are provided relevant medical information about the elder’s goals, preferences, and clinical status. Frail elders, by virtue of their high degree of medical complexity, prevalent cognitive and functional impairments and underlying psychiatric illnesses, are at high risk for complicated transitions of care. Poor transitions may result in significant morbidity and mortality, stemming from issues such as medication errors, adverse drug events, lack of timely follow-up care, and potentially avoidable re-hospitalizations. This symposium will review different strategies on providing transitional care in their home countries environment as well as highlight strategies to improve the quality of these care transitions.

S33
Care Transitions: Perspectives From Three Countries On Elder Transfers Across The Continuum Of Care And Ways To Improve The Process†

Gretta Cummings¹, S. Liliana Oakes², Marianela Hekman¹,³
¹University of Alberta, Alberta, Canada, ²University of Texas Health Science Center, San Antonio, TX, ³Past President of the Geriatrics and Gerontology of Brasil, Porto Allegre, Brazil
Email: oakes@uthscsa.edu

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Aging and Driving in Canada: The Candrive common cohort study.
Convenor: Sylvain Gagnon, University of Ottawa, Ottawa, Ontario, Canada
Discussant: Shawn Marshall, OHRI and University of Ottawa, Ottawa, Ontario, -

Description:
The CIHR funded Candrive common cohort study began recruitment in 2009. As part of the study, nine-hundred and thirty drivers aged 70 and older from seven Canadian cities and over 150 older drivers from Australia and New-Zealand, will undergo annual and follow-up assessments over the course of 5 years. The interdisciplinary approach aims at improving the safety and health-related quality-of-life or older drivers. The primary objective is to develop an evidenced-based tool for health care professionals that will help identify drivers who are at increased risk for at-fault motor vehicle collisions. Complementary sub-studies are also conducted at the various sites and deal with important factors related to older drivers. In this symposium, a summary of the 1st year of data will be described with an emphasis on demographic and health variables in relation to retrospective crash and road infractions. A cross-sectional descriptive profile of this cohort at baseline will be presented focusing on the relations among driving-related psychosocial measures, demographic characteristics and functional abilities. Empirical finding related to the use of driving simulators for the purpose of assessing older drivers will be outlined. Finally, recent scientific evidence highlighting the usefulness of older driver retraining programs will be provided in order to better orient clinicians in selecting the most appropriate tools to help older drivers who may benefit from a refresher program on driving.

S34

Older Driver Retraining: A Systematic Review of Evidence of Effectiveness and Clinician Guide to Recommending/Implementing Refresher Programs

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Rationale: The safety of older drivers is a concern as fatal crashes in this group increase annually. This talk provides clinicians with practical information, based on recent scientific evidence, to help them guide older drivers to remain safe.

Learning Objectives: 1. identify the effectiveness of retraining strategies aimed at enhancing driving skills in older driver (e.g. response time, cognitive and executive functions; physical etc.) and, 2. describe the executive function/cognitive/visual perception computerized tools that clinicians can access to provide refresher programs on a national level.

Methods to Achieve Objective 1: Intervention studies were grouped according to the intervention studied: physical retraining, visual perception or education. Randomized trials were appraised using the Physiotherapy Evidence Database (PEDro) Scale. Each intervention was then rated for effectiveness.

Result 1: There is limited evidence that physical retraining (Level 2a) and visual perception retraining (Level 2a) improve driving skills in older drivers. There is moderate evidence that classroom style educational interventions improve driving awareness and driving behavior (Level 1a), but do not reduce crashes (Level 1b).
Result 2: Software will be introduced that is available to increase cognitive functioning and executive functions important to driving.

Conclusion and Clinical Implications: The current evidence suggests that there are retraining strategies that clinicians can use or recommend to older drivers to enhance driving safety.

S35

Driver Decision-Making and Behaviour: The Influence of Psychosocial Factors

Anita Myers¹, Holly Tuokko², Alexandra Jouk²
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In this session, driving-related psychosocial measures being administered annually in the Candrive common cohort study will be described. The cohort study includes over 900 drivers 70 years of age and older in seven Canadian cities. The rationale for inclusion of the psychosocial measures and information concerning tool development and psychometric properties will be addressed. In addition, a cross-sectional descriptive profile of this cohort at baseline will be presented focusing on the relations among driving-related psychosocial measures (e.g., Driving Comfort, intentions to restrict or quit driving), demographic characteristics (e.g., gender) and functional abilities (e.g., cognition). As this longitudinal study unfolds, driver perceptions, beliefs and attitudes will be examined as moderators and possible predictors of driving behavior and outcomes.

S36

The CIHR Team on Older Person Driving (Candrive II): Who have we recruited?

Shawn Marshall, Malcolm Man-Son-Hing
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The Candrive common cohort study has recruited 933 older adult drivers age 70 and older from 7 Canadian sites (4 provinces) who have committed to 5 years of annual follow up and driving monitoring. The objectives of the common cohort study are to recruit an older driver cohort across geographic regions to allow for a comprehensive evaluation of the natural history of multiple factors associated with driving competency and the relationship between these factors and at-fault motor vehicle collisions (MVCs) and to prospectively study the effects of prevalent medical conditions such as osteoarthritis, depression and mild cognitive impairment on factors associated with driving competency and on at-fault MVCs. This presentation will describe the common cohort that has been recruited and compare it to the general older driving population based on driving record, health and functional status.

S37

Assessing older drivers using driving simulators: Why and how.

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As part of the overall CIHR Candrive cohort study, older participants will be invited to complete a simulated driving assessment. The purpose of the assessment is to gather essential data that can further the validity of driving simulators and determine whether they should be employed to assess older drivers in a safe and controlled driving context. In this symposium, we will present recent findings that indicate that safe and unsafe older drivers could be potentially discriminated using challenging simulated events. Findings that speak in favor of the validity and reliability of simulator assessments will also be outlined. Finally, we will argue that driving simulators have the potential to be used in clinical settings at low cost.

Memory decline and rehabilitation

Convenor: Patrick Davidson, University of Ottawa, Ottawa, Ontario, Canada
Discussant: Patrick Davidson, University of Ottawa, Ottawa, Ontario, Canada

Description: Memory decline is one of the most pernicious cognitive changes in aging. It clearly occurs in normal, healthy aging, and is obviously more severe in the dementias, especially Alzheimer’s disease. The memory changes associated with aging and dementia are not uniform, however. Some aspects of memory deteriorate significantly in normal aging, whereas others remain stable, and yet others may improve. The pattern of memory decline in Alzheimer’s disease is not simply an exaggeration of that seen in normal aging. Telling the difference between normal aging and dementia is a crucial
challenge for clinicians and researchers alike. We have gathered three researchers who combine basic research and clinical perspectives on memory in normal aging versus Alzheimer’s disease and its putative precursor stage, Mild Cognitive Impairment. Elizabeth Glisky will discuss the cognitive and neural systems that are affected in episodic memory decline in normal aging. Sven Joubert will focus on semantic memory decline in Mild Cognitive Impairment and early Alzheimer’s disease. Nicole Anderson will discuss the cognitive mechanisms at play in some memory problems that are common in normal aging, and outline initial progress in rehabilitation of memory deficits in normal aging and Mild Cognitive Impairment.

S38

Studies of semantic memory in mild cognitive impairment and in early Alzheimer’s disease

Sven Joubert
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This presentation will focus on recent work investigating semantic memory in individuals with early Alzheimer’s disease (AD) and in individuals presenting with amnestic mild cognitive impairment (aMCI). We will present results indicating that naming and semantic knowledge are compromised in aMCI and in early AD, and that the deficits seem to affect to a greater extent unique entities than generic entities. Using semantic priming, we will also present evidence suggesting that the semantic deficits in aMCI individuals reflect at least in part a breakdown of semantic representations. Finally, we will present results of neuroimaging studies showing that certain regions part of a semantic network, extending beyond classic medial temporal lobe structures, are affected both at the structural and functional level in the preclinical stage of AD.

S39

Longitudinal Changes in Memory and Executive Function in Normal Aging.

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 Probably the most common cognitive complaint from healthy adults as they age is that of memory decline, and considerable research has gone into documenting the nature of the memory impairment in older adults. At the same time, several theories of cognitive aging have pointed to executive function as being the most prominent source of cognitive decline, consistent with neuroimaging findings showing greatest reductions both morphometrically and functionally in prefrontal brain regions. Our work has focused on documenting simultaneous changes in these two neurocognitive functions within a group of normally-aging older adults in a longitudinal design. We have also been interested in exploring individual difference variables that may affect these decline trajectories to identify factors that may be associated with maintenance of cognitive function over time compared to those that may be related to abnormal declines. In this paper, I will report on longitudinal changes in memory and executive function in a sample of older adults over the age of 65, and show how demographic, education, health, genetic and lifestyle variables variables impact those changes. In addition, I will present longitudinal neuroimaging data from voxel-based morphometry and diffusion tensor imaging showing the relations between these brain measures and our two cognitive factors.

S40

Source Recollection Training in Healthy Older Adults and Older Adults with Amnestic Mild Cognitive Impairment

Nicole Anderson, Patricia Ebert, Janine Jennings, Roberto Cabeza, Cheryl Grady, Simon Graham
1 Baycrest-Rotman, Toronto, Ontario, Canada, 2 Baycrest-Psychology, Toronto, Ontario, Canada, 3 Wake Forest University-Psychology, Winston-Salem, NC, USA, 4 Duke University-Centre for Cognitive Neuroscience, Durham, NC, USA, 5 Sunnybrook Research Institute, Toronto, Ontario, Canada; E-mail: nanderson@klaru-baycrest.on.ca

Older adults show greater bilateral activation of prefrontal cortex (PFC) than younger adults, and there is evidence that this functional reorganization is compensatory, offsetting the deleterious effects of neurocognitive aging. For example, we (Cabeza et al., 2002) found bilateral PFC activation during source memory retrieval in high-functioning older adults (Hi-Old), compared to unilateral PFC activation in low-functioning older adults (Lo-Old). Other research has shown that memory recollection can be significantly improved via training (Jennings & Jacoby, 2003). In the current study, we are asking whether recollection training can “repair” source memory in Lo-Old and amnestic mild cognitive
impairment (aMCI) individuals. At baseline, Young (n=16), Hi-Old (n=16), Lo-Old (current n=21), and aMCI (current n=10) groups perform a recognition task from which estimates of recollection and familiarity are derived: Words are presented in sequence, with each word repeated after a lag of 3 or 16 intervening words in either the same or different modality; participants identify words repeated in the same modality. Consistent with Anderson et al. (2008), baseline estimates of recollection but not familiarity distinguish groups. Next, the Lo-Old and aMCI engage in either nine days of recollection training in which the tested lags become incrementally higher (current n=12 and 5) or an active control (current n=9 and 5), after which the recognition task is repeated. Our current results show that estimates of recollection increase significantly only in the trained Lo-Old. These results suggest that medial temporal lobe atrophy in aMCI limits retraining of cognitive functions dependent on these structures.

The Pureed Food Meal Time Experience

Convenor: Heather Keller, University of Guelph, Guelph, ON, Canada
Discussant: Lisa Duizer, University of Guelph, Guelph, ON, Canada

Description: Commercial modified-texture food represents a promising way in which to potentially improve the health status and quality of life of older adults with swallowing disorders, with the potential to reduce health care service utilization and costs. Malnutrition often coincides with pureed food consumption. Factors that may influence this relationship will be presented. Sensory appeal of these foods is unknown. Results from a qualitative study on consumer perspectives of pureed food from focus groups with staff and patients/residents who consume these foods will be presented. Strategies to improve the appeal of these foods will be discussed.

Cysphagia (swallowing difficulty) is a widespread condition amongst seniors in Canada. In order to manage the risks of airway invasion and muscular weakness that contributes to inefficient swallowing, modified-texture foods are frequently recommended. The effectiveness of these products for managing the risks of negative health and nutritional outcomes in individuals with dysphagia will be discussed. The importance of developing standardized terminology and definitions to characterize different classes of modified-texture foods will be emphasized. The need for clinical screening and assessment procedures that will identify individuals that require and can benefit from modified-texture foods will be discussed.

Currently no provincial standards for production of in-house pureed and minced foods exist and the lack of standardization results in variation in nutritional quality, sensory quality and safety. A nutrient comparison and evaluation of the sensory properties of selected modified-texture foods in commercially available in Ontario will be presented. Preliminary results of a consumer perspective study on modified-texture food will be discussed.

While all commercial purees are designed to be safe for individuals with dysphagia, variability exists among products. Results of particle size analysis and thickness determination will be presented. Results from nutrient analysis of selected modified-texture foods (turkey, carrots and bread) will be discussed and compared between brands.
The Elder Friendly Hospital: Utopia or Reality

Convenor: Dr Belinda Parke, University of Alberta, Edmonton Alberta, Canada

Description:
Older adults are frequent users of hospital services and are more likely than younger adults to use such services. Currently hospital systems take a one size fits all approach. The work of elder friendly hospitals involves challenging the one size fits all approach by bringing attention to the vulnerability of older people when there is a lack of older adult-hospital environment fit. This symposium illuminates multi-level health system issues and strategies that are influential in improving quality hospital care to older people. Key components of an elder friendly hospital and the need for innovative clinical and system adjustments are discussed in a North American context.

S42

Ethics and Older People: Elder-Unfriendliness in Acute Care Settings†

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Objectives:
This paper sets out to raise awareness of the pervasive and often unnoticed ‘elder-unfriendliness’ of substantial aspects of current institutional arrangements for healthcare.

Method:
An overview of the ways in which current institutional arrangements tend to discriminate against older people will be offered. Assumptions about the average patient will be subjected to close scrutiny.

Results:
It is assumed that organisational tendencies to elder-unfriendliness are unintentional; mere by-products of well-meaning attempts to improve efficiency. Proponents of managerialist approaches to healthcare arrangements point to utilitarian justification in maximising efficient use of healthcare dollars. Yet because of the ‘myth’ of the average patient, it is older patients who bear the brunt of any unintended harmful consequences of efficiency driven policies and protocols. Thus managerialist utilitarian justification fails even by its own criteria; for in utilitarian theory, good is determined by outcomes (consequences); or more accurately, by a balance that favours good over harmful consequences. And where harmful consequences outweigh beneficial consequences then actions that lead to those consequences are considered unethical.

Conclusions:
Ethical failures of current imperatives in acute healthcare hit hardest those who are already subject to the vicissitudes of being older when in receipt of healthcare offered by institutions that (perhaps unintentionally) favour younger patients. That this ‘double whammy’ against older recipients of healthcare isn’t already considered a scandal is a scandal in itself, and indicates that practices contributing to elder-unfriendliness in acute healthcare settings be identified and amended accordingly.

S43

Regional Coordination of Health Services to Meet the Health Needs of Seniors: Driving Safety and Quality through Accreditation Canada’s Qmentum Program†

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Seniors, like all Canadians, are a diverse group with a wide range of skills, abilities, support systems, living arrangements, education, and levels of health and wellness. Regional coordination of health services is required to provide seamless care for seniors across a wide range of services.

Accreditation Canada has developed Seniors Population Standards to enable regional health organizations to coordinate an integrated system of care, including community-based care, long-term care and palliative and end-of-life care. Accreditation Canada conducted an environmental scan to identify the key health issues and service needs for seniors. A national expert working group was convened to guide the development of the standards. In order to gather feedback on the standards, a national consultation was carried out in the spring of 2011, and in the fall the standards will be pilot tested in regional health organizations. The standards will subsequently be revised based on the feedback and released as part of the Qmentum national accreditation program in January 2012.
Accreditation Canada's Seniors Population standards support an integrated system of care by guiding regional health organizations to promote healthy aging; create age-friendly environments; maintain seniors' independence; and support families and caregivers. In addition the standards help regional health organizations to identify the needs of the seniors they serve and target services accordingly; provide care coordination; address ethical issues; improve access to care; and achieve a culture of quality improvement.

S44
Advancing Senior Friendly Hospitals (SFHs) in Ontario: A Collaboration Between the Local Health Integration Networks (LHINs) AND Regional Geriatric Programs (RGP) of Ontario†

Barbara A Liu1,2, K. S. Wong1, T. Martins3, D Jewell4, E McCarthy4, K Milne4, K Rossi4
1Regional Geriatric Program of Toronto, Toronto Ontario, Canada, 2University of Toronto, Toronto Ontario, Canada, 3Toronto Central Local Health Integration Network, Toronto Ontario, Canada, 4The Regional Geriatric Programs of Ontario, Toronto Ontario, Canada; E-mail: belinda.parke@ualberta.ca

Background:
In 2010, the Toronto Central Local Health Integration Network (TC LHIN) engaged the Regional Geriatric Program of Toronto to support their Integrated Health Service Plan priority to reduce functional decline of hospitalized seniors. A summary report identified promising practices and opportunities for system improvement in the LHIN. Included as one of several cross-LHIN initiatives chosen for their potential to improve the health and quality of life of seniors, the Senior Friendly Hospital strategy is now being implemented across the province.

Methods: TCLHIN serves as the executive and operational lead for the provincial strategy, coordinating the activities of the other 13 LHINs in Ontario. For each LHIN, the RGP of Ontario will produce individualized, confidential feedback letters for each hospital, as well as a summary report that includes both aggregate summaries and qualitative evaluation of responses. These will be evaluated to generate a province-wide summary of senior friendly hospital activities.

Results: By July/August of 2011, we will describe promising practices, as well as system opportunities identified in Ontario through this senior friendly hospital self assessment process. We will also describe insights into the implementation of a province-wide, LHIN-led strategy to promote senior friendly hospitals and its interface with ongoing organization- and RGP-led initiatives.

Conclusions:
This provincial strategy serves as an example of a successful initiative being disseminated from the LHIN level to a provincial-wide strategy. The RGP of Ontario, working in collaboration with the LHINs, have provided pivotal clinical and content expertise in this ground-breaking process.

S45
Senior Friendly Hospitals: What is Happening in Argentina?†

Jose R Jauregui
Italian Hospital Burenos Aires, Burenos Aires, Argentina; E-mail: belinda.parke@ualberta.ca

Objective:
A panorama at a glance of the situation in Argentina (Italian Hospital Burenos Aires) aspects of becoming a senior friendly space.

- Non Hospitals in Argentina have laws, rules or politics oriented to elderly needs, except those specifically oriented to elderly health problems.
- Institutions for elderly people such as Nursing Homes, psychogeriatrics units, or rehabilitation institutions have some specific rules about "senior friendly environments".
- In a large survey made in the whole country, no hospitals have architectural concepts oriented to elderly people, just only for handicapped people.

We work in a large health network with two major hospitals, 20 primary care centers, a Nursing Home-NH, and a Home Visit Program. In this network we care for 150,000 persons in our HMO system, and 35% of them are older than 65 years old. (Hospital Italiano de Buenos Aires Health Network).

No specific normatives are in use to become a senior friendly hospital, but we have an old history in developing geriatrics programs and this contribute to have a friendly point of view based on elderly needs.
In our NH, the environment is adequate to attend those needs, and people work with a gerontological orientation since 1922. The infrastructure’s adequate too.

I will describe our situation in Organizationl Support, Process of Care, Emotional and Behavioural enviroment and Ethics in Clinical Care and Research in few words to compare with other experiences in other institutions.

**S46**

Interprofessional Prevention of Delirium (IPPOD)- Working with Health Professionals, Volunteers, Family and Patients to Make the Emergency More Senior Friendly†

Jacques S Lee
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**Background:** Delirium is an under-appreciated yet devastating consequence of failing to provide senior-friendly care. Providing senior friendly care is particularly challenging in the Emergency Department (ED). Inouye (1999) demonstrated that basic care (mobilization, orientation, adequate nutrition and hydration) reduced delirium by 50%. Crowding leads to longer ED stays, and increases older patients risk of delirium. We adapted the Inouye program for use in the ED.

**Objectives:** To evaluate the feasibility of implementing a delirium prevention program (IPPOD) using health professionals, volunteers, family and patients.

**Methods:** We conducted a multi-method study including qualitative interviews to assess barriers and enablers to implementing the IPPOD program. We also observed a cohort of patients ≥ 65 years old assessed in the ED of a Canadian teaching hospital between October 2010 - April, 2011, who had an ED length of stay of ≥ 6 hours.

**Results:** We screened 1416 patients (mean age 82.6 years, mean length of stay 19.9 hours, admission rate, 41%). We excluded 656 patients: 371/1416 (26.2 %) were on isolation, 177/1416 (12.5%) were on telemetry and 14/1416 (1%) were confused at the initial assessment. Volunteers provided nutrition to 602 of 760 eligible patients (79.2%), hydration to 752/760 (86.3%) oriented 670/760 (88.2%) and mobilized 353/760 (46.4%) patients. Their was general support for the program.

Barriers included high proportion of patient on isolation and reluctance of volunteers to interrupt busy clinical staff.

**Conclusions:** Implementing the IPPOD program was feasible. Adequately preparing ED staff for the new volunteer role was important.

**Behavioural Support Systems – Creating change at the Local, Provincial and National Levels through Knowledge Exchange**

**Convenor:** Ken LeClair, Professor and Chair, Division of Geriatric Psychia, Ontario, Canada

**Discussant:** Robin Hurst, Saint Elizabeth, Ontario, Canada

**Description:**

**Objective:** New directions are required to meet the needs of older adults diagnosed with dementia and serious mental health issues experiencing responsive behaviours. This symposium will bring together the national, provincial, and local experiences as they relate to responsive behaviours. Participants will learn how knowledge exchange (KE) networks and key stakeholders have successfully created the conditions for change through collaboration, dialogue and mutual accountability.

**Methods:** A Community of Practice, a provincial KE network and a national KE network have engaged in series of coordinated KE opportunities to support change, including:

- Local/regional meetings helping leaders learn how quality improvement strategies can meet their unique BSS needs
- A provincial BSS Project supported by Ontario’s Ministry of Health and Long-Term Care and other key stakeholders
- A national work group focused on creating practical tools that will translate across the country.

**Results:** A combination of knowledge exchange activities across all levels have resulted in significant advancement related to behavioural support systems. Successes included the develop models for collaboration, models for BSS implementation, the identification of key BSS principles and components, the identification of gaps in care, and the development of leadership abilities across all
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points in the care continuum.

**Conclusions:** Knowledge exchange networks and organizations are well-positioned to organize collaborative action to help move knowledge to practice, share best practices and resources, and find solutions at a national, provincial or territorial and local levels. Action across all levels will best support meaningful and timely change.

S47

**Behavioural Support Systems in Ontario: A Provincial Model of Exchange**

Megan Harris, David Harvey
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**Objectives:**

Knowledge networks are able to mobilize and respond to critical and timely topics across a broad range of sectors. Through collaboration and knowledge exchange with provincial and regional partners, the Alzheimer Knowledge Exchange (AKE) aimed to mobilize Ontario health stakeholders to prioritize, address and strengthen the systems of support for older adults with acute behavioural changes associated with complex mental health, addictions, dementia and other neurological conditions.

**Methods:**

Through multiple knowledge exchange channels, the AKE identified that behavioural support systems (BSS) was a growing issue of concern within the Ontario health care system. The AKE responded by leading an in-person exchange in 2009 that quickly grew into the Ontario BSS Project, powered by a working group of multiple stakeholders, including representation from all points across the care continuum. This discourse has received continued support and leadership from the Ministry of Health and Long-Term Care (MOHLTC).

**Results:**

As a result of this collaboration and the continued exchange of knowledge and expertise, the Ontario BSS Project has developed a principle-based model for action with three pillars:

1) System Management

2) System Integration

3) Capacity Building.

The Ontario BSS Project is now entering Phase Two, during which four LHINs will lead the implementation of new care pathways and clinical tools for complex and challenging mental health, dementia or other neurological conditions.

**Conclusions:**

Knowledge networks can very effectively listen to and act on the needs of a community as illustrated by the ongoing success of the Ontario BSS project.

S48

**National Change: Learning from local and provincial experiences related to behavioural support systems.**

Sarah Clark, Megan Harris
CDRAKE, Ontario, Canada;
E-mail: rhurst@saintelizabeth.com

**Objectives:**

In Canada, creating the conditions for change is complicated by the unique health systems of our 13 provinces and territories. However, each province and territory shares set of challenges related to managing responsive behaviours. Addressing these shared challenges have become a national priority in the mental health and dementia sector.

**Methods:**

Following the success of the BSS Project and the series of local exchanges in Ontario, the Canadian Dementia Resource and Knowledge Exchange (CDRAKE) took a lead role in the assembly of a Canadian BSS Work Group to address this issue at a national level. CDRAKE coordinated a series of in-person and virtual knowledge exchanges to enable these stakeholders from across the care continuum to identify commonalities, prioritize action items and begin mobilizing as a group.

**Results:**

The National BSS Work Group is comprised of 50 stakeholders from across 11 provinces and territories. The group has co-created a set of guiding principles and recommended components that would
make up a comprehensive behavioural support system yet translate across all provinces and territories. These national stakeholders have also committed to advocating for national change and examining how we can better use existing data sources and identify gaps in the data collection systems as they relate to BSS.

Conclusions:

As a non-proprietary knowledge network, CDRAKE effectively acts as a neutral party to bring together, inspire and energize a diverse group of stakeholders with different priorities and perspective and facilitate coordinated action based on a shared agenda for change.

S49

Local Stakeholders and Community of Practice Leadership Creating the Conditions for Change

Julia Baxter, Robin Hurst
St. Josephs Health care, Ontario, Canada; E-mail: rhurst@saintelizabeth.com

Objectives:

Health stakeholders across sectors experience gaps in the health care system when providing services to individuals with significant behavioural issues. Currently there is a lack of knowledge, structure, support and opportunity to dialogue about these gaps within the local context. A Community of Practice (CoP) supported by the Alzheimer Knowledge Exchange and the Senior’s Health Research Transfer Network used a structured community collaboration model for policy development and quality improvement strategies to help local leaders dialogue with each other to develop behavioral support systems (BSS) that meet their unique needs.

Methods:

Six regionally-led sessions were held across the province with representation from local intersectoral stakeholders (n=200). This series of in-person conversations were coordinated by the leaders and knowledge brokers of a CoP and supported by web based technology to bring in provincial expertise. During these sessions, local leaders shared their BSS practices with each other and provided their practice-based experience to inform provincial policy.

Results:

This process was a novel way to inform and be informed by emerging policy development and enabled the:

- identification and skill-development of local opinion leaders
- sharing of emerging best practices
- identification of readiness for change

Conclusions:

With the leadership of a CoP, opportunities for exchange provided a much-needed change for local leaders to find solutions together to best meet the needs of their unique BSS contexts. The provision of continued structure and support at the local level would facilitate the continuous exchange of knowledge and the opportunity to dialogue about these issues.

Age-Friendly Communities in Manitoba, Diversity and Commonalities: The Age-Friendly Communities-University Research Alliance (CURA)

Convenor: Verena Menec, University of Manitoba, Winnipeg, Canada

Description:

Since 2007, the Social Sciences and Humanities Research Council of Canada funded Age-Friendly Communities-University Research Alliance (CURA) has been conducting research in the area of age-friendly communities as a way of helping communities throughout Manitoba become more age-friendly. The work is conceptually based on the World Health Organization definition that an age-friendly community is one in which “policies, services, settings and structures support and enable people to age actively” (WHO, 2007, p. 5). The partnership with the Manitoba Seniors and Healthy Aging Secretariat has allowed the Age-Friendly CURA research team to work closely with the Age-Friendly Manitoba Initiative (AFMI), which is designed to make communities throughout Manitoba become more age-friendly. To date, 72 communities in Manitoba have become part of the AFMI. The overall aim of this symposium is to highlight both the diversity and commonalities across communities in age-friendliness as well as the unique solutions required to make communities more age-friendly. We do so, in part, by drawing on data collected as part of the community needs consultations that we have conducted in 51 communities throughout
Manitoba. The needs assessment consultations involve both an open-ended, facilitated discussion as well as a survey. We further highlight the unique issues arising in one rural community. We conclude with an overview of the next steps for the AFMI in helping communities on their path to become more age-friendly.

S50

Identifying Community Needs: A Planning Perspective

Laura Rempel, Richard Milgrom
University of Manitoba, Winnipeg, Canada;
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Incorporating the notion of age-friendliness into coursework provides not only a way to build capacity in the area, but can also be a means to assist communities in identifying needs and solutions. In this presentation, an example of a "studio" in city planning is presented, in which students worked with a rural community in Manitoba (Pinawa) to: identify key issues within the realm of age-friendliness that needed addressing; engage community members in a tour to see the strengths and weaknesses of the built environments that they use in everyday life in terms of age-friendliness; research the topic by finding appropriate literature and develop a range of solutions to addressing the identified issues; and, present design proposals to community members, with a series of posters used to visualize problematic issues, as well as possible solutions. The project highlights the need for local solutions to local problems, as well as the usefulness of engaging students in targeted, community-based research.

S51

The Age-Friendly Manitoba Initiative: Future Directions

Patti Chiappetta
Seniors and Healthy Aging Secretariat, Winnipeg, Canada;
E-mail: menec@cc.umanitoba.ca

The Age-friendly Manitoba Initiative was launched in February of 2008 by the provincial government, under the leadership of the Manitoba Seniors and Healthy Aging Secretariat. After four intake rounds, 72 municipalities are now part of the Initiative, representing over 80% of the population of the province. In this presentation, future directions of the Initiative are described that focus both on supporting existing communities in becoming more age-friendly, as well as engaging more municipalities. Strategies include the development of a Resource Team that will assist communities with their unique needs and the launching of the Age-Friendly Manitoba Web site, which is designed as an online, one-stop resource centre that will provide age-friendly communities with information, discussions, resources, and identify key persons to assist communities in becoming more age-friendly. The introduction of "milestones" that formalize communities' involvement in the Age-Friendly Manitoba Initiative will also be discussed.

S52

How Age-Friendly Are Communities and What Factors Relate to Age-Friendliness?

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The objective of this project was to examine the diversity (or similarity) in age-friendliness across communities and whether age-friendliness differs across contexts. We analyzed responses to the survey we developed for our needs assessment consultations, which assesses the age-friendliness of a community in different domains (e.g., housing, transportation, communication). The 54-item survey can be used to derive an overall age-friendliness index; 1267 individuals have completed our survey to date. Wide variation emerged in the age-friendliness index across the 51 communities, with the average age-friendliness score ranging from 11 to 34. Analyses of whether and what kind of community characteristics, as derived from census data, are associated with age-friendliness show that communities with larger populations and a higher median household income are less age-friendly, whereas those with a higher proportion of seniors and a higher median age are more age-friendly. These findings highlight the extent to which age-friendliness varies by community characteristics.

S53

Diversity and Commonalities in Priorities Across Communities: The Cases of Housing and Transportation

Nancy Newall, John Spina
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The Age-friendly Manitoba Initiative was launched in February of 2008 by the provincial government, under the leadership of the Manitoba Seniors and Healthy Aging Secretariat. After four intake rounds, 72 municipalities are now part of the Initiative, representing over 80% of the population of the province. In this presentation, future directions of the Initiative are described that focus both on supporting...
In this project we explore in more detail the question of what specific priorities and possible actions are identified across different communities. We focus on housing and transportation, given that they emerge as priorities in most communities. The project was based on the open-ended discussions of the community needs assessment consultations conducted in 51 communities. Specific priorities and actions identified under the topics of housing and transportation were thematically categorized to examine similarities and differences across communities. Many of the issues identified in the area of transportation were similar across communities, such as the need to enhance transportation options, with volunteer drivers and handi-van offered as some of the solutions. In the area of housing, the need to have a range of housing options available was identified as a priority in most communities. The importance of housing for families was frequently mentioned as well, however. Some unique issues and solutions were also identified in some communities, such as the possibility of converting an elementary school into senior housing or providing parking next to a specific senior housing unit.

**ART AND AGING**

**Convenor:** Fernando Gomez, University of Caldas, Manizales, Caldas, Colombia

**Discussant:** Mario Paris, University of Sherbrooke, Sherbrooke, Quebec, Canada

This presentation has been withdrawn at the author's request. / Cette présentation a été retirée à la demande de l'auteur.

**Charting New Directions: The Canadian Longitudinal Study on Aging**

**Convenor:** Susan Kirkland, Canada

**Description:**

The Canadian Longitudinal Study on Aging (CLSA) is a large, national, long-term study that will follow approximately 50,000 Canadian men and women between the ages of 45 and 85 for at least 20 years. The study will collect information on the changing biological, medical, psychological, social, and economic aspects of people’s lives. These factors will be studied in order to understand how, individually and in combination, they have an impact in both maintaining health and in the development of disease and disability as people age. The CLSA will be one of the most comprehensive studies of its kind undertaken to date, not only in Canada, but around the world.

In 2009 the CLSA partnered with Statistics Canada to develop the Canadian Community Health Survey (CCHS) in Healthy Aging and launch the CLSA. In 2010, recruitment of the Tracking cohort of the CLSA began with funding from the Canadian Institutes of Health Research. In 2011, with funding from the Canada Foundation for Innovation, the infrastructure for eleven Data Collection Sites in locations across Canada is being created for conducting health assessments of participants in the Comprehensive cohort of the CLSA.

The objectives of this Symposium are to:

1. Provide an update on the progress of the study and milestones achieved to date;
2. Report on methodological developments and challenges encountered in the field;
3. Share preliminary findings from the CCHS/CLSA Survey on Healthy Aging with relevance to policy makers, researchers and practitioners.

S57

**CLSA in the Field!**

Susan Kirkland

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After many years of planning and development, the Canadian Longitudinal Study on Aging is in the field, recruiting study participants and conducting baseline interviews! Participants in the Tracking cohort of the CLSA are being recruited via the Canadian Community Health Survey (5,000) and provincial health registries (15,000); response rates to date are in the order of 57% - 59% and recruitment is anticipated to be complete by the end of 2011.

Participants in the Comprehensive cohort of the CLSA (30,000) will be recruited via provincial health registries and supplemented where required with random digit dialing-recruitment will begin in 2011 and extend over three years. The CLSA has engaged in a number of “firsts” in Canada, including establishing the first known coordinated approach to the Research Ethics Board approval process for a national multi-site observational study using an online documentation process developed by the Public Health Agency of Canada (PHAC). Key Ethical Legal and Social Issues (ELSI) of relevance to the conduct of longitudinal studies to be addressed and presented in the context of the CLSA include the development of protocols for addressing
cognitive decline and competence identification, the use and consent of proxies, obtaining periodic re-consent, storage and destruction of data and samples, possible risks of disclosure of genetic testing, potential commercial uses of data and samples, data access policies and procedures, return of test results and the linkage of CLSA data to provincially-held administrative health records.

S58

Cognition and Cognitive Decline in Canadians aged 45+: CCHS Healthy Aging

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While cognitive decline is not an inevitable consequence of aging, it is known to be more prevalent at older ages. The purpose of the 2009 CCHS Healthy Aging Cognition Module was to examine cognitive functioning (as opposed to cognitive impairment) across the lifespan based on four cognitive tasks: two relating to memory (immediate and delayed recall) and two relating to executive functioning (animal-naming and the Mental Alternation Test). Associations were assessed between levels of cognitive functioning and various health outcomes: self-reported general and mental health status, memory and problem-solving ability, activities of daily living, life satisfaction, loneliness, depression, and chronic conditions. Lower cognitive functioning (notably, t-scores less than 34) was associated with poorer self-rated general and mental health, difficulties with activities of daily living, lower life satisfaction, and loneliness. As might be expected, self-reported cognitive difficulties (forgetfulness and difficulty thinking clearly and solving problems) were associated with low immediate recall scores. Results supported the use of five levels of cognitive functioning for all four outcomes on the CCHS-Healthy Aging sample overall and by age group (45 to 64, 65 or older) and language group (English, French). These categories, determined from a large, population-based, nationally representative sample, will be useful in future work on cognitive functioning in the CLSA and other studies, nationally and internationally.

S59

Chronic Conditions and Health Care Utilization in Canadians aged 45-85: CCHS-CLSA Healthy Aging

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In order to examine the prevalence of chronic conditions and health care utilization in Canadian adults by demographic and geographic factors, we analysed weighted data from participants of the Canadian Community Health Survey (CCHS) on Healthy Aging who agreed to share their data with Canadian Longitudinal Study on Aging (CLSA). The CCHS included self-reported chronic conditions diagnosed by a health professional and contacts with health professionals in the past 12 months. Chronic conditions were defined as "long-term conditions" which were expected to last, or had lasted, 6 months or more. The CCHS-CLSA sample included over 20,000 participants aged 45-85 representing approximately 13.2 million Canadians. Almost 80% reported at least one chronic condition. The most common conditions reported were, high blood pressure (31.7%), arthritis (27.8%) and back problems (27.0%). About 97% of Canadians 45-85 years old visited a health professional in the previous year. Overall, 87.4% reported seeing a general practitioner, 69.9% a dentist, 47.4% an eye specialist, and 9.9% a nurse at least once. The prevalence of chronic conditions and health care utilization differed by province, age and sex. These data provide important information about the current landscape of chronic conditions. The resource implications for addressing chronic conditions are immense and as the first wave of the baby boomer cohort are now becoming seniors, the health care impact will only increase. The CLSA will provide an unprecedented opportunity to explore a broad range of precursors, mediators and consequences of chronic conditions in today's and tomorrow's seniors in Canada.

S60

Transitions in Work and Retirement Status among Canadians aged 45-85: CCHS-CLSA Healthy Aging

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Trends in retirement in Canadian adults are changing. The socio-demographic characteristics of the baby boom cohort (i.e. education, health, income and wealth, family and labour market histories) are very different from their predecessors, especially for women. As a result, the choices they make
regarding paid and unpaid work, preparation for retirement, and retirement itself will have major implications, not only for the individuals involved, but also for Canadian society as a whole. These issues were examined among 20,087 CCHS participants age 45-85 years who agreed to share their data with the CLSA. The CCHS-CLSA sample included 10,979 participants aged 45-65 and 9,108 participants aged 66-85, representing approximately 13 million Canadians. About 21% of seniors aged 66-75 were currently working, and 1% reported that they held multiple jobs. About 22% of Canadians aged 45-65 were either retired or unemployed. Almost 7% of participants reported taking early retirement for health. About 9% went back to work after retirement; most often it was for financial reasons (3.4%). More than half (58%) of tomorrow’s seniors have prepared for retirement in some way (RRSPs 50%, savings 36%, paid off mortgage 29%, or collect retirement information 20%). However, these data vary by age, gender, education, income and province. The changing face and needs of retirees will have important policy implications. The CLSA will provide a mechanism to study these changes and their impact on social, psychological and physical functioning.

How are immigrant seniors aging in Canada?

Convenor: Solange van Kemenade, Public Health Agency of Canada, Ottawa, Ontario, Canada

Description: More than six millions immigrants live in Canada according to the 2006 Census. There are more than one million (1,215,300) immigrants aged 65 years or older, which represent 19.6% of all immigrants and almost 30% of the Canadian population aged 65 years or older.

Population aging is a demographic trend that will have important repercussions on the economy, society and health. While there is a significant amount of research on seniors and aging in Canada, limited research has been conducted on immigrant seniors to date. Yet, with the anticipated rapid increase in seniors population, there is a need to explore how immigrant seniors experience aging.

This workshop aims to present research that begins to address the knowledge gaps related to health predictors, health outcomes, health status, health care challenges, and social determinants of immigrant seniors health and well-being as well as the policy implications.

Speakers at this workshop will present a demographic and socio-economic profile of immigrant seniors in Canada, the state of the knowledge on the health status and determinants of health for this population, as well as preliminary findings from the project Active Aging: Immigrants and Age-Friendly Communities, which is being lead by the Government of British Columbia in collaboration with the Government of Canada. The workshop will benefit from the expertise of senior academic and government researchers coming from different regions of Canada. We expect that this workshop will allow participants to develop their knowledge base and engage in discussions on the challenges and policy implications of this issue.

S61
Health Status and Social Determinants of Health of Immigrant Seniors in Canada†
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Immigrant seniors represent a significant and growing share of the Canadian population. Such population trends indicate that service providers and policy makers need to prepare for meeting the growing health, social and economic needs of the increasingly culturally diverse immigrant seniors population. This presentation, based on an intensive review of published research studies between 1980 and 2010, aims at describing immigrant seniors’ health status in comparison with Canadian born seniors, community and individual level determinants that influence the health status of immigrant seniors in Canada, specific health protective factors associated with these groups, and implication of income or others factors (i.e. official language proficiency or length of residence) to health in the case of immigrant seniors. Based upon the review results, policy implications and recommendations will be presented.

S62
Active Aging: Immigrants and Age Friendly Communities†
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Gerontology Research Centre at Simon Fraser University, Vancouver, British Columbia, Canada;
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Transforming communities to become age-friendly involves designing and adapting policies, services, settings and structures related to the social and physical environment so that older people will be supported in healthy active living, that is they will be able to live in security, enjoy good health and continue to participate actively in society. The Immigrants and Age Friendly-Communities (IAFC) project is designed to support the development of communities that recognize and respond to the healthy active aging needs of all older British Columbians, including immigrants. IAFC builds on the momentum and knowledge gained from the World Health Organization's Global Age-Friendly Cities initiative, and complements other projects that are underway around the world using the Ageing in a Foreign Land protocol. Both of these projects, as well as the unique features of the BC project, will be described in this presentation.

S63

What Factors Contribute to the Healthy Aging of Immigrant and Non-Immigrant Seniors?†

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While there is research on healthy aging and on seniors in Canada, little is known about immigrant seniors. Yet, immigrant seniors represent a significant and growing share of the Canadian population comprising 27% of all seniors.

The presentation is based on a detailed analysis of the Statistics Canada 2009 Canadian Community Health Survey - Healthy Aging. The analysis included a descriptive analysis of several modules and then modelling to identify what predicts the health of immigrant and non-immigrant seniors. It will increase knowledge of how immigrant seniors experience aging and how their needs and experiences differ from those of non-immigrant seniors. This could have implications for the health needs of immigrant seniors.

Preliminary findings indicate that immigrant seniors report poorer health than non-immigrant seniors. The immigrant seniors feel less healthy, have less positive mental health, report more stress, and have more functional impairments than non-immigrant seniors. However, they have better healthy behaviours, fewer chronic conditions, and take fewer medications. The research is expected to be completed in May, 2011.

S64

How Immigrants are Experiencing Ageing in Canada? A Demographic and Socio-Economic Profile of Immigrant Seniors†

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With anticipated rapid increase in the population of seniors and the continuing projected rise of immigration to Canada, there is a need to explore if immigrant seniors experienced aging differently compared to the Canadian-born population in Canada. This presentation will share results from a Public Health Agency of Canada-funded report that examines selected demographic as well as socioeconomic differences of the immigrant seniors by period of immigration compared to the Canadian-born population in Canada using the 2006 Canadian Census.

Quality Improvement in Residential Long-term Care: Stories of Change

Convenor: Gail Dobell, Canada
Discussant: Pat Morden, Residents First and Long-term Care Home Representatives, Canada

This presentation has been withdrawn at the author's request. / Cette présentation a été retirée à la demande de l'auteur.

Diabetes in the elderly: a different entity and a challenge for the future.

Convenor: Daniel Tessier, Sherbrooke Geriatric University Institute, Sherbrooke, Quebec, Canada
Discussant: Isabelle Bourdel-Marchasson, University of Bordeaux, Bordeaux, France, France

Description:
Diabetes mellitus is a frequent disease in the elderly. Between 10-20% of the subjects >65 years meet the diagnostic criteria for this disease. Long-term complications of the disease are multiple and involve the peripheral circulation, brain, heart and kidneys. Frailty is a non-specific age-associated state of increased risk, which reflects multisystem change.
Compared to non-diabetic subjects, elderly diabetic patients have more functional dependency, more cognitive impairment and a shorter life expectancy. In addition to increased glycemia, the causes of increased frailty in the elderly diabetic population are complex. Social and environmental factors are also involved in this phenomenon.

With the antidiabetic treatment, the elderly population is at higher risk of hypoglycemia. Recent major trials (ACCORD, ADVANCE) have identified that aging and cognitive impairment are associated with an increased risk for severe hypoglycaemia (needing the assistance of another person). In these trials, the benefit of stricter glycemic control was not clearly demonstrated in the elderly. Consequently, the question of tight glycemic control in the elderly remains a complex issue. Decisions should be made on the global health status including the level of functional dependency and the presence of cognitive impairment.

Diabetes mellitus is a disease associated with a more rapid functional decline and mortality in the elderly. A multidisciplinary approach adapted to each individual is warranted.

S66

Le diabète de la personne âgée : rôle dans la qualité de vie de nos ainés†

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La prévalence du diabète est estimée à environ 10% des plus de 65 ans en France métropolitaine avec un pic de prévalence à 17% chez les hommes de 70 ans (PAQUID, CNAM). À âge égal les patients diabétiques sont plus souvent fonctionnellement dépendants pour toutes activités de la vie quotidienne (PAQUID). Ils présentent plus souvent des troubles cognitifs non démentiels (atteinte surtout fonctions exécutives). Les plus grandes études montrent un excès de risque de démence de toutes causes mais pas de Maladie D’Alzheimer (3Cités).

S67

Diabetes and the Syndrome of Frailty†

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Frailty syndrome is characterized by decreased resilience and physiological reserves, and is generally associated with health-related outcomes. Frailty and its components such as sarcopenia or inflammation are strongly associated with disability, mortality, cognitive function, and functional decline. These outcomes are all also more frequent among patients with diabetes. Elderly diabetics present peripheral insulin resistance and abnormalities in pancreatic secretion. Compared to younger subjects, elderly diabetics tend to have near normal hepatic glucose production. In view of these differences, it has been proposed that elderly-onset diabetes differs from classical types 1 and 2 and rather represents a point within the diabetic spectrum.

Recently, the relationship between diabetes and frailty has generated interest, and it has been hypothesized that late-onset diabetes may even be part of pathophysiology of frailty. However, there is little evidence in this topic. In practical terms, many of frailty’s consequences may also be the result of diabetes. Early detection is crucial in order to prevent the occurrence of devastating health complications in the elderly.

S68

What Have we Learned from Recent Major Trials on Treatment of Diabetes in the Elderly?†

Daniel M Tessier
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Large randomised prospective trials have tried to answer the question about the repercussions of better glycemic control on complications of the disease in type 2 diabetes mellitus (DM). The four major trials are the UKPDS, ACCORD, ADVANCE.
and VADT studies. These 4 studies recruited over 27,000 subjects of different ages.

The UKPDS and the ADVANCE studies observed that better glycemic control was associated with a lower level of microvascular complications. Benefit of better blood pressure control was also observed in subjects > 75 years old in the second study. Aging and lower cognitive functions were associated with a higher incidence of severe hypoglycemia in the ADVANCE and the ACCORD studies. The 10-year follow-up study post UKPDS demonstrated that previous better glycemic control had a persistent benefit on complications of diabetes.

The decision to offer a better glycemic control in the elderly should be based on a shorter duration of the disease and preserved cognitive functions to perceive hypoglycemia.

Networks for Research on Aging in America: mission, objectives and international collaboration

Convenor: Luis Miguel Gutierrez Robledo, Instituto de Geriatria, Mexico DF, Mexico

Discussant: Pierrette Gaudreau, University of Montreal, Montreal Quebec, Canada

Description: The common aim of the existing Research Networks on Aging is to increase the overall capacity of aging research (mainly funding and people, but also infrastructure) and to facilitate knowledge translation into policy, practice and the general public in such a way as to improve the quality of life for older people. During the last fifteen years several networks have been created. They have served as a framework for fostering and supporting aging research in different contexts. These growing networks have also served to encourage collaboration across diverse research fields, facilitate the design of research agendas, and contribute to the creation of new knowledge. The Quebec Research Network on Aging, The Mexican Research Network on Aging and Health, The Latin American Research Network on Aging and the British Columbia Network for Aging Research have been active in the region of the Americas and abroad. During the symposium their objectives and organization will be shared with the audience as well as their experience concerning caveats and obstacles for development and continuity. In the last part of the symposium a discussion will take place in order to propose common aims in the short (one year) and midterm, (4 years) concerning faculty and student exchange and possible research collaborations.

S69

The Quebec Network for Research on Aging: Mission, Objectives and International Collaboration†

Pierrette Gaudreau1, Jose Morais2, Helene Payette3

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The objective of this presentation is to give an overview of the mission and objectives of the Réseau québécois de recherche sur le vieillissement (RQRV), focusing on international collaborations. The RQRV was established by the Fonds de la recherche en santé du Québec (FRSQ) in 1996. It is one of the largest FRSQ network, with 500 graduate/post-graduate students, researchers and health professionals. The RQRV catalyzes interdisciplinary and inter-institutional cutting edge research in aging, maintains critical masses of students, researchers and health professionals in the field and stimulates national and international collaboration and partnerships. The ultimate goal in carrying out its mission is to increase knowledge about the biological, clinical, epidemiological, social, and societal aspects of aging, and to translate results in efficacious strategies to favor healthy aging, to prevent or delay chronic diseases, disabilities, frailty and loss of autonomy and to improve quality of life as well as health care services. The main objectives are therefore to support targeted research initiatives, increase research capacity, offer attractive environments for training the future leaders in aging research, maintain unique research platforms, translate efficiently the results of research to the health network and general population, and to be an open window for the Quebec research on aging on the international scene. Up to now, the network has foster several international collaborations mainly based on research and training funding opportunities with Europe and Asia. Short and medium term leverages to develop strong Quebec-Mexico networking in research on aging will be discussed.
S70
The Latin-American Research Network of Ageing (LARNA): Mission, Objectives and International Collaboration†

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LARNA was born at Oxford Institute of Ageing (OIA) in 2009 with researchers in the main universities in the Latin-American and Caribe. The mission is built a research network in order to update the contribution of sciences about global ageing. The network count with resources for the public universities integrated in LARNA. This network count with participants in Puerto Rico, Uruguay, Brazil, Peru, Chile, Mexico, UK, Argentina and is increasing the collaborators. The interdisciplinary in gerontology is a main perspective in the researches on ageing (demographers, psychologist, sociologist, anthropologist and health scientist. Topics as global ageing, intergenerational relationships, transnational support, social support and social networks, community strategies, impact of migration, sexuality, old age erotic, training in university for older persons, professionals and students, public policies, social protection system and else. The updating in the research on ageing is a very important objective for LARNA, recently the network has promoted several international collaborations in the Second LARNA Meeting in October 2010 in Mexico City. The next meeting will be in Peru in November 2011. The result was relevant for the contributions in methodology and outcomes in the region. LARNA count with the experiences of other networks like AFRAN – African Research on Ageing Network, APPRA -Asia-Pacific Research Network on Ageing, Eastern-European Research Network allied to OIA. LARNA will share advances, evidence and perspectives with others international networks like MNRAH in Mexico, REACTIS-Chile, GIIG-Uruguay and RQRV in Quebec.

S71
The Importance of Planning for Sustainability: Lessons from the BC Network for Aging Research†

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This presentation describes the mandate and history of the BC Network for Aging Research, one of eight population health networks (HoPNs) established and funded by the Michael Smith Foundation for Health Research in British Columbia in 2005. Its mandate, like those of the other seven networks, was not itself to conduct research but rather, to build research capacity, facilitate and enhance BC's ability to address individual and population aging-related health issues and to make the province's researchers more competitive and successful with respect to national and international funding opportunities. The presentation will include examples of how BCNAR met its goals by supporting collaboration of researchers across disciplines, institutions, organizations and geographic regions; providing training forums for new researchers and trainees; engaging in knowledge translation, transfer and exchange through hosting conferences, workshops and seminars; and utilized web-based information and communication technologies to create virtual communities of researchers and research users. The barriers it encountered will also be described. Primary among these is the issue of sustainability. Despite a membership of 780, a unique and dynamic leadership model, and objective indicators of success BCNAR and 6 of the other HoPNs no longer operate. This outcome is not unique to research networks. Discussion will focus on theory and research to date on the characteristics thought to discriminate between networks that demonstrate sustainability and those that do not and on the need to plan for the future from the outset.

S72
The Mexican Network for Research on Aging and Health: Mission, Objectives and International Collaboration†

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The aim of this presentation is to give an overview of the mission and objectives of the Mexican Network
for Research on Aging and Health (MNRAH), focusing on international collaborations. The MNRAH was established by the Consejo Nacional de Ciencia y Tecnología (CONACYT) in 2010. It is one of the newest CONACYT network, with 150, researchers and health professionals. The MNRAH fosters interdisciplinary and inter-institutional research in aging, and aims to develop a critical mass of students, researchers and health professionals in the field stimulating national and international collaborations and partnerships. Its first aim is to produce a state of the art report on Aging and Health in Mexico that will serve as a white book for public policy proposals on the field during its first year of development. Simultaneously, its ultimate goal is to contribute to capacity building and infrastructure development aiming to increase knowledge on aging; and then to translate results in specific strategies to promote healthy aging. Up to now, the network has promoted several international collaborations mainly based on research and training opportunities with Spain’s Network for Research on Frailty and Aging (RETICEF) and the Grupo de Estudio en Neurociencias Iberoamericano (GENIAR) Network. Short and medium term actions to develop strong Mexico-Canada networking in research on aging will be discussed.

How we create knowledge: reflexive points of view on research methods

**Convenor:** N Guberman, UQAM - CREGES, Montreal, Canada

**Description:** The methods used to collect data from older people strongly shape knowledge creation. Methods influence the type of information shared, inform the process and relationships between researcher and participant, and therefore play a major role in influencing what comes to be ‘known’ or taken for granted as ‘true’. It is thus relevant to seek ways of overcoming the limits of traditional approaches that tend to exclude certain voices, forms of expression or interpretations. This is particularly pertinent to social gerontologists, as our discourses and practices have concrete impacts on older people, practitioners and policy. This symposium brings together academic and practitioner researchers attempting to introduce new or less-used methods of “data collection and interpretation”. Between them, they share the intent of giving voice to older people, changing power relations within research teams that involve practitioners, and searching for alternative or paradoxical meanings within the material gathered. They are trying to broaden the repertoire of ways to capture, simulate, represent and reconstruct experience. The symposium will present the use of photo-elicitation as a technique to give older people alternative forms of expression that support them in becoming active in creating knowledge; another take on partnership research and its impact on partners; an examination of the ethical dilemmas in doing family interviews that include people with dementia; and alternative interpretations of policy discourse that explore how policy shapes expectations and responses to ageing. Panelists will discuss how such methods alter the relations with older people, and reflect on insights for social gerontology.

**S73**

**Partnership Research and Its Impact on the Partners**

S McLeod³, N Guberman¹,², L Blein² A Leibing⁴,², M Charpentier²,³, J Wiles⁵, D Neumark⁶, E Crawford⁴, L Hébert⁷

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Partnership research has been promoted for several decades now by granting agencies and is considered as a valuable strategy for grounding research questions, accessing data sources and generally making research more relevant to key actors in the field. If the impacts of partnership research on researchers and their research have been well studied, there is less knowledge about the experience of the partners in this process. We have been involved in a study where community partners and older people were invited to participate at all levels of the process, from developing the tools for data collection, to doing interviews, to analyzing the data. To that end, they were trained in qualitative interviewing, photo elicitation and qualitative data analysis. One of these partners will present her experience and the impacts that her involvement in the study have had on her practise as director of a community group for older people. Notably, she will speak to the change in her relationship to group members when she met with them as a member of research team and how she manages discovering information about them that she didn’t know through her practise as a practitioner, although she has worked with some of them for 12 years.
Sitting side by side: photo elicitation in a social gerontology research

L Blein¹, N Guberman¹,², D Neumark³, A Leibing³,¹, M Charpentier¹,², J Wiles⁴, S McLeod⁵, E Crawford⁷, L Hébert⁷
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The qualitative research interview aims to understand the world from the perspective of another person. It is a constructed process, but one where the social relations between the parties are not equal. It is sometimes difficult to overcome biases of hearing only socially acceptable responses or of participants answering so as to please the interviewer. This can be particularly the case when academics interview older people, the majority of whom have had less formal education. Many interview techniques have been developed to attempt to surmount this. In a current study, we employed photo elicitation, a technique that has been shown to overcome, at least in part, unequal power relations between interviewer and interviewee and that also provides an alternative form of expression that may enable the interviewee to answer the research question in a format they are more comfortable with. Following a traditional semi-structured interview with older people on what makes a place a home, we leave a cameras and instructions to illustrate what we have been talking about with pictures. A second interview discusses the pictures – what they are about, why they were taken and their link to the question of what makes a place a home. While we were not totally able to overcome the unequal relations between interviewer and interviewee, we did experience a change in the relationship with the interviewees and discovered several other advantages of this method for eliciting older people’s opinions and experiences and for better understanding their answers to our research questions.

Toward Person-centred Dementia Research: Best intentions gone awry?

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In the past decade there has been increasing emphasis upon involving the person with dementia in the research process. What this looks like, and how it can best be accomplished however, remains open to question. In a recent study exploring the interface between personal experiences of living with dementia and the use of formal support services, we employed multiple data generation points including joint interviews with the primary family carer(s) and the person with dementia. The intention was to create a respectful process that recognized the person with dementia as a vital member of the family. While these interviews were generally very constructive and useful, we became increasingly sensitive to a number of unanticipated ethical and pragmatic issues that underpinned this approach. In particular, questions emerged regarding: a) how to create the space for all family members to be able to voice their perspectives within a context that recognizes that one member may be feeling especially threatened and/or have limitations regarding what they are able to understand related to the dementia and others might be feeling quite protective; b) how to handle familial communication dynamics that were often incongruent with a person-centred approach to dementia; and c) recognition of the interviewing process as perhaps the worst way of involving someone with communication and/or cognitive limitations. This presentation will discuss how these issues emerged and identify some of the strategies that we used to try to address.

Older people and the rhetoric of participation: An analysis of new directions in policy discourse

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Recent international and national discourses on optimal aging emphasize the value of older people’s social and citizen participation. While these ideas are generally met with enthusiasm, they also contain normative and prescriptive elements that may not fit with the socioeconomic situation, health conditions, needs, and aspirations of all seniors. This paper presents a discourse analysis of the policies and programs on aging that have been articulated in the province of Quebec in the last decade. We draw on documents produced by the Ministère de la Famille et des Aînés to critically analyse how older people’s
participation is conceived in policy and highlight tensions that may exist for older people. We focus in particular on the subgroup of people aging with a physical disability. The paper outlines the evolution of participation as a policy discourse, how it is defined, and the expected guidelines that are established. Results demonstrate how participation as it is currently defined could be problematic for disabled seniors. First, because it takes for granted the architectural, socioeconomic, and symbolic access to participative spaces. Second, because it lacks the politics from which to discuss ‘difference’ and ‘otherness’. We argue that the new suggested directions for ageing that are framed around participation may deprive disabled older people, as well as other subgroups, from the possibilities and tools of meaningful participation. This builds the groundwork for a second phase of research focused on exploring how disabled seniors understand and put participation into practice in their everyday lives and activities.

Community Cardiovascular Health Promotion for Older Adults

Convenor: Larry Chambers, Institut de recherche Élisabeth-Bruyère Research Institute, Ottawa, Canada

Description:
The World Health Organization identified high blood pressure as the leading risk factor for death, forecasting an epidemic of hypertension and identifying community programs to prevent cardiovascular disease as a priority. Over 54% of stroke, 47% of ischemic heart disease, and 13.5% of all deaths were attributable to high blood pressure. Both the incidence and the prevalence of hypertension increases with age and the lifetime residual risk of developing hypertension for a middle-aged person with normal blood pressure is 90%. The global cost attributed to suboptimal blood pressure (systolic blood pressure (systolic blood pressure) >115 mm Hg) was estimated at $372 billion in 2001, representing about 10% of the world’s overall healthcare expenditures, and complete control of elevated blood pressure over a 10-year period was estimated to save nearly $1 trillion worldwide.

The objectives of this Symposium will be as follows:

1. Report on results of the randomized trial that evaluated the effectiveness of Cardiovascular Health Awareness Program (CHAP),

2. Review community-engaged interventions to improve cardiovascular disease risk and outline the essential components of CHAP, and,

3. Outline how community cardiovascular networks foster improvements in individual health, population health and system outcomes?

S77

Community health promotion program reduces CVD admissions in older adults

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Our team conducted a study to determine if collaborative, multi-pronged, community-based health promotion programs targeted at seniors reduce cardiovascular morbidity. The study was conducted in 39 mid-sized (population 10,000-60,000) communities in Ontario, Canada stratified by location and population size before being randomized to a CHAP arm and a no intervention arm (total population: 973,246 in 2005; total senior population: 140,642). Study participants were residents of communities aged 65 and older. The study also involved family physicians, pharmacists, volunteers, community nurses, local opinion leaders. The 20 CHAP communities received cardiovascular risk factor assessments, education sessions and 19 communities received no intervention. The outcomes measured were: primary outcome: change in mean annual rate of hospital admissions for acute myocardial infarction (MI), congestive heart failure (HF), stroke in year before compared with year after CHAP intervention; and, the secondary outcomes included: mortality, newly prescribed antihypertensive drugs. After adjusting for admission rates in year before intervention, CHAP was associated with a 9% relative reduction in the primary end point (HR 0.91, 95% CI 0.86-0.97 p=002). Reductions favoured CHAP for admissions for acute MI (HR 0.87, 0.79-0.97; p=008), congestive HF (HR 0.90, 0.81-0.99; p=029) but not stroke (HR 0.99, 0.88-1/12; p=89). Difference favoured CHAP for new antihypertensive drugs, the trend was to lower in-hospital cardiovascular mortality, but there was no difference for all-cause mortality. The program’s successful implementation suggests components feasible, acceptable, to diverse groups. The study of important as prevalence of CVD, which is highly preventable and manageable through lifestyle interventions, is projected to increase.

S78
Community-Engaged Interventions to Improve Cardiovascular Disease Risk

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A recent systematic review of community programs for prevention of cardiovascular disease reviewed 36 community programs that took place between 1970 and 2008 and concluded that while generally favourable changes in overall CVD risk have been shown, considerable uncertainties about their effectiveness remain. The authors concluded that more studies of programs better adapted to current circumstances need to be implemented and rigorously evaluated before widespread implementation of such programs can be recommended. In addition to a media-based approach, using combinations of radio, television, and printed material to communicate heart health messages, many community programs included screening interventions, individual and group counseling, and environmental changes. Health departments, local health committees, voluntary organizations, and community volunteers had roles in program delivery, and interventions were delivered in a variety of settings, including workplaces and schools but typically not locations with large numbers of older adults, the age group with the highest prevalence of CVD. Essential components CHAP were consistently included in the 20 communities in the randomized trial. However, variations in materials, processes and support occurred. Factors in program success included: local expertise, centralized support, identification and engagement of local physician and pharmacist opinion leaders and a balance of standardization and flexibility. Monitoring delivery of a multi-community cardiovascular risk assessment program yielded key factors in program success to inform development of a sustainable and transferable model.

S79

How do community cardiovascular networks foster improvements in individual health, population health and system outcomes?

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The Cardiovascular Health Awareness Program (CHAP) is a community-based, peer-led, free of charge, cardiovascular disease risk assessment, and blood pressure monitoring program for community-dwelling older adults, aged 40 years and older that has been running since 2006. In each community CHAP is led by local lead organizations in partnership with other community organizations. In this study we aimed to identify and depict the extent and strength of partnership relationships within communities delivering CHAP related to primary prevention. Social network analysis was used to examine nine CHAP communities Ontario, Canada. Study participants were key agency representatives from CHAP local lead organizations and community agency partners. An organizational network mapping survey identified characteristics of high, medium and low network connectivity with a focus on knowledge sharing, innovation, and support. Smart Network Analyzer (a social network analysis computer program) was used to produce sociograms on the CHAP local lead organizations and to illustrate ties among partners. Results of organizational network mapping showed levels of connectivity (high, medium and low network scores) across different CHAP communities. The network maps also showed intensity of involvement of partner agencies with different members of the CHAP coalition including community agencies not previously connected to the CHAP coalition of agencies. Network maps also illustrated those community partners who were well positioned for collaboration. Network mapping provided a unique visual approach to help researchers and community leaders better understand and improve partnerships and local networks.

Síndrome de fragilidad: estudio de una cohorte en México

Convenor: Liliana Ruiz, Instituto Nacional de Ciencias Medicas y Nutricion, Mexico, DF, Mexico
Discussant: Sara Aguilar, Instituto Nacional de Ciencias Medicas y Nutricion, Mexico, DF, Mexico

This presentation has been withdrawn at the author's request. / Cette présentation a été retirée à la demande de l'auteur.

Using a Network of Networks to Facilitate Effective Knowledge Transfer and Exchange

Convenor: Deirdre Luesby, SHRTN Executive Director, Ottawa, Ontario, Canada
Description:
The SHRTN Collaborative is a network of networks focused on facilitating knowledge exchange amongst caregivers, researchers and policy makers involved in the senior’s health care system. This innovative partnership involves three networks in Ontario:
- The Alzheimer Knowledge Exchange (AKE)
- The Ontario Research Coalition of Research Institutes on Health and Aging (ORC)
- The Seniors Health Research Transfer Network (SHRTN) Knowledge Exchange

The Collaborative members have worked together over the past 6 years to advance network theory and practice, to identify and implement innovative knowledge transfer and exchange techniques, and to explore the components required for effective collaboration. This symposium will feature an overview of the components of the Collaborative, discuss strategies and processes that have been used, and examine the impact of their efforts.

S83
Enabling front-line change with knowledge exchange and communities of practice (CoPs)

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CoP members advance individual, organizational, and systemic practice by sharing and promoting promising practices and supporting evidence informed decision-making.

The Design and Dementia CoP, supported by the AKE, strives to address holistic design concerns through interdisciplinary/intersectoral discourse and tool development to enhance the social and physical environments. Specifically, this community of practice is developing knowledge translation tools that provide evidenced-based recommendations for dementia and senior friendly design in long-term care, adult day programs and supportive housing. CoP members engage in regular knowledge exchange to learn from each other and co-create practical tools to support practice change.

By leveraging the knowledge exchange platform and supports provided through the AKE, the members of the Design and Dementia CoP:
- Help to meet the knowledge needs (including the generation of new knowledge) of the health care sector in Ontario and across Canada
- Identify, translate and disseminate best practices, educational products and programs
- Innovate in content area knowledge and practice delivery

Communities of practice (CoPs) are effective mechanisms for change. Knowledge networks provide much needed support for CoPs so they are able to create meaningful change at many levels, including the front-line. Through knowledge exchange, the interprofessional and cross-sector members of the Design and Dementia CoP are co-creating synthesized and practical evidence-based tools to address the unique physical and social environmental needs of persons living with dementia.

S84
Impact of a Specialized Library Service for Caregivers

Jan Figurski
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Knowledge transfer and exchange is most effective when that knowledge is informed by an analysis of the best available evidence. The SHRTN Library and Information Service helps implement SHRTN’s vision by facilitating access to current, evidence-based information, by supporting the transfer of research knowledge into best practice, and raising information literacy through coaching and training. SHRTN delivers this service through partnerships with five host organizations across Ontario. SHRTN funds an Information Specialist position at each site and meets client needs by providing services and utilizing the resources at the host site. This service is well-utilized and the number of clients continues to grow every year. Evaluation of the service indicates that clients value it highly and that it does support clients’ knowledge transfer and exchange processes. The main limitation of the current model of service, however, is its lack of sustainability. Strategic planning around the service will be needed so that the service can continue to meet the library and information needs of seniors’ healthcare providers, researchers and policy-makers in the province and continue to support the SHRTN vision.
This presentation will provide an overview of:

- Current model of service
- Role of the Information Specialist
- Growth, utilization, impact, and evaluation of the service
- Strategic directions for future
- How to find out more about SHRTN and the Library Service

S85
Researcher Involvement in a Knowledge Exchange Network of Networks

Larry W. Chambers
Chair Steering Committee, Ontario Research Coalition of Research Institutes on Health and Aging (ORC), , Canada; E-mail: dluesby@bruyere.org

The Ontario Research Coalition of Research Institutes on Health and Aging (ORC) brings together researchers from seven centres/institutions working to produce evidence that could help improve seniors' health in Ontario. With funding support from the Ministry of Health and Long-term Care, the specific goals of the ORC are to

- Support research being conducted that has an impact on the planning and delivery of health care for older adults including new collaborative projects involving investigators from two or more institutes/centres,
- Improve Ontario’s access to funding,
- Attract early researchers to research on health and aging, and
- Promote knowledge exchange among the scientists in the seven research institutes/centres, policy makers and caregivers.

This presentation will review the innovative model used to achieve these goals and will discuss how researchers, policy makers and caregivers were engaged to establish research priority questions and turned into a collaborative research proposal.

Disasters and Older People: A Progress Report

Convenor: Danielle Maltais, Université du Québec à Chicoutimi, Saguenay, Québec, Canada; E-mail: danielle_maltais@uqac.ca

Discussant: Danielle Maltais, UQAC, Chicoutimi, Saguenay, Québec, Canada

S86
Personal, Contextual and Social Factors that Impact the Vulnerability and the Resilience of Seniors in Disasters - The Benefit of Hindsight

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This paper will present the results of an overview of the scientific literature on personal factors, contextual and social factors that increase risk for older adults before, during and after a disaster, as well as those factors that are protective of post-disaster health. Often, disaster forced elderly victims to leave their home and the destruction of their house entail disorganization as well as negative thoughts threatening their psychological equilibrium. A longitudinal research conducted with the survivors
of the July 1996 floods in the Saguenay, region of Quebec, will be presented to illustrate the resilience of the older adults as well as the long-term impacts of such disasters on health, attitudes and beliefs of older adults. This study show that in spite of the mid and long term presence of negative effects on the psychological health of the participants, the health of the study subjects improved over time (less significant differences between disaster victims and non disaster victims over time and higher score on the various measurement scales used in this study). On the level of the changes brought in their personal values, some elderly noted positive aspects to the flood. They realized that unsuspected qualities and forces lived in them, enabling them to solve their problems and defend their interests against authorities sometimes recalcitrant to recognize the needs of disaster victims. The main recommendations regarding the care of older adults that were made by experts at the time of response and recovery will also be presented.

S87

Use of the interRAI Family of Assessment Instruments to Support Emergency Preparedness and Response

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In addition to the immediate threats to life posed by large scale disasters such as floods, earthquakes, or severe weather conditions, the elderly are at elevated risk of adverse outcomes in the aftermath of emergency events. The experience of the Canterbury District Health Board’s (CDHB) response to the 2011 earthquake in Christchurch New Zealand demonstrated the utility of the interRAI family of assessment instruments for emergency preparedness and response. In both Canada and New Zealand, the RAI-Home Care (RAI-HC) and interRAI; Contact Assessment (interRAI CA) have been mandated for use in screening and assessment of home and community care clients. interRAI researchers at the CDHB, New Zealand Ministry of Health, University of Waterloo and Brown University collaborated to develop an emergency triage system to target the most vulnerable persons in community settings for follow-up after the earthquake struck. In addition, interRAI assessment data were used to manage the evacuation process and to support continuity of care for evacuees. This presentation describes the algorithms used in New Zealand and discusses interRAI research efforts internationally to further refine the application of these instruments to emergency preparedness and response.

S88

Older Adults and Disasters: Are Gerontologists Paying Attention?

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Emergencies and disasters are increasing worldwide, and mounting evidence suggests that older people are disproportionately vulnerable. This begs the question, "Are gerontologists paying attention?" In this presentation, we will provide an overview of the presence of gerontology in the field of emergency management. Several recent initiatives will be highlighted, including a web-based training initiative for dementia care providers (funded by the Canadian Dementia Knowledge Translation Network, the Alzheimer’s Society of Canada and the Public Health Agency of Canada), Special Interest Groups on disasters and older adults (within the American Geriatrics Society and the Gerontological Society of America), and the adaptation of a disaster mental health initiative, psychological first aid (PFA), for nursing homes (funded by Psychology Beyond Borders). The paper will highlight the critical issues driving the push towards more attention to emergency management among those whose professional identities include a gerontology/geriatric focus. We will also discuss the issues that need much more attention. These include, for example, building capacity for health care providers and organizations to protect older adults in all phases of emergency management (preparedness, response, recovery, and prevention/mitigation), the continuation of end of life care when a disaster strikes, the engagement of older adults fully as a resource within emergency planning and response, and the delivery of age appropriate mental health care that meets the needs of both providers and older adults. The presentation will draw on recent disasters across the world to illustrate the challenges and opportunities.

S89

Using Technology to Promote Disaster Resilience in Seniors: Potential and Barriers
Disaster resilience, the capacity to effectively prepare for, respond to and recover from a disaster is increasingly in the public eye as tsunamis, earthquakes, floods and other catastrophic natural and human-made events increase worldwide, secondary to climate change, human pressures on the environment, infrastructure failure and armed conflict. This presentation examines the potential for technology to promote disaster resilience among seniors, a group traditionally underserved by humanitarian agencies and emergency managers despite being at high risk for mortality and morbidity in disaster situations. Discussion is framed within the emergency management cycle (prevention/mitigation; preparedness; response; recovery). Technologies considered include tracking and mapping systems, ‘intelligent’ building systems, medical and assistive devices, communication and notification systems, needs assessment, medical support, security and reconstruction strategies. We also examine barriers to application, acceptance, and uptake of technology for building disaster resilience in seniors. These include cost, concerns about privacy where surveillance and monitoring equipment is involved, and beliefs about seniors’ capacity and willingness to use technology. The paper concludes with recommendations for future R&D in both community and institutional settings, both as regards sheltering-in-place during a disaster and where evacuation is required. Examples include testing GPS and GIS applications that can locate vulnerable seniors within and outside nursing home environments, linkage of ‘intelligent’ building systems and emergency management systems; increasing consumer access to Personal Emergency Response Systems capable of ‘reverse alerts’, and exploring usage of Face book and other social media as a way of reaching isolated seniors in a disaster and its aftermath.

S90
Health System Use by Frail Ontario Seniors: Older adults recently placed in long-term care
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1,2

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Objectives: This chapter considers the characteristics of individuals newly placed in long-term care and examines the distribution of these individuals within Ontario and their transitions across the continuum of care. The paper also examines important cohort-specific issues in-depth, including the points of contact with the health system and their transitions across the continuum of care. The information is conveyed through a variety of styles including maps, tables, graphs and text.
term care with the goal of examining levels of clinical and functional need, waiting times and health system use in the year preceding placement.

Method: This retrospective cohort study used linked, health care administrative data to identify 19,256 Ontario adults who were 66 years of age or older and newly placed in long-term care between April 1, 2007 and March 31, 2008. Demographic information (age, sex, income); health status (functional, cognitive and clinical comorbidities); and health service use (emergency department and primary care visits; acute hospitalizations; home care) were observed. Findings were stratified according to location at admission (from community or inpatient setting) and distributions of waiting time were compared.

Results: The majority of individuals (72.2%) placed in long-term care were 80 years and older and women represented 65.6% of placements. In the year prior to placement, close to 32% of primary caregivers experienced feelings of distress, and seniors had high rates of health care use (79.5% emergency department visits, 65.1% acute care admission, 66.1% home care use). There was large variation in waiting times across individuals according to need and location at placement (median 122 days inpatient setting; median 222 days community setting).

Conclusion: Time spent waiting for long-term care can be a difficult period for frail seniors and their caregivers. High rates of health system use by this population, across a variety of settings, highlight the importance of established processes to manage and guide these transitions.

S91

Health System Use by Frail Ontario Seniors: Clinically complex, high-need older adults

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Objectives: This study examined care transitions for individuals discharged from acute care hospitals after treatment for complex conditions, and considered how screening tools can effectively reduce acute readmission and long-term care admission.

Methods: This retrospective cohort study used linked, health care administrative data to identify a cohort of 10,644 community-dwelling Ontario residents aged 66 years + who were discharged from an acute care hospital between April 1, 2007 and March 31, 2008 and had received prior home care. Clinical complexity was identified using ambulatory care sensitive conditions (angina, asthma, COPD, diabetes, grand mal status, heart failure, hypertension) and diagnoses with evidence-based care interventions (cardiac arrhythmia, stroke, hip fracture, spinal stenosis, deep vein thrombosis, pulmonary embolism, peripheral vascular disease). Demographic information (age, sex, income); health status (functional, cognitive and clinical comorbidities); and health service use (emergency department and primary care visits; acute hospitalizations; home care, long-term care) were observed. Predictive instruments for each acute readmission (LACE) and long-term care admission (MAPLe) were applied.

Results: In the year following discharge, 56% of seniors were readmitted to acute care and 19.8% applied for placement to long-term care. Acute care readmissions were best discriminated by the LACE tool while the MAPLe score provided greatest discrimination on risk of LTC admission.

Conclusions: Although a substantial proportion of seniors experienced acute readmission or admission to LTC, many did not. This emphasizes the need to develop risk prediction tools sensitive to specific outcomes in order to identify patients who would most likely benefit from resource intensive interventions.

S92

Health System Use by Frail Ontario Seniors: Community-dwelling older adults with dementia

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Objectives: This study followed community-dwelling seniors with physician-diagnosed dementia and
examined health status and patterns of health system use over time to identify common points of contact with the health care system.

**Methods:** This retrospective cohort study used linked, health care administrative data to identify prevalent Ontario seniors aged 66 years or older who were not residing in long-term care facilities on April 1, 2007. Individuals with physician-diagnosed dementia (101,775 individuals) were compared to those without (1,404,702 individuals). Dementia diagnosis was based on at least one physician claim or hospitalization with dementia in the five years prior to index date; or having been dispensed medication specifically indicated for dementia (i.e., cholinesterase inhibitors) in the one year prior. Demographic information (age, sex, income); health status (functional, cognitive and clinical comorbidities); and health service use (emergency department and primary care visits; acute hospitalizations; home care, long-term care and drug use) were observed.

**Results:** Compared with seniors without dementia, seniors with dementia were older (mean age 80.7 years vs. 74.8 years) and more likely to be female (61% vs. 55%) and to have diagnoses associated with frailty (21% vs. 5%). Older adults with dementia were more likely to be placed in long-term care (7.9% vs. 0.6%) and have emergency department visits (45.9% vs. 27.6%) in the year following the index date.

**Conclusions:** Seniors with a diagnosis of dementia are more likely to use a wide variety of health care services, including home care, emergency department care, acute care hospital care, and long-term care.

**S93**

**Health System Use by Frail Ontario Seniors: Frail older women**

Andrea Gruneir1,2

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**Objectives:** This study examined factors relevant to maintaining older adults' independence in the community and characterized disparities in these metrics between men and women.

**Method:** This retrospective cohort study used linked, health care administrative data to identify 392,870 women and 263,966 men in Ontario who were 76 years of age or older and who were not residing in long-term care facilities on April 1, 2007. Demographic information (age, sex, income); health status (functional, cognitive and clinical comorbidities); and health service use (emergency department and primary care visits; acute hospitalizations; home care and long-term care admission) were observed. Additional measures on the prevalence of health conditions with potential to limit functioning and the occurrence of fractures were examined.

**Results:** Women are the majority of the oldest seniors in Ontario (over 100,000 women 85 years and older vs. 50,000 men). Overall, we found that older women and men had fairly similar use of hospital and physician services but that women were more likely to use long-term home care services (32.1% in women 90+ vs. 22.9% in men 90+) and were more likely to access these services at earlier stages of disability. In absolute numbers, there were twice as many women than men admitted to long-term care (10,325 women vs. 5,019 men).

**Conclusion:** With their greater numbers in the oldest age groups and higher prevalence of risk factors for long-term care placement, addressing the specific needs of women will be critical to maintaining older Ontarians' health.

**A “Village” Philosophy: Creating a continuum of accommodation and support services for older adults by embracing best practices**

**Convenor:** Larry Chambers, Institut de recherche Élisabeth-Bruyère Research Institute, Ottawa, Canada

**Description:** A “village” is a term that covers the notion of a continuum of accommodation, support and services required for older adults living in a community designed setting. This symposium will provide an overview of the village philosophy, exploring the essential components, the system resources that are used, the philosophy for operation and the design and development required to promote the philosophy. The aim of a village is to promote the greatest possible independence and the highest quality of life for older adults through an economically sustainable model in a neighbourhood type design. It integrates graduated levels of care and accommodation with the surrounding community. Each speaker will provide their insights.
on the innovative model with an opportunity for discussion.

**S94**

**The Bruyère Village in Orleans**

Amy Porteous, Josée Belke  
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Bruyère’s village philosophy is to provide older adults with accommodations that meet their housing needs, but also to ensure that they remain healthy and active in their community as long as possible. It has required Bruyère to work with the Orleans community, municipal, provincial and federal levels of government to agree on what would constitute the Bruyère Village. An overall goal is to improve system navigation by ensuring access to all available community resources to advance the care and quality of life older adults in Orleans, including the provincial long-term care homes program, Community Care Access Centre, the provincial assisted living program, community programs, family health team, technology and assistive devices and research. Strategies for sustaining community engagement through time will be presented. In addition, the village model reflects best practices in the field, both in Canada and internationally and the development of a co-housing cluster designed for those with early stage dementia and severe physical disabilities will be highlighted.

**S95**

**Schlegel Villages in Southwestern Ontario**

Michael Sharratt  
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The Schlegel Villages is Canadian owned and operated and benefits from years of direct experience co-owning, managing and operating Long Term Care and Retirement Communities in Ontario. There are eleven Schlegel Villages housing approximately 3,000 seniors. This presentation will focus on the philosophy that is required to ensure success of a village concept - to provide holistic health care in a home environment, located within an internal neighbourhood design that promotes a caring community, with emphasis on optimal health and life purpose for each resident.

**S96**

**Architectural Issues in Village Design and Development**

Richard Hammond  
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Design and development of projects for older adults often involve large continuum of care communities incorporating nursing care, various levels of assisted living accommodation, and independent apartments. Our approach is to translate these elements into a village form where each is distinct, while interconnected with an internal 'street' system. A common understanding is emphasized in working with the operators to elicit their vision and philosophy of care for each element of the facility, so that these can be appropriately accommodated within the overall environment. The idea of ‘sustainability’, in social, economic, and environmental terms, is a fundamental component of design and development of successful village projects. As a result, decisions are made based on enhancing space utilization, improving resident orientation and independence, as well as increasing access to the natural environment. The concept of the organizing the common areas as ‘buildings’ along a ‘main street’ will also be reviewed.

**Validity and reliability of mobility related performance tests and late life disability assessments: Results from studies in Brazil, Colombia and Quebec.**

Convenor: Beatriz Alvarado, Queen’s University, Kingston, Canada  
_Discussant: J Guralnik , United States_

_Description:_ Disability is not just an inherent individual characteristic, it depends on context. Sex and gender, socio-economic conditions, the number of chronic conditions and quality of care, as well as the built and social environment, are important determinants of disability. In addition, at any given level of disability, the opportunities for active aging depend on the physical and social environment. Given the importance of the context of disability and its consequences on the quality of life of elderly populations, comparative aging research across societies can increase our knowledge on the disablement process in elderly populations. To conduct this international research there is a need to assess functional status and disability in comprehensive and uniform ways across societies.
There is a need to assess disability within the context of the country/community or environment but there is also a need to have simple measures of function that don’t reflect context and that can be assessed identically across countries in order to get a better understanding of how physical capability interacts with context to cause disability.

In our international study conducted in Brazil, Colombia and Canada we have used several measurement tools that tackle objective (performance based) and subjective (self-reported) aspects of disability. In this symposium, we will present evidence on the validity and reliability of these different tools and we will discuss the ways they complement each other and their applications to international and Canadian research and clinical practice in geriatrics and gerontology.

Based on our studies in the populations age 65-74 in Natal (Brazil), Manizales (Colombia), and St Bruno (Quebec) we will present results on:

- The validity and reliability of the Mobility Assessment Tool, a 12-item computer based assessment of mobility using animated video clips in Brazil and Colombia.
- The associations between the Late Life Disability Index and the Life Space Assessment at these research sites.
- The associations between the Short Physical Performance Battery and self-reported disability assessments as complementary methods to assess physical function and the disablement process across the three research sites.

Data from three abstracts of this symposium was collected between March and May 2011 and then final results will be available in October. Our plan of analysis is presented in the abstracts.

S97

Validity 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†

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Objectives: To assess the validity of the Short Physical Performance Battery (SPPB) as a measure of physical performance and the associations between the SPPB and different stages of disability and health.

Methods: Elderly people were recruited from the local community of St Bruno by local advertisements and flyers in St Bruno (n=60) and by random sampling in Santa Cruz (n=64). The SPPB, including tests of gait, balance and strength in lower limbs, was used to assess physical performance. Mobility levels were defined according to the difficulty in walking one mile and climbing a flight of stairs. Those reporting no difficulty in either activity were considered as having no mobility disability. ADL disability was assessed by difficulty on any of 3 ADLs. Self-reported chronic conditions, self-reported health, depression, obesity were also considered as health outcomes.

Results: In St Bruno and Santa Cruz, associations between self-rated health and SPPB were similar and very significant. Means of SPPB followed a gradient according to the different levels of disability. 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).

Conclusion: The SPPB is a valid measure of physical performance in two populations living in contexts as different as rural Brazil (low education, high levels of poverty) and suburban Canada (high educated and middle class population).

S98

Validity and reliability of Portuguese version of the Mobility Assessment Tool short version (MAT): Results from a Brazilian study in elderly populations†

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Objectives: 1) to assess the reliability and the validity of 12 items of the MAT against the Short Physical Performance Battery (SPPB); and 2) to identify social, physical and mental correlates of mobility function as defined by MAT.

Methods: Elderly people age 65 to 74 with good cognitive function were recruited from seniors clubs in Natal, Brazil. The MAT is a validated tool that includes a series of video clips of animated mobility tasks combined with questions that ask about participants’ perceived ability to do the task. The answers are transformed in a score that represent mobility function. To achieve objectives we will assess: a) reliability (test-retest) using one way anova tests, (b) validity using correlation analysis,
Results: Participants (n = 150), 75 women and 75 men, with an average age of 69 years were recruited in Natal. In this presentation we will describe the sample, we will present the Interclass correlation coefficient that result from the test-retest of MAT, and the correlation of MAT with the SPPB score. In addition, we will show and test the distribution of MAT scores according to education, income levels of participants, self-rated health, number of ADL limitations, cognitive function and depression.

Conclusion: MAT video clips have only been validated as measures of mobility function in US populations. Our study will be the first to contribute to the validation of a tool in Brazilian populations that can allow comparison of mobility function across different environments.

S100

Validity of the life space assessment questionnaire (LSA) and the late life disability index (LLDI) in a sample of older people from Colombia and Brazil†

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Objectives: to assess 1) the validity of LSA and LLDI against the Short Physical Performance Battery (SPPB); 2) LSA and LLDI correlation with MAT scores; and 3) social, physical and mental correlates of LSA and LLDI scores.

Methods: Elderly people age 65 to 74 were recruited from seniors clubs in Manizales, Colombia and Natal, Brazil. The LSA summarize the life space use, the frequency of going there, and the need for assistance; five life spaces are considered, from room to places outside of town. The LLD includes 16 items which describe social, personal, instrumental and management roles, resulting in a score ranging from 0 to 100. We will perform correlation analysis to test validity of LSA and LLDI scales, and multivariate regression analysis to test associations with social, physical and mental variables. Separate analysis will be done for different domain scores of the LSA (e.g. maximum life space, independent life space).

Results: Participants (n = 300), 150 women and 150 men, with an average age of 69 years were recruited in Manizales and Brazil. In this presentation we will describe the sample, present the correlations between LSA and SPPB/MAT scores, and LDDI and SPPB/MAT scores. We will show the distribution and associations of LSA and LLDI scores according to educational and income levels of participants, self-rated health, number of ADL limitations, cognitive function and depression.

Conclusion: LSA and LLDI questionnaires are innovative tools of mobility disability. For the first
time, we will describe the validity of those tools in Brazilian and Colombia elderly populations.

**Costs of Care: From Caregiver to Societal Perspectives**

**Convenor:** Norah Keating, University of Alberta, Edmonton, Canada

**Description:** For more than 20 years, gerontologists, health policy analysts and others have debated the sustainability of health care systems in the face of population aging and increasing rates of chronic and lifelong disability. Alarm has been raised by governments concerned about fiscal pressure on health care systems and by social gerontologists documenting increasing fragility of family care networks. Accusations of ‘apocalyptic demography’ and of families shirking their filial obligations have done little to foster a milieu of full-system planning. In this symposium we address some of these debates, providing perspectives from two countries and several stakeholders in the debate from more micro levels of individual family/friend caregivers, to macro health systems. We focus on economic costs of care to these stakeholders.

There are four presentations in this symposium. Keating, Lero, Lucas and Fast document economic costs of care to family/friend caregivers in three areas: out of pocket expenses, caregiving labour and employment-related costs. They present findings of differential costs for women and men across these domains with women incurring higher caregiving labour and men higher employment related costs. Lero et al present information on the rising costs to employers of family/friend caregivers. Employment-related consequences such as absenteeism, retiring early, quitting or losing a paid job, and having to turn down a job offer or promotion are costs that accrue not only to individual employees, but result in significant financial costs to employers/workplaces. Garcez-Leme and Deckers Leme provide a unique view into full system pressures on health stakeholders in Brazil noting great regional differences in access to formal health care services. Finally, Béland addresses the costs of care debate, arguing that projections of Medicare costs have been based on flawed assumptions. He uses data from on health care costs to illustrate factors that should be included in a comprehensive cost analysis.

**S101**

**Economic Costs to Family/Friend Caregivers in Canada: Who Are the High Risk Caregivers?**

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There is considerable evidence that personal costs of care to family/friend caregivers affect their physical and mental health, caregiver burden, and risks of social isolation. There has been less documentation of their economic costs in part because of the invisibility of caring labour. This presentation is based on a recently developed taxonomy of the economic costs of care to those outside of the formal health care system. Three broad categories of costs were identified: employment-related, out-of-pocket expenses, and direct labour costs. We present the state of knowledge of risk factors associated with higher costs in each of these domains. Data are based on a systematic review of the literature from 2000-2010 on care provided to adults with chronic health problems or disabilities. A key finding is that gender influences the risk of costs with higher risks for women of direct labour and for men of employment-related costs. Differential costs arising from proximity, relationship to the care receiver, and severity of illness are less well understood. A more detailed understanding of the magnitude and apportioning of costs among family/friend caregivers and between the formal and family/friend sectors is needed before accepting the assumption that family/friend care is ‘cheaper’ or more sustainable than formal care.

**S102**

**The Availability of Workplace Programs, Policies and Practices to Support Employed Caregivers in Canada**

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In 2007 over 1/3 of employed women and ¼ of employed men aged 45 and older in Canada provided care to a family member or friend with long-term health conditions or physical limitations. Employment-related consequences such as absenteeism, retiring early, quitting or losing a paid job, and having to turn down a job offer or promotion are costs that accrue not only to individual
employees, but result in significant financial and non-financial costs to employers/workplaces. Results are presented from a comprehensive on-line survey of Canadian workplaces designed to assess the extent to which employers are providing formal programs, policies or practices and/or informal supports to enable employed caregivers to better manage their work and caregiving responsibilities and reduce avoidable costs to employers. We find that many workplaces offer flexible work schedules and periods of unpaid leave to employees, but most have not consciously considered the unique issues faced by employed caregivers, their needs for information and support, or the importance of training and resourcing managers to respond effectively. Comparisons are drawn across workplaces varying by sector, firm size and unionization status, and between supports provided to parents of young children and employed caregivers.

S103

Costs of Elderly Health Care in Brazil: Challenges and Strategies†

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Special challenges to the provision of health care in Brazil emerge from a rapidly aging population, great distances, marked cultural and racial heterogeneity among regions of the country, and relatively high rates of poverty. Unlike developed countries in the Northern hemisphere, Brazil is becoming ‘old before it is rich’. Population aging in the country requires increasing resources in areas such as the control of chronic diseases, disability and trauma prevention, and health promotion. The majority of older adults rely on the public health care system for primary care. Health spending is approximately $300 US per year (8.03% of GDP). Costs of hospital care, medications, ambulatory care, home care, chronic care (nursing homes and long-stay institutions) and health promotion activities such as vaccinations are described. There are no data on costs of care provided by family members but estimates are that most of these costs are incurred by families, especially for the poorest elderly who likely live with their families. Solutions lie in increasing numbers of geriatricians especially outsiders of the southeast, use of health care teams through the Family Health Program, increased emphasis on vaccination campaigns, free medications, and training and education of family caregivers.

S104

Ageing and Medicare: Evidence-Based Lies†

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With population ageing and increases with age in health care costs, is Medicare sustainable? This question is raised repeatedly by conservative think tanks, academics and governmental working groups, provincial departments of Health and Finance. Apocalyptic projections of Medicare costs over periods of 25 to 90 years have resulted from flawed assumptions: a) Projections of total governmental health care costs are used to conclude the unsustainability of Medicare; b) projections averaged over all age groups are ignoring specific trends by age groups; c) within period used to estimated average trends, policies involving sudden increases in costs are considered endogenous features instead of exogenous shocks; and d) trends in ageing and population growth are not separated from trends in price and intensity. Herein, data from CIHI on health care costs (Québec, 1998-2007) are disaggregated along these factors. Results show that a comprehensive study of trends in health care costs should consider all of the factors, as projections over the long term are sensitive to small variations in growth rates. For example, trends in costs for Medicare are increasing at rates lower than care not covered by Medicare and trends in prices and intensity are falling for those 75 and over.

The prescribing cascade: Optimizing drug treatments in clinically complex elders

Convenor: Nora Macleod-Glover, Canada

Description:
People who take several medications concurrently are at increased risk for adverse drug reactions; seniors are particularly vulnerable because of co-morbidity and physiological changes that come with age. In a 2005 Stats Canada report, multiple medication use (taking five or more different drugs in the past two days) was reported for 53% of seniors and 94,000 in institutions and 445,000 in households. This amounts to over a half million seniors taking multiple medications: approximately 94,000 in institutions and 445,000 in households. Multiple medication use impacts individuals ability to manage medications, use of health care resources including hospital visits, admissions and cost. In seniors, it is common for their medication regimen to contain inappropriate medications. The Canadian
Association of Gerontology Policy Statement on Seniors and Prescriptions drugs states that: inappropriate prescriptions include drugs that are relatively contraindicated by virtue of co-existing disease, by other drugs in an individual's treatment regimen, by age or by treatment duration. Often, medications are added to a patient’s drug regimen when an adverse drug reaction is misinterpreted as a new medical condition. This is referred to as the prescribing cascade. The purpose of this session is to explore the drivers of the prescribing cascade, barriers to and strategies for minimizing medication use, and monitoring following drug therapy simplification.

S105

The prescribing cascade: what it is and how it begins

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According to Stats Canada (2005) pharmacists dispensed an average of 35 prescriptions per person aged 60-79 and 74 prescriptions per person aged 80 or older. The overall average was 14 prescriptions per Canadian. A 2004 study reported that over 16% of Ontario seniors received at least one prescription for a potentially inappropriate medication defined by Beers. This session is intended to be a primer on the prescribing cascade. It will include: definitions related to prescribing and medication use, an explanation of how medications are counted when reviewing a patient profile, a description of the World Health Organization’s statement on rational use of medicines, a discussion on polypharmacy and a review of medications commonly associated with the prescribing cascade. A review of the current status of medication use among senior Canadians will be offered.

S106

Barriers to and strategies for discontinuing medications

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There is a growing body of evidence that suggests discontinuing medications in the elderly does not worsen outcomes and decreases the risk of adverse drug reactions. Medication simplification can reduce pill burden and improve adherence to therapy. Numerous published papers describing approaches to adopting strategic prescribing are available including the World Health Organization's Six-Step Approach to Prescribing. This session will offer approaches for revising the prescribing state of the medication-use process with a goal to reducing the risk that inappropriate medication will be initiated. Additionally, a systematic approach for discontinuing multiple medications in older adults will be discussed.

S107

Monitoring patients following drug therapy simplification

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Many medications can be withdrawn without risk when a slow tapering of drug dose is employed. However, it is common for elderly patients to experience unwanted reactions in the period after simplifying a drug regimen. One study in ambulatory older patients reported worsening of underlying disease in 26% of drug removals; it also reported that 4% of elderly patients experienced a physiologic withdrawal reaction. Following a careful drug regimen review and the decision to discontinue potentially inappropriate medications, a monitoring plan to evaluate patient response and reaction is essential to maintain patient safety. This session will provide information about monitoring for medication withdrawal reactions such as: identifying patients with risk factors for a withdrawal reaction, identifying drugs with a high probability of withdrawal reaction when discontinued and responding to patient issues during medication regimen simplification.
Abstracts / Abrégés

The Emerging Role of the Nurse Practitioner in Canada

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Background: The growing concerns about the accessibility to and quality of primary health care services for older adults living in long-term care (LTC) settings has led to the recent introduction of nurse practitioners (NPs) in these settings in Canada.

Objective: To discuss results from four research studies: (a) a systematic review of the effectiveness literature; (b) the deployment, practice models and factors influencing the integration of NPs; c) collaboration between NPs and physicians; and; (d) the specific role of the NP in pain management.

Methods: These studies used multiple methods – both qualitative and quantitative - to collect and analyze the data.

Findings: There is evidence that NPs provide high quality care, reduce hospitalizations and transfers to emergency with high levels of resident and family satisfaction. NPs now practice in LTC in a variety of models in almost every province. They provide direct clinical care, teach staff, and plan, implement and evaluate new programs. Generally NPs and physicians collaborate well and are satisfied with their collaborating relationship. The NP role in pain management involves assessing pain, prescribing some pain medications, and providing pain management education. Key barriers to NP integration include lack of sustainable funding, inadequate understanding of their role, scope of practice limitations and workload demands.

Conclusion: These findings contribute to an understanding of NP role implementation in Canada thus far. Strong interdisciplinary collaborative relationships will facilitate further integration of the role with the ultimate goal of improving quality care in LTC.

S109

Effectiveness of Nurse Practitioners in Long-Term Care: A Systematic Review

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Objectives: Worldwide, the growing population of older adults is expected to place an unprecedented strain on the long-term care (LTC) sector. In the United States, nurse practitioners (NPs) have provided services in LTC since the mid-1960s and these roles are now being introduced in other countries including Canada. In this first presentation in our symposium, the results of a systematic review of quantitative evidence for the effectiveness of NPs in meeting the health care needs of older adults
living in LTC residential settings will be briefly discussed.

**Method:** Twelve electronic databases were searched (1966 to 2010); leaders in the field were contacted; and, reference lists, pertinent journals, and websites were searched for prospective studies with a comparison group. Studies were reviewed independently by two researchers for relevance and methodological quality.

**Results:** There is evidence that NPs in LTC provide high quality care, reduce hospitalizations and transfers to emergency and are associated with high levels of resident and family satisfaction.

**Conclusion:** The NP role has the potential to improve the quality of primary health care services for older adults living in residential LTC settings. Further exploration is needed to determine the effect of NPs on the skills, quality of care, and job satisfaction of healthcare staff in these settings.

**S110**

**The Deployment, Practice Models, and Factors Influencing the Integration of NPs in Long-Term Care: A Pan-Canadian Study**

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**Objectives:** The number of nurse practitioners (NPs) working in Canadian LTC settings has more than doubled over the past 10 years. A survey of NPs working in LTC was conducted to determine deployment, practice models, and factors influencing the integration of NPs in LTC. While this presentation focuses on NPs who work at least 28 hours/week in LTC, findings regarding other practice models are presented.

**Method:** A questionnaire was mailed to the 26 NPs identified working at least 28 hours/week in LTC. Data were analyzed using descriptive statistics and nonparametric tests.

**Results:** Survey results from 23 (88% response rate) NP respondents revealed that all are female and 39% hold a graduate degree. Some NPs (9%) divide their time with primary care. Most NPs (61%) work in a single LTC setting. The majority of NPs (48%) work in Central Canada, while 26% are in Western and 26% in Eastern Canada. External sources (e.g., ministry, regional authorities) fund 70% of NP positions. Practice models vary depending on resident and LTC setting needs. Factors influencing integration include NP personal attributes, and physician and staff knowledge about the NP role, as well as their support and acceptance. Recommendations to enhance integration of NP roles include clearly defining the NP role and expectations, education about and promotion of the role in LTC settings, and NP orientation to the role.

**Conclusions:** Understanding the deployment, practice models, and factors influencing integration of NPs in LTC settings is vital in planning for future NP positions.

**S111**

**Capitalizing on the Nurse Practitioner Role to Improve Pain Management in Long-Term Care**

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**Objective:** Considering the high rates of pain in residents of long-term care (LTC) settings, research is needed to explore innovations in health services delivery to manage pain, including the emerging nurse practitioner (NP) role. This presentation describes NP practice patterns specifically related to pain management, and the perceptions of the NP role regarding pain management in LTC from the perspectives of health care providers and administration.

**Method:** This study used multiple methods, including survey and exploratory descriptive designs.

**Results:** Study results revealed the NP role needs to be optimized within a collaborative approach to managing pain. There remains a lack of clarity of the NP role regarding pain management and the scope of practice is restrictive, particularly limitations on
prescribing pain medications. A trusting, collaborative relationship among health care providers, especially between NPs and physicians, is key to optimizing the NP role around pain management in LTC. Onsite NPs tend to be more engaged and better able to implement their role related to pain management (i.e., assessing, prescribing, consulting, monitoring, advocating, educating, and leading) as opposed to NPs who are employed by a number of LTC settings.

Conclusions: The findings from this study contribute to our understanding of how the NP role is enacted, and also perceived by other health care professionals and administration, particularly around pain management. A transformational model for pain management is needed that includes the NP role to facilitate the provision of efficient and effective pain management for people living in LTC settings.

S112
Nurse Practitioner and Physician Collaborative Practice in Long-Term Care Settings in Ontario: A Mixed-Methods Study

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Objectives: The nurse practitioner (NP) role in long-term care (LTC) settings is relatively new in Canada. Objectives of this study included the identification of 1) essential elements, 2) facilitators and barriers, and 3) perceived outcomes of NP-physician collaborative practice in Ontario long-term care (LTC) settings.

Methods: Two-phase sequential mixed method study using surveys, individual interviews, and document analysis with physician and NP collaborative partners.

Results: Survey results from the NPs and physicians provided a broad perspective of collaborative practice in Ontario LTC settings. Physicians (96%) and NPs (79%) were satisfied with their collaboration. The majority of physicians and NPs (14 matched-pairs) reported similar levels of collaboration; although physicians were more satisfied with collaboration than NPs (Z=-2.67, p = 0.008). Physicians reported greater satisfaction than did the NP regarding nearly all aspects of collaboration. Physician satisfaction with collaboration did not differ between those who reported a positive or negative effect on their income associated with NP collaboration. Interviews with selected NPs, MDs, and charge nurses, and document analysis revealed an in-depth perspective of essential elements of MD-NP collaborative practice; as well as facilitators and barriers at all three levels; strategies to reduce these barriers; and perceived outcomes of NP-MD collaborative practice in LTCFs. The perceived outcomes of their collaborative practice revealed important variables for future research.

Conclusions: This comprehensive understanding of collaboration and collaborative practice informs NP and MD practice for working together in LTC settings. Overall, these physicians and NPs collaborate in delivering care and are satisfied with their collaboration.

Diagnosis of Vascular Cognitive Impairment and its association with Frailty in Mexican older adults.

Convenor: Alberto Funes, Inst Nacional de Ciecnias Médicas y Nutrición “SZ”, México City, Mexico

Discussant: Sara Navarro , Inst. Nacional de Ciencias Médicas y Nutrición “SZ, México City, Mexico

Description: Vascular Cognitive Impairment (VCI) is a heterogeneous group of cognitive disorders that have a presumed vascular cause, it is estimated that about 5% of people over 65 have some form of VCI and that up to one third of cases dementia show vascular disease at autopsy. Frailty syndrome is characterized by decreased resilience and physiological reserves, and is generally associated with health-related outcomes. Frailty and its components such as sarcopenia or inflammation are strongly associated with disability, mortality, cognitive function, and functional decline. These finding raise the possibility that frailty, whose core features may include loss of strength, mobility, and muscle bulk, maybe associated with the development of cognitive decline. Cross-sectional data demonstrate a relationship between frailty and cognition.

S113
Le syndrome de fragilité : Est-t-il un facteur de risque de démence vasculaire?†
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Le syndrome de fragilité est utilisé en gériatrie pour identifier des sujets présentant des capacités de résistance diminuées face aux agents agresseurs. Des critères ont été proposés pour définir la fragilité mais sont à l’heure actuel objet de débat dans la littérature. D’ailleurs, les chercheurs se sont intéressés à l’étude d’outcomes de la fragilité au-delà de l’incapacité, la morbidité et la mortalité. Par exemple, si le risque de déclin cognitif et de démence sont plus importants chez les sujets fragiles a été peu exploré. On sait que l’ajout d’un critère prenant en compte la présence d’un déficit cognitif permet d’améliorer la validité prédictive de ce syndrome en termes d’incapacité, de morbidité et de mortalité. De plus, des hypothèses ont été proposées pour expliquer le développement de démence de type Alzheimer chez les fragiles. Mais, si la fragilité est un facteur de risque pour d’autres types de démence est méconnu, dont la démence de type vasculaire. Ce symposium est centré à expliquer les mécanismes possibles desquelles ce syndrome gériatrique pourrait être considéré comme un état pré-démentiel ainsi que la plausibilité biologique d’une telle association étant donné qu’il n’existe pas de données dans la littérature.

S114

Cerebral Vascular Reactivity in Patients Over 65 with Semantic Memory Impairment as a Predictor of Subcortical Vascular Mild Cognitive Impairment†

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Mild cognitive impairment (MCI) is classified into semantic and non-semantic. It is considered that the semantic DCL has a higher rate of conversion to Alzheimer disease. Although many neuroimaging techniques, is difficult to confirm the early diagnosis of vascular cognitive impairment. One of the theories to the development of cognitive disorders, is the cerebral microvascular damage, which has been associated with a reduction in cerebral blood flow and cerebral vascular reactivity. Cerebral vascular reactivity is a self-regulatory mechanism which is defined as the ability of intracerebral arterioles to dilate or constrict, obtained by the apnea test, and that allows to know the status of the intracerebral circulation. Alterations in cerebral vascular reactivity has been documented in patients with AD in mild to moderate stage. Using a transcranial Doppler was performed apnea test, obtaining the apnea index (AI), (by the difference between peak systolic pre- and post-apnea.  

\[
AI = \frac{(Peak\ Velocity\ at\ the\ End\ of\ apnea - Peak\ Velocity\ at\ Rest)}{Peak\ Velocity\ at\ rest} x 100. 
\]

The average normal value is 1.2 ± 0.4% / sec. in the ACM. The value below 1 is considered abnormal. The main objective was to determine if there are changes in cerebral vascular reactivity in patients with semantic memory impairment and subcortical vascular lesions.

S115

Deterioro cognitivo leve de tipo subcortical y su asociación con el síndrome de fragilidad en adultos mayores Mexicanos†

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El deterioro cognoscitivo leve (DCL) constituye una condición de alto riesgo para la aparición de demencia, si se considera que la probabilidad que tiene el individuo de desarrollarla es de 10% al 15% anual, en comparación con sujetos controles sanos, donde la conversión a demencia es de 1 a 2% anual. La evaluación del deterioro cognitivo leve de origen subcortical requiere de baterías neuropsicológicas particulares para la identificación temprana del perfil cognoscitivo. La Evaluación Neuropsicológica Breve en Español - NEUROPSI, es una batería neuropsicológica que evalúa varias esferas de la cognición como atención, orientación, memoria a corto plazo, lenguaje, escritura, lectura y funciones ejecutivas; la cual está estandarizada y validada en población mexicana. Estudios epidemiológicos han permitido observar una asociación con Fragilidad y progresión del DCL específicamente en memoria episódica, semántica, de trabajo, y habilidades viso-espaciales. Hasta el momento se conoce poco sobre el comportamiento del DCL subcortical y su asociación con el síndrome de fragilidad. Los pacientes con DCL con predominio subcortical, pueden progresar a un patrón con afección de regiones temporales (memoria) o bien, de regiones frontales (funciones ejecutivas). El estudio permitirá demostrar la posible
correlación entre enfermedad lacunar, el perfil cognoscientifico y el síndrome de fragilidad.

W1

Carpe Diem - «Un regard different, une approche différente» dans l'accompagnement des personnes atteintes de la maladie d'alzheimer et de leurs proches

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Purpose: L'approche Carpe Diem vise à offrir aux personnes atteintes et à leur famille une alternative à l'approche institutionnelle mais aussi, une alternative à la conception traditionnelle de l'accompagnement et des services. En effet, l'ensemble des concepts constituant l'approche de Carpe Diem, que ce soit l'organisation clinique, la planification d'activités, les modalités d'accompagnement, la sélection et la formation du personnel ou le partenariat avec les familles, repose sur la conviction que l'évolution d'une personne dépend en grande partie de la façon dont on la regarde, l'envisage ou la perçoit. Toutes les actions posées par les membres de l'équipe sont guidées par une croyance profonde en la force de la vie, en la richesse de tout être humain et en son droit de vivre jusqu'au bout son histoire. Une histoire qui ne s'inscrit ni sous le signe de l'aggravation inéluctable des déficits, ni dans la solitude et l'exclusion, mais qui s'enrichit de découvertes et d'expériences nouvelles et qui continue à se tisser dans l'amour familial, la reconnaissance mutuelle, les rencontres et l'amitié. Carpe Diem a été conçue pour « sortir des sentiers battus » mais surtout pour retrouver le chemin de la vraie vie.

Objectives:

• Partager l'approche développée à la Maison Carpe Diem depuis 1996;
• Contribuer à changer le regard porté sur les personnes atteintes;
• Améliorer leurs connaissances relativement à la maladie d'Alzheimer, proposer un nouveau modèle d'accompagnement et aider à changer les pratiques d'intervention et d'accompagnement;
• Partager une philosophie de gestion en cohérence avec la philosophie d'accompagnement.

W2

Enabling collaborative advantage: Using knowledge networks to inform and transform the business of knowledge transfer and exchange

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Purpose: The workshop overviews examples of the activities of the three partner networks. Examples and lessons learned from the initiative are discussed within the context of knowledge network theory. The workshop is intended to inform a broader audience of the work and purpose of the networks, to advance a deeper understanding of knowledge theory and to engage participants in dialogue to help to build upon the work already accomplished to date.

Background: Key organizations engaged in knowledge transfer and exchange pertaining to seniors' mental health and dementia came together to form the National Seniors Mental Health and Dementia Knowledge Transfer & Exchange Network. The group organized and held an invitational Think Tank to ascertain the interest of the broader field in developing a knowledge network. The purpose of the network is to increase resource sharing, cross fertilization of ideas, new learning and collaborative problem solving across organizations involved in knowledge transfer and exchange, thereby enhancing knowledge transfer processes and products within the field.

Evaluation of this initiative resulted in two documents: A Framework for Enabling Collaborative Advantage, and An Action Plan for Enabling Collaborative Advantage. These documents form the basis for the workshop.

Objectives: Workshop participants will:

• become knowledgeable of the purpose, intent and activities of the Network;
• develop both a theoretical knowledge of network theory and explore examples of how this theory can be applied to enhance knowledge transfer activities;
• participate in the development of a next steps activity plan.
The highly interactive workshop will use theory, examples and participant input to develop a collective understanding of the purpose and advantage of building knowledge networks to advance the business of KT&E.

W3

Guidelines on the use of Palliative Sedation Therapy in End of Life Care

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Background: Palliative Sedation Therapy (PST) is the intentional pharmacological induction and continuous maintenance of a reduced level of consciousness in order to relieve a refractory symptom or symptoms in end of life care. The level of sedation used is proportionate to the degree of symptomatic distress, and may sometimes require sedation to a deeply unconscious level. PST is provided for patients who have a life threatening illness and who are clinically deemed to be in the last days or weeks of life. The intent is to relieve patient distress or suffering and not to hasten death, which clearly distinguishes it from euthanasia.

Purpose: To promote the appropriate, effective, and safe use of PST in clinical practice.

Objectives: To enable participants to have a clear understanding of the nature of PST; the clinical indications, including existential distress; the process of decision-making; the pharmacological agents used; the ongoing monitoring of the patients status once PST has been initiated.

Format: The workshop will provide an initial 60-minute didactic overview of current local and international guidelines. This will be followed by a 30-minute period with two interactive case presentations, designed to facilitate questions and audience participation.

W4

Vocalization and Singing for Health and Well Being

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This presentation has been withdrawn at the author's request. / Cette présentation a été retirée à la demande de l'auteur.

W5

Seniors A Go Go: A Theatrical Journey Into Sexuality

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Seniors a GOGO, is a theatre project developed and delivered by a vital group of Calgary older adults. The first project of its kind, uses theatre and the sharing of stories to reach older adults in Calgary. Their message? Sexuality is an integral part of who we are throughout our lifespan. By respecting older adults’ right to know about their sexual health, their overall health can be improved.

This 90 minute interactive workshop will illuminate the breadth of perspectives and experiences of older adults and sexuality. As well, this presentation reinforces the importance of integrating sexuality into gerontology practice. The presenter will share an overview of the project with a close look at ageism and its effect on sexuality in the later years. To illustrate these points participants will see digital stories created by Seniors a GOGO actors and have an opportunity to reflect on the implications for their work with older adults.

W6

Improving End-of-Life Care in First Nations Communities: Perspectives of First Nations Researchers and Health Care Providers in Conducting Palliative Care Research

Holly Prince¹, Jeroline Smith², Audra Taillefer³, Kevin Brazill¹,³, MaryLou Kelley¹
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The First Nations population is aging and chronic and terminal disease amongst this population is
increasing. Research indicates that more people would choose to die at home if services were available and adequate in these communities. However, formalized palliative care programs in First Nations communities are rare and little research has been done to specifically inform palliative care delivery in these communities.

This workshop will present an original framework for conducting palliative care research in First Nations communities, grounded in data collected over five years in twelve First Nations communities located in Northwestern Ontario. The workshop will demonstrate how this framework is being applied in four First Nations partner and study sites located in Ontario and Manitoba through a five-year (2010-2015) Canadian Institutes of Health Research project titled "Improving End-of-Life Care in First Nations Communities: Generating a Theory of Change to Guide Program and Policy Development."

The workshop will begin with a presentation on the framework, followed by short presentations from First Nations researchers and participating health care providers who will share their personal experiences of conducting and participating in the research project. A large moderated group discussion will follow. Throughout the workshop, participants will be able to understand the process undertaken by researchers and First Nations communities in conducting research to develop palliative care programs in First Nations communities, including their challenges, supports and keys to success. Participants will then be able to apply it in relation to their personal experiences in providing care to First Nations people.

W7

Academic Core Competencies in University Gerontology Programs (Sponsored by the Ontario Seniors Secretariat)

Margaret Denton1,2, Lorraine Mercer1,3, Birgit Pianosi1,3, Anju Joshi3, Katherine McGilton2
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The Ontario Interdisciplinary Council on Aging and Health commissioned a working paper on Academic Core Competencies in Ontario’s University Gerontology Programs. The author, Lorraine Mercer, will present her research paper including the recommended core competencies for Gerontology. These include bio-psycho-social sciences domain, practice domain, individual and group program planning, implementation, and evaluation, diversity in aging, communication, social and health services and policies and research methods. These recommended core competencies will be discussed from the perspective of academic programs and potential employers. This session will be interactive and the audience will be invited to participate in the discussion.

W8

Supporting Caregivers of Older Adults- The Service Provider Toolkit

Penny MacCourt, Marian Krawczyk
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The purpose of this workshop is to introduce the newly published Caregiver Toolkit. Caregivers' needs are not formally acknowledged or assessed by health and social services in most Canadian jurisdictions and service providers lack evidence-informed tools and resources to do so. To address this concern, a Caregiver Toolkit was recently developed through the national multi-year project "Supporting Caregivers of Older Adults". The Caregiver Toolkit is a practical support tool designed to increase service providers' capacity to address caregivers' needs across Canada. This resource is a practical, easy to use and evidence based, containing: 1) information about the diverse realities of the caregiving experience; 2) leading/best practices in caregiver support; 3) assessment tools, and 4) a provincial resource directory. The objective of the interactive workshop is to explore how this resource can be used by service providers, service managers, health educators, caregiver advocates, and other interested parties. Through the use of case studies, participants' personal experiences, and relevant research on caregivers of older adults, participants will use both the printed Toolkit as well as the project website to identify how this resource can address their concerns of providing ethical care to caregivers. The workshop will also highlight how the Caregiver Toolkit is a resource for self care, thereby helping to minimize burnout and ethical distress for service providers.
Mary Fox¹, Malini Persaud¹, Deborah Tregunno¹, Tiziana Rivera¹,³, Kelly O’Brien¹,², Dina Brooks¹,², Ilona Maimets¹, Michael Johnny¹
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The purpose of this workshop is to generate understanding and discussion on the meaning and interpretation of the findings of the effectiveness of ACE interventions. ACE interventions have been designed to prevent the complications of hospitalization which are known to exist for acutely ill older adults. These complications can include not being able to return home, take care of oneself, and having to move into a long-term care facility. Although some of the studies on these services have been found to prevent complications, a rigorous review of their effectiveness has not been done. Decision-makers and clinicians have said they need to know exactly which interventions or services, delivered by on which type of hospital unit are best in preventing complications. In this workshop, attendees will be engaged in Knowledge Translation (KT) activities using didactic and interactive modalities. We will first present the results of a recently completed review and meta-analysis of which ACE interventions and services on which types of units are best at preventing complications for older people, and the context underlying the need for this understanding. Attendees will be engaged in KT activities focused on interpreting the systematic review’s key messages and recommendations for their local context. This workshop is of interest to decision-makers, practitioners, and researchers.

W10

Moving Towards Implementation: Applying Benchmarks to Improve Seniors’ Mental Health Services and Systems

Kimberley Wilson¹, Marie-France Tourigny-Rivard², Penny MacCourt³
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This workshop will highlight strategies for implementation of recommendations and benchmarks from the Guidelines for Comprehensive Mental Health Services for Older Adults in Canada funded by the Mental Health Commission of Canada, published in 2011. Intended to support planning, development and implementation of a mental health service system that can respond adequately to the needs of its senior population, the Guidelines may also inform service providers making innovations in their own practice.

Participants will:

1. Understand the core recommendations from the Guidelines for Comprehensive Mental Health Services for Older Adults in Canada.
2. Discuss the relevance of recommendations in local settings and understand how to begin the process of knowledge translation and implementation.
3. Engage with a community of practice interested in improving mental health services and systems for seniors.

W11

Elder abuse and criminal law: where we’ve been, where are we going?

Judith Wahl¹, Charmaine Spencer²
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In this presentation, Wahl and an Ontario Crown Prosecutor offer two conflicting and yet sometimes complementary approaches to understanding the role of criminal law in remedying cases of abuse and neglect involving older adults. Drawing on twenty five years experience as a legal advocate for older adults, Wahl offers concrete examples of how criminal law can often be very useful but how it is often a blunt and indiscriminant instrument when trying to “fix” abuse or neglect.

Wahl and the Crown Prosecutor note what the law can offer. They also point out the significant barriers that older adults and others face at all steps of the justice system (from the first contact, to police reports and then victim services, on to laying of charges, to the court process and sentencing). Some older adults such as those with communication challenges or those who are very isolated face even
more substantial obstacles. In law, older adults may or may not receive the same consideration as other victims.

Yet there are important advances being made in Ontario to address some of these issues. Efforts that focus only on sentencing or special provisions ignore this broader context.

W12

Placing efforts to criminalize in context

Charmaine Spencer
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This presentation places laws to address abuse and neglect of older adults in the context of gerontological and legal research. It synthesizes Canadian and international experience with criminalizing harms, pointing out the significant risks of ageism, and paternalism. Comparing political rhetoric with emerging advances in the field, Spencer takes that position that this area is becoming rife with misconceptions (see Beaulieu, et al., 2011) as well as conceptual errors.

The relative vulnerability of older adults (as a whole and within specific subpopulations such as cognitively impaired older people) to victimization is often misrepresented; the dynamics and factors associated with abuse and neglect are overlooked; and older adults are stereotyped as "having failed to report" (Spencer, 2010, 2011). Advocates of "tough approaches" ignore who the various parties are, what has been achieved, and whether there may be better noncriminal means to prevent and address the issue. "Facts" are often misunderstood by the public as well as misstated and misapplied in policy and practice.

Spencer argues that efforts to change the criminal law without recognizing the underlying factors of abuse and neglect in diverse settings, as well as addressing systemic problems in the justice system can lead to simplistic "feel good" actions that may undermine the progress that has been made to date. It can push some types of abuse and neglect in later life cases underground and may leave older adults at greater risk.

W13

The Reitman Centre CARERS Program: An innovative intervention for family carers of persons with dementia

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This presentation has been withdrawn at the author's request. / Cette présentation a été retirée à la demande de l'auteur.

W14

HIV, other Episodic Disabilities and Aging: The New Normal

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Individuals who are HIV positive (PHAs) are living longer as a result of the introduction of highly active antiretroviral therapy (HAART) that has been used to treat and manage HIV since 1996. Further, the Public Health Agency of Canada (2010) reported that by 2009, 15% of all reported HIV+ tests were in individuals 50 or older. The intersection of HIV, disabilities and Aging is an emerging area of concern as individuals age with HIV/disabilities and/or become infected with HIV in older age and consequently experience more complex medical and psychosocial problems.

The purpose of this interactive workshop is to promote awareness and opportunities for collaboration between the HIV/disability communities and the aging community to ensure the aging community (including PHAs) are prepared to deal with the 'new normal' for people aging with HIV and other disabilities.

The objectives are to:

- increase awareness of HIV/disability and aging within a Canadian context

- increase awareness of HIV trends in older populations
- increase capacity for the aging and HIV/disability communities to support strategies to ensure both the aging and HIV/disability communities are well prepared to support PHAs and others living with disabilities to live well as they age.

The workshop format will include short 5 minute presentations from a panel (approx. 3 experts) on one of the above objectives followed by discussion with all participants for 7-10 minutes. This will be repeated until all objectives have been discussed. Summary of discussions including possible next steps will be provide at the conclusion of the workshop.

W15
Person Centered Thinking Helps to Build Age Friendly Communities
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This presentation has been withdrawn at the author's request. / Cette présentation a été retirée à la demande de l'auteur.

W16
Promoting the Concept of Personhood in Practice
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Promoting the Concept of Personhood in Practice

Health and social service professionals from a variety of different disciplinary backgrounds generally do not recognize the importance of eliciting and responding to personhood in practice. It has been shown that acknowledging personhood in practice can enhance care provided to older adults in a variety of practice settings (Buzzell, 1993; Buzzell and Gibbon, 2000; Kitwood, 1997; O’Connor, et.al. 2007).

Purpose

This DVD is designed to disseminate the knowledge about personhood so that front line care providers, with the help of families, can improve their interactions with older adults. The goal is to provide a tool to facilitate learning about the concept of personhood and implement this approach into practice with vulnerable persons. Implementing some of the suggestions to honour personhood of older adults can significantly contribute to improving the quality of care and the quality of life of care recipients.

Content

Multidisciplinary professionals and older adults share their perspectives and rich stories to demonstrate how asking the right questions during assessment process and in our daily interactions, we can promote the recognition of personhood and generate the positive outcomes that this philosophy and practice nurtures.

The 35 minute DVD is divided by topics into chapters and is accompanied by a discussion guide. These two tools are designed to encourage discussion and reflective practice. Topics include: Recognizing Dynamic Expressions of Personhood, Assessing for Personhood, Valuing Personhood, Hope and Optimism, Vulnerability and Exclusion, Role of Care Providers, and Choice and Risk.

W17
Elder Mediation: The New Frontier in Helping Seniors and their Families Navigate Change
Resa Eisen
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As our population ages, seniors are having to face a myriad of changes and decisions vital to their health and well-being. These are decisions that are complex, often emotionally charged and that have far-reaching impact on the senior and inevitably on those around them. Elder mediation is a unique problem-solving forum that assists the senior, their family and others related to their care discuss critical issues in a non-adversarial, "mediated" environment. It is a process that supports the older person's basic decision-making rights and fosters a climate of cooperation to help everyone involved arrive at creative, sustainable and satisfying solutions.

This 90 minute workshop will offer an indepth presentation and discussion about the three elements of Elder Mediation that set it apart as a specialized practice within the conflict-resolution field. First, participants will focus on the inclusion of
W18

Elder Friendly Hospitals: Making this a Reality in Canada

Belinda Parke1, Barbara Liu2,4, Angela Juby2, Robert Kean5, José Morais6,7, Marie-Jeanne Kergoat8

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Older people are the primary users of hospital services; we know that many Canadian hospitals are struggling to deliver services to older people, and that a number of these acute care organizations have initiated senior or elder-friendly projects. Planning is underway for a national inter-professional think-tank to deliberate on existing empirical evidence on older adult safety and quality care during hospitalization. Leading up to the think-tank a series of workshops are occurring across Canada to engage inter-professional experts, key stakeholders, and option leaders in a national dialogue on senior friendly hospital care. This workshop is the second, the first occurred in Vancouver British Columbia on April 15th 2011.

Objectives:

- Discuss key concepts and principles of quality hospital care for older people
- Highlight several key initiatives occurring in Canada
- Identify priorities for future work on quality standards for older people in hospital
- Inform the think-tank event planned for the Spring 2012

Planned method: This interactive workshop will involve three short presentations of examples from across Canada in senior friendly hospital care. Participants will share in-group discussions to identify and rank priorities to inform future development of quality and safety standards for older people in hospital.

Conclusion: The workshop will inform participants about the key feature of elder friendly hospital care, assist in priority setting, and offer examples of strategies to make change at the local setting.

W19

Creating a vision for a PC program in a LTC home using a one day strategic planning retreat: Strategies and Tools for change.

Jo Ann Vis1, Carrie McAiney4, Joanie Sims-Gould3, Meaghan Sharp2, Lina Moore2, Mary Lou Kelley1

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Long-term care (LTC) homes provide care for people at the end-of-life. Currently, formalized palliative care (PC) programs that address the holistic needs of residents and families are not the norm in LTC homes in Canada. Approximately 80% of care at the end-of-life is provided by personal support workers (PSW), however they are rarely consulted in program development.

A five year Community-University Research Alliance has been funded by Social Sciences and Humanities Research Council of Canada to develop holistic PC programs in four Ontario LTC homes using a community capacity building model for organizational change. One of the main goals of this project is to empower PSW to be involved in the change process.
A one day strategic planning retreat was held with LTC home staff including PSWs, Nurses, Administration, Life Enrichment and Spiritual Care. The goal of the retreat was to formally define their PC program. The retreat was facilitated by the researchers and featured a knowledge café strategy to engage participants to 1) identify which residents would benefit by palliative care 2) create a communication strategy within the home 3) identify community resources that could be utilized to assist in PC and 4) define the activities of the PC resource team.

This workshop can be replicated in other LTC homes that wish to create a PC program that is inclusive of all staff. Tools and strategies will be shared to help facilitate the process.

**W21**

**Yoga for Fall Prevention**

Annette Wertman  
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Yoga is under-valued as a fall prevention intervention for older adults. The purpose of this workshop is to present Yoga as a unique option for older adults to engage in exercise activity (ACSM, 2003). Exercise has been established as an effective intervention for older adults to improve many fall risk factors, particularly musculoskeletal impairment implicated in balance impairment (Tatum et al., 2009; Morris, 2008) Yoga, defined by the American College of Sports Medicine (ACSM, 2003) as exercise, is easily adapted to aging populations and can reap the benefits gained by other types of exercise; increased muscular strength and endurance, muscle flexibility, functional ability in the form of increased ability to engage in activities of daily living (ADLs).

Yoga may also be responsible for increased mood states, increased feelings of efficacy and personal control, and improved cognitive functioning, perhaps in the form of increased attention (Bethany-Bonura, 2007). Yoga may be considered a biopsychosocial intervention, successful at reducing multiple fall risks (Morris, 2008). Yoga benefits the whole body; slowing the aging process by increasing breathing capacity, improving the range of motion for muscles and joints, stretching the spine, lengthening ligaments and muscles, correcting posture, improving sleep quality and decreasing depression. The practice of yoga includes breathing techniques, meditation, asanas and progressive muscle relaxation.

A more gentle form of yoga is catching on with older adults - Chair Yoga. The yoga mat is replaced by the chair, sometimes two!

It is not possible to prevent all falls, but we can limit the number that happen.

**W22**

**Aging Youthfully: How old would you be if you didn’t know how old you are?**
Arne Heayn  
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The five domains of fitness are strength, balance, flexibility, posture and endurance—and all deteriorate with age. How do we counteract this ‘normal’ tendency? What is really normal? All five domains have consistently been shown to be positively influenced by the sensori-motor learning process of the Feldenkrais Method of Somatic Education (FM). FM lessons are verbally directed by the instructor to be individually interpreted by the student for a unique and individual exploratory learning process of movement and self-awareness to (re)form neuro-plastic connections. Studies have demonstrated benefits of FM for safety, self-esteem, and health-care cost-savings. Without instructor demonstration to emulate, the internal locus of control virtually assures participant safety from the outset. Awareness Through Movement has been shown to positively affect self-image, which may impact strength and endurance by increasing willingness to participate in exercise. Moreover, the enhancement of self-image reduces anxiety and increases self-esteem. Finally, persistent pain is common among adults age 65 years and older. FM intervention has been shown to reduce pain and therefore Medicaid costs by 40% monthly, year over year. Given that this conference is directed at those who work with an aging population, this workshop is designed so that attendees will experience a change in their own bodily self-awareness; gain knowledge of why that is important; and find tools for helping their own client population begin to experience awareness changes through the neuro-plastic learning process of deliberate exploratory movement. Practical exercises and experiences are interspersed with lecture, questions and discussion.

W23

**Engaged Aging: Building Fitter Brains**

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**Statement of Purpose and Objectives**

This workshop will present an innovative, social gerontology applied approach to brain fitness. It will explore the concept of engaged aging as it applies to the aging population. Attendees will be exposed to the same intricacies of a program which has been crafted specifically to increase participation in brain fitness through active and sustained behavior modification. Workshop objectives include, but are not limited to, introducing and sensitizing attendees to the myriad of details and nuances of designing a program in a multi-modal, multi-cultural, and multi-generational environment.

**Workshop Format**

The Engaged Aging: Building Fitter Brains (EABFB) interactive workshop is a technical demonstration of a non-computer based brain fitness program for use in a multi-cultural, multi-generational community. EABFB is a multi-modal (visual, auditory, kinesthetic) program which takes an intergenerational approach to educating seniors and their families about the importance and practice of brain fitness. While many programs available today approach brain fitness using a single mode of training, this design calls for an integration of multiple modalities within three significant domains (exercise, nutrition, and creativity). These domains are currently being investigated in a low-income senior living community to assess their impact on brain fitness, as well as program efficacy. The learning laboratory environment, created specifically for program participants to encourage behavior modification, will be summarized and demonstrated for workshop attendees.