# ABSTRACTS / RÉSUMÉS

### 1

### RÉDUCTION DES CONTENTIONS PHYSIQUES NON PERTINENTES / REDUCTION OF UNNECESSARY PHYSICAL RESTRAINT

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Une étude portant sur le profil d'utilisation des contentions physiques a démontrée que 48% des bénéficiaires de notre établissement sont porteurs d'au moins une contention à un moment de la journée. Bien que non justifiée, ces statistiques sont similaires à celles retrouvées dans la littérature concernant les établissements de soins de longue durée de la province du Québec. A la lumière des résultats de l'étude, un comité de travail multidisciplinaire a été mis sur pied et trois priorités d'action ont été dégagé : 1) Élaborer une philosophie d'établissement à l'égard des contentions; 2) Développer un programme de sensibilisation et de formation; 3) Développer un programme de réduction des contentions physiques non-pertinentes.

Nous sommes présentement rendu à la phase d'implantation de notre programme. L'objectif de ce programme n'est pas de réduire à zéro l'utilisation des contentions physiques, mais bien d'éliminer l'utilisation des contentions physiques non pertinentes en ayant recours à des alternatives.

**Les objectifs de notre affiche sont :** 1) d'évoquer notre profil d'utilisation des contentions physiques, 2) de décrire notre planification stratégique du changement, 3) de décrire notre programme, 4) présenter nos résultats.

### 2

### RECOGNITION OF RENAL IMPAIRMENT AND IMPLICATIONS ON MEDICATION PRESCRIBING IN THE ELDERLY

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With advancing age, renal function declines due to both physiologic changes associated with aging and chronic diseases such as hypertension and diabetes. Because many medications are cleared by the kidney, knowledge of an elderly patient's renal function is imperative. There are a number of ways to estimate renal function, and of these, the simplest to apply is the calculation of estimated creatinine clearance based on age, weight, and sex (the Cockroft-Gault formula). I performed a chart review of inpatients on a geriatric rehabilitation ward and calculated the estimated creatinine clearance for patients to see to what extent renal impairment goes unrecognized. I also reviewed each patient's medications to see if any drug prescribing errors were made due to under-recognition of renal impairment.

### 3

### CHANGE AND STABILITY IN PERCEIVED CONTROL: RELATIONSHIPS TO WELL-BEING

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A perception of control has been well established as critical to health and well-being, but only recently have researchers considered the implications of stability in perceived control. To address this issue, we examined ratings of perceived control over three months among older individuals participating in a longitudinal study. Multiple indicators of well-being (e.g., chronic health conditions, emotions, life satisfaction) were compared for individuals identified as having stability (n=108), or having increased (n=96) or decreased (n=144) in perceived control. One-way ANOVAs for each measure revealed a consistent inverted U-shaped pattern in which well-being was highest among those who showed stability and lower among those who showed either a positive or negative change in perceived control. Together, these findings provide support for the conclusion that stability in perceived control has important implications for well-being and longevity in later life.

### 4

### LATE STAGE PARKINSON'S — A SPECIALIZED PROGRAM

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In 1994, the Sisters of Charity of Ottawa Health Service, with the encouragement of the Ottawa Carleton Parkinson Society, initiated the development of a specialized service in the treatment of late stage Parkinson's Disease. Ten beds in our chronic care hospital were designated as "Parkinson's" and over the past six years, the interdisciplinary team has developed an expertise and knowledge unique to the treatment of Stage 4 and 5 Parkinson patients. Hallucinations, heightened anxiety during on and off periods, dyskinesia and dystonia have been successfully managed on a daily basis. Following our original patient goal "Keep Me Mobile" and using "A Week in the Life" scenario, we will illustrate and explain the methods we have learned to treat the severe effects of Parkinson's disease. The combination of interdisciplinary therapies will be shown to maintain function and to enhance quality of life for our patients.

### 5

### MEASURING FINANCIAL SKILLS

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This presentation describes the development of a research measure for assessing awareness of financial skills. A measure of this type is of particular importance because of the risks involved in making poor financial decisions and the demand for financial incapability assessments. The present study examined the reliability and validity of a three-part measure of awareness of financial skills. Content validity was assessed by having six experts, experienced in assisting people with their finances, review the measure matching each item to the list of objectives used in the development of the instrument. The internal consistency and inter-rater reliability of the measure were examined for 21 well functioning seniors. Internal consistency estimates for part one and two of the measure were found to be quite strong, with Cronbach Coefficient alphas of 0.75 and 0.85 respectively. An examination of the inter-rater reliability for part three of the measure indicated that in at least 80% of the cases there was agreement for each item. Discriminant validity analysis indicated that performance on this measure did not correlate significantly with social desirability. This preliminary data suggests that the measure is a reliable and valid method of assessing awareness of financial skills. Future research will examine the relations between cognitive impairment and financial awareness.

### 6

### LA DOULEUR COMME 5e SIGNE VITAL / PAIN AS THE FIFTH VITAL SIGN

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Les signes vitaux sont des indices cliniques sérieux. Si la douleur était évaluée avec le même zèle que le sont les signes vitaux, les chances que les bénéficiaires soient soulagés de leur douleur en serait d'autant plus augmenté. Nous devons éduquer les médecins et les infirmières à considérer la douleur comme un signe vital. A l'Hôpital Ste-Anne le concept de la douleur comme 5e signe vital est intégré aux pratiques cliniques des différents professionnels. La douleur fait partie des paramètres de la feuille des signes vitaux et est évaluée de façon routinière chez tous les bénéficiaires, incluant ceux atteints de déficits cognitifs. Les objectifs de notre affiche sont : 1) définir le concept de la douleur comme 5e signe vital, 2) présenter notre démarche d'implantation, 3) présenter nos outils d'évaluation de la douleur. Des soins de qualité se traduisent par l'évaluation et le soulagement de la douleur.

### 7

### INTELLECTUAL ASSESSMENT OF OLDER ADULTS WITH HEARING OR VISION IMPAIRMENTS

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The purpose of the project was to locate and evaluate tests that have been developed to assess cognitive functioning in older individuals with visual or auditory deficits or, less preferably, tests that have been adapted to assess these groups. This presentation highlights important issues related to the assessment of intelligence in older adults with sensory impairment. The available options for assessing the cognitive functioning of older adults with sensory impairments are reviewed and critiqued. Suggestions are made regarding useful tools for screening for age-related sensory deficits, such as the Hearing Handicap Inventory for the Elderly. For assessment of those with age-related hearing loss, consideration is given to the potential utility of a written form of the Mini-Mental Status Exam (Uhlmann, Larson, Rees, Koepsell, & Duckert, 1989), and the Coloured and Stardard Progressive Matrices (Raven, 1959 & 1960). For assessment of those with age-related vision deficits, consideration is given to the MMblind (Reischies & Geilselmann, 1997), an Alzheimer's screening tool developed by Trobe & Butter (1993), and administration of the verbal portions of the Wechsler Adult Intelligence Scale III. From this review it is concluded that available options for assessing older adults with sensory impairments are limited and require further validation.

### 8

### CAREGIVER BURDEN IN ALZHEIMER'S DISEASE: RESULTS FROM AN OPEN-LABEL, RANDOMIZED, MULTICENTRE CLINICAL TRIAL EVALUATING THE EFFECTIVENESS OF DONEPEZIL HYDROCHLORIDE VS. DONEPEZIL WITH TRIAD»

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Caregiving is defined as the activities and experiences involved in providing assistance to someone who is unable to care for him or herself. For a disease such as Alzheimer's, the role of the caregiver, who is typically a spouse or an adult child, centers around providing the patient with adequate supervision, financial security, personal care, support and companionship, ensuring the patient's well-being, and performing all household chores. These responsibilities can have a profound impact on the lives of caregivers. An important objective of this study is to determine the effects of donepezil hydrochloride and an education program on caregiver burden in Alzheimer's disease (AD). TriAD[a] is a comprehensive AD management program for clinicians, patients and caregivers, designed to answer questions, describe disease progression, provide support and education, and promote a better understanding of what to expect and ways to better manage the symptoms of this disease. In this clinical trial, over 400 patients with mild to moderate, possible or probable Alzheimer's disease, diagnosed in the previous 12 months have been evaluated. All patients receive a daily dose of donepezil hydrochloride of 5 or 10 mg. Half of the patients receive the TriADTM Disease Management Program from the first visit and for the following seven months while the other half receive standard care. The evaluation consisted of the Caregiver Burden Scale (Zarit), the Physical Self-Maintenance Scale (PSMS), the Functional Activities Questionnaire (FAQ) and the Mini-Mental State Examination (MMSE). Clinicians and caregivers were asked to give their global impression of change in the patient, evaluate tolerability and efficacy of the treatment. The caregivers level of knowledge about the illness, their ability to cope, and their sense of burden were also assessed. Results from this study emphasize the importance for health care professionals of being aware of the potential for caregiver burden in individuals taking care of patients with Alzheimer's disease.

### 9

### CHRONIC PAIN IN ELDERLY INSTITUTIONALIZED VETERANS: CHANGES OVER TIME

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Chronic pain entails a temporal dimension that cannot be adequately described without repeated measurement. There is, however, little longitudinal data available on chronic pain in the elderly. This ongoing, descriptive, longitudinal study addresses this issue.

For one year, all new admissions to a chronic care facility serving elderly war veterans were screened as potential participants for a prospective interview-based study of chronic pain. Fifty-nine percent (49/82) of new admissions met the eligibility criteria. Sixty-seven percent of eligible residents (33/49) agreed to participate (mean age 77 years; 94% male).

Initial interviews were conducted shortly after admission. All participants completed the Pain Beliefs Questionnaire, Geriatric Depression Scale, Mini-Mental Status Examination, and quantified anxiety levels and quality of life. Those with pain also completed a comprehensive pain assessment. Participants are being reassessed quarterly until discharge/death.

Sixty percent of participants reported pain at their initial assessment. Forty-five percent expected their pain to change in the future, the majority hoping for improvement. Patterns of change in pain occurrence and presentation are being tracked longitudinally within individuals. Results will be presented for the first three quarterly reassessments. This study will provide direction for future research on chronic pain and institutionalization in the elderly.

## 10

## FROM OUTPUT MEASURES TO OUTCOMES: FUNCTIONAL CHANGE AND REHABILITATION

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A process to evaluate outcomes in specialized geriatric inpatient assessment and rehabilitation units was initiated as part of an evaluation framework. This was achieved during a period of system uncertainties and constrained resources including budgetary cuts, hospital closures, and relocation of programs and services. After exploring alternative instruments to capture functional change, the SMAF (Le systeme de mesure de l'autonomie fonctionnelle or Functional Autonomy Measuring System) was piloted. The SMAF, a 29-item scale that measures functional ability in the areas of activities of daily living, mobility, communication, mental function, and instrumental activities of daily living, was chosen because it is relatively simple and quick to administer. Although the pilot indicated the need for developing a scoring standard and protocol, results were sensitive for this frail elderly population characterized by complex and multiple needs. Outcomes are now established in a data set including utilization measures (e.g., length of stay), patient-level measures (e.g., MMSE), accessibility and acceptability indicators, and function/mobility measures (e.g., SMAF).

The quantitative data provided has been used to ensure comparability of a multisite program, to give an accurate description of a patient population, and to provide a means for formal program evaluation.

## 11

## FAMILY GROUP CONFERENCES FOR SENIORS

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Caring for an elderly or disabled family member opens the door to a whole new facet of roles and expectations for a family. This project is a pilot study funded by the City of Calgary Family and Community Support Services. The project is based on a Family Group Conferencing model developed in 1996-97 by Calgary Family Services in partnership with the Faculty of Social Work, University of Calgary. Objectives include: to empower family members and their senior relative, to provide families an opportunity to make decisions regarding care planning, to provide access to resources and to allow family members to express feelings and concerns in a non-biased environment. Families will be brought together recognizing all members play a key role in effective planning. Prior to the implementation of the program a community consultation was completed. Results show there is a need for seamless access to resources, education and emotional support. A focus group obtained information on using a multidisciplinary approach to service implementation. Outcome measures are used to evaluate program effectiveness. It is predicted that Family Group Conferences will provide families with an avenue to work together on common solutions.

## 12

## PUTTING THE LIFE BACK INTO LIVING: AN ACTIVITY PROGRAM ON AN ADVANCED PARKINSON UNIT

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In 1994 when the Parkinson Program was implemented at SCO Health Services, Occupational Therapy, Physiotherapy, and Therapeutic Recreation Services were instrumental in organizing and facilitating the activity component. Individual and group activities were designed to meet each patients needs, abilities and interests.

Life prior to an individual's admission to the Advanced Parkinson Unit is often very limited. Many are immobile and/or unable to participate in daily activities due to rigidity, dyskenisias, painful dystonias, cognitive and neuropsychiatric problems and anxiety. Social isolation is another common occurrence which puts them at greater risk for depression.

We have observed that after being on this unit for a short time, patients are less anxious and more mobile. Controlled medication changes and care by consistent, flexible, knowledgeable staff maximizes the patients stability allowing them to participate in therapeutic and social activities. The patients truly enjoy socializing with others who understand the functional problems and symptoms of Parkinson Disease. Being part of an homogeneous group activity reduces anxiety and allows them to be less self conscious.

This poster outlines an Interdisciplinary approach and illustrates some of the strategies developed by this team to decrease anxiety, increase mobility and optimize quality of life for these individuals.

## 13

## PHYSICAL ACTIVITY PROGRAMS IN ALBERTA CONTINUING CARE FACILITIES

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The purpose of this study was to determine the current status of physical activity programs in Alberta continuing care facilities. As the older adult population increases in proportion to other age groups, it will be important to address their physical activity needs to help offset chronic and debilitating diseases that may arise from sedentary living. Of the 97 facilities contacted, 90 (93% response rate) participated in the survey. Preliminary analyses indicate that 100% of the facilities provide some type of physical activity programming for their residents, with the majority of programming (98%) taking place within the facilities and being led by various types of physical activity leaders. The most popular programs are flexibility/stretching (91%), walking (86%), and sport activities (83%). Only 56% of the facilities offer strength training. In terms of the frequency and duration of activity, a majority of the facilities do not meet Canada's Physical Activity Guide to Health Active Living for Older Adults. The present study gives a much needed picture of the range and availability of physical activity programs in Alberta continuing care facilities as well as some recommendations for future directions.

## 14

## STRESS, PERSONALITY TRAITS, AND COPING AMONG OLDER ADULTS

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The relationship among personality, physiological/cognitive indices of stress, and coping responses are examined among a grouping of older adults. A path analytic model examines covariance among study variables ($\chi^2$ [df=12] = 12.05, *ns*). The Adjusted Goodness of Fit Index (AGFI = .90) and the Comparative Fit Index (CFI = 1.0) both suggest effective fit of data to the derived model. Contrary to expectation, physiological reaction to stress does not appear to mediate the relationship between personality variables and coping responses. In contrast, social support seeking appears to significantly mediate the interaction between openness to experience and both emotion- and problem-focused coping. Extroversion has a direct relationship to both coping responses whereas neuroticism appears related to physiological stress response without relationship to coping. The results of this study are discussed in terms of the cognitive phenomenological model of stress and coping.

## 15

## A NEW COUPLES MEASURE OF BIASED RESPONDING: THE MARITAL AGGRANDIZEMENT SCALE

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Like other categories of self-report instruments, marital measures are believed to be highly susceptible to distortion. However, previous instruments have failed to emerge as valid measures of socially desirable responding. This study describes the development and validation of the Marital Aggrandizement Scale (MAS). Various *a priori* criteria were applied to an extended item pool from which a set of 18 items was selected. Three phases of validation research has since established the reliability and validity of this measure among an international sample of older married adults ($n = 390$). The concurrent and discriminant validity of this scale have been demonstrated relative to separate measures of biased responding, marital satisfaction, and psychological well-being. Indices of internal consistency range from $\alpha = .84$ to $\alpha = .87$. Test-retest reliability over an average interval of 43 days was calculated as r(102) = .75. This coefficient compares favourably to those obtained for other indices of biased responding among these same participants. The challenge is now to identify factors associated with the etiology and maintenance of marital aggrandizement across age groups.

## 16

## CHANGEMENTS COMPORTEMENTAUX ET PSYCHOSOCIAUX D'ANCIENS COMBATTANTS SUITE À UN TRANSFERT INTRA-INSTITUTIONNEL

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Le but de cette étude quasi-expérimentale est d'évaluer dans quelle mesure un transfert intra-institutionnel entra"ne des changements comportementaux et psychosociaux chez la personne âgée à partir de cinq hypothèses non-directionnelles concernant les cinq construits théoriques de l'instrument MOSES ainsi que deux autres hypothèses portant sur le poids et le nombre de chutes.

Hypothèse de recherche: Les anciens combattants qui vivent un transfert intra-institutionnel présenteront des changements comportementaux et psychosociaux comparativement au groupe témoin.

**Méthode:** Collecte de données : La collecte de données s'est effectuée dans un centre hospitalier de soins de longue durée de la région de Montréal. Le groupe expérimental se compose de personnes âgées qui ont vécu un transfert vers une autre chambre de l'établissement (N=25). Le T1 représente le moment avant le transfert et le T2

## 17

## ÉTUDE SUR LA PERCEPTION DE CINQ ANCIENS COMBATTANTS CANADIEN DE LEUR DÉMÉNAGEMENT DU DOMICILE VERS UN CENTRE HOSPITALIER DE SOINS DE LONGUE DURÉE

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Cette recherche a pour but de mieux comprendre comment des anciens combattants qui vivent un premier transfert résidentiel/institutionnel décrivent cette expérience et comment celle-ci est perçue comme affectant leur qualité de vie. L'approche phénoménologique adoptée et préconisée par les auteures permet d'explorer l'univers subjectif des personnes et de décrire la qualité de vie de ceux-ci à partir des perceptions de l'expérience qu'ils ont vécue.

Cinq anciens combattants qui ont vécu une expérience de transfert résidentiel/institutionnel ont été interviewés à partir d'une entrevue non structurée portant sur l'expérience du transfert et d'un questionnaire entrevue sur la qualité de vie.

Les résultats dévoilent que, pour les participants, leur expérience de transfert résidentiel/institutionnel se caractérise par le fait de vivre un bouleversement; ils ont le sentiment que leur vie est déchirée et que leur santé est menacée. Ils démontrent également une volonté de vivre encore longtemps, déploient des efforts pour s'adapter à leur nouvel environnement et s'efforcent de tisser de nouveaux liens amicaux avec les autres résidents.

Les participants ont également décrit l'impact de leur expérience du transfert résidentiel/institutionnel sur la qualité de vie avec les mêmes mots que ceux utilisés en racontant leur expérience vécue. Les résultats dévoilent que certains éléments, dont la relation distante avec leurs proches ou la connotation mortelle rattachée à leur transfert ont contribué à diminuer leur qualité de vie. D'autres éléments tels le rapprochement des personnes significatives et le soutien des proches ont eu pour effet d'augmenter leur qualité de vie.

Finalement, les retombées du projet pour la pratique infirmière permettent de mieux comprendre comment les ancien combattants vivent un transfert résidentiel/institutionnel et comment celui-ci est perçu comme affectant leur qualité de vie.

### 18

## DÉTERMINANTS PSYCHOSOCIAUX D'INFIRMIÈRES FACE À L'ADOPTION DE COMPORTEMENTS DE SOINS QUI RÉDUISENT LE BRUIT DANS LES UNITÉS DE SOINS DE LONGUE DURÉE POUR PERSONNES ÂGÉES

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Le but de cette étude descriptive est de décrire l'adoption de comportements par les infirmières qui réduisent le bruit dans les unités de soins de longue durée, leurs intentions d'adopter ces comportements ainsi que leurs attitudes et leurs normes subjectives face à l'adoption de ces comportements.

Le cadre de référence de l'étude est la théorie de l'action raisonnée (Fishbein et Ajzen, 1975). L'échantillon de convenance est composée de 80 infirmières qui travaillent dans une unité de soins de longue durée et qui proviennent des trois quarts de travail dans un centre hospitalier de la région de Montréal.

Les infirmières ont complété un questionnaire à choix multiples intitulé: «Actions raisonnées liées à la prestation de soins à la personne âgée». Des analyses descriptives permettent de dresser le profil de l'échantillon et révèlent que les infirmières adoptent souvent les comportements qui réduisent le bruit dans les unités de soins de longue durée, soit maintenir une voix basse et poser rapidement une intervention auprès des patients perturbateurs. De plus, elles ont l'intention d'adopter ces comportements et ont des attitudes et des normes subjectives favorables face à leur adoption.

Les analyses descriptives semblent également démontrer que les infirmières connaissent les conséquences du bruit chez la personne âgée. Pour les deux comportements à l'étude, l'intention est la variable qui prédit le plus l'adoption des comportements par les infirmières. Les comportements adéquats peuvent donc être encouragés à la lumière des facteurs déterminants. En ce sens, les résultats de cette recherche pourront éventuellement être utiles pour l'élaboration d'un programme d'intervention et pourront également servir de tremplin à l'élaboration de groupes de discussion pour identifier d'autres sources de bruits et des interventions concrètes pour les contrôler.

### 19

## STORIES ABOUT AGING AND ACTIVE LIVING

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Over the past few decades physical activity has gradually changed from being an inherent part of every day living to something which for many is now a planned and deliberate part of lifestyle. Consequently, many public and private health-related organizations have 'hopped on the band-wagon' taken responsibility for advocating regular physical activity as a way to enhance health and wellbeing. However, the desire by many in their later years to incorporate regular physical activity into lifestyle and rekindle a more playful youth is not as easy as it sounds. Nevertheless, many are seeking a form of liberation and refurbishment through the physical in later life.

This paper comments on the use of story telling as a way to explore and represent the active living experiences of those in their later years as well as explicate the diversity and ambiguity that currently exists about this phenomenon. In so doing, it highlights how aging is being redefined and considers to what extent physical activity contributes to this as a means of expression and accomplishment.

### 20

## EVERYTHING I NEEDED TO KNOW (ABOUT THE BENEFITS OF EXERCISE) I LEARNED THROUGH MY FITNESS CLASS

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Despite significant improvements in the last 20 years, the majority of the Canadian population does not engage in sufficient physical activity for optimal health benefits. Older adults represent the most sedentary segment of the population, although recent Alberta data suggests that the percentage of inactive older adults has decreased in the last 5 years. Retrospective interviews with older individuals who have successfully adhered to exercise programs may help identify key factors in adoption and maintenance likelihood and relapse prevention. The purpose of this study was to explore factors affecting adoption and maintenance of a successful early morning exercise class including a number of older adults and senior participating from between 5 to 20 years. Data was collected through interview and pictures representing participant perceptions of the value of physical activity and the factors affecting adherence. Results are presented in caricature and narrative format and suggest that the group perceives many important health-related benefits including: physical, mental and social health, and the importance of perceived social support mechanisms.

### 21

## THE IMPACT OF CHRONIC ILLNESS FOR STAGES OF EXERCISE CHANGE AMONG OLDER ADULTS

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This paper examines stages of exercise change among older adults aged 50 and over with a chronic illness, based on panel data drawn from the Vancouver North Shore Self-Care Study (n=732 Wave 2). Persons diagnosed with arthritis, heart problems, hypertension and/or stroke were included in the random sampling. Logistic regression analyses identified exercise history and four illness factors (type of illness, duration of illness, comorbidity and activity restriction) as important predictors of positive exercise change over time. Overall, the illness context exerted the greatest impact on exercise stage change in order to cope with a chronic illness. Implications for the Transtheoretical Model and for tailoring health promotion programs are discussed.

### 22

## THE CONSEQUENCES OF CAREGIVING: DOES EMPLOYMENT MAKE A DIFFERENCE?

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While a number of studies have examined the consequences of caregiving among employed women, surprisingly little research has explicitly compared how consequences differ between employed and not employed women. Moreover, very little research in this area has distinguished between part-time and full-time employment. This paper examines these issues drawing on the 1996 General Social Survey of Canada. The sample for this study consists of women aged 25 to 64 who reported providing care to one or more people aged 65+ because of a long-term physical disability (n=426). Three employment status groups (full-time, part-time and not employed) are compared on burden, guilt, job adjustment, postponed opportunities, and socioeconomic consequences. Variables entered into the analysis include age, employment status, marital status, income, education, children under age 15 in household, and several variables related to amount and type of help. Employment is associated with higher burden, guilt and socioeconomic consequences. Variables which were significant predictors in most or all of the models include: total number of people 65+ receiving personal care; age category of respondent; time spent providing various types of care. Overall, employment status appears to make only minor differences in the degree to which women experience consequences related to caregiving. However, predictor variables for the five types of consequences differ according to whether women are employed full-time, part-time or not employed.

### 23

### EMPLOYMENT STATUS AND CAREGIVER BURDEN AMONG ADULT CHILDREN

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Existing research reveals inconsistent findings regarding employment status and caregiver strain. Some researchers have argued that employed caregivers face multiple roles and experience higher levels of strain than those not employed while other researchers report no differences according to employment status.

This paper focuses on the relationship between employment and caregiver burden among a sample of 187 adult children who provided care to a parent. In total, 120 daughters and 67 sons were interviewed; 67% were employed. The results indicated that unemployed caregivers were more likely to be female, to have more chronic health problems, to assist a parent who was cognitively impaired, to provide more hours of assistance with IADLs, and to care for parents who received formal home care services than their employed counterparts. No differences according to employment status emerged for personal strain, role strain or overall caregiver burden, taking other factors into account. Implications for future research and practice are discussed.

### 24

### THE CONTEXT OF SONS' CARE: EXPLORING MEN'S EXPERIENCE IN FILIAL CAREGIVING IN THE CONTEXT OF FAMILY AND WORK

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The primary objective of this study is to explore men's experience in filial caregiving within a work and family context. Specifically, this study examines how men define and interpret their own caregiving contributions, and how the caregiving role fits with other work and family responsibilities. Data for this study was gathered through intensive interviews with adult sons (both married and unmarried) involved in caring for an older parent or parent-in-law. Participants were recruited through health and social service agencies in the Hamilton-Wentworth area, including caregiver support groups, the VON, and SAM: Seniors Activation Maintenance Program. The qualitative approach to the research allows these men to share their feelings and experiences in filial caregiving, in their own words. Themes that emerge from the data include: 'commitment to family', 'ambivalence about the caregiving role', 'coping through humour' and 'caregiving as a process'. These themes and others will be discussed in greater detail in the presentation.

### 25

### EPISODIC CRISES IN THE PROVISION OF CARE TO ELDERLY RELATIVES: AN ADAPTATIONAL PERSPECTIVE

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This study examines the impact of episodic crises in caregiving by those providing assistance or having caregiving responsibilities to an older person. Specifically, this longitudinal research explored whether differences in the reported number of episodic caregiving crises were associated with: (1) the type of care given; (2) caregivers' perceptions of work-family interference (WIF); and (3) caregivers' reported stress. In this study, an episodic crisis was defined as being one or more occasion(s) during the past 6 months when the caregiver provided extra help in an unexpected event such as an illness, accident, or family crisis. Data were obtained from CARNET: The Canadian Aging and Research Network's survey of 5,496 employed Canadians. Analysis is based on data from a subset of 250 caregiving respondents, studied at two points in time over three years; 26.8% (N=45) experienced a crisis at both intervals, while 17.3% (N=29) experienced a crisis at time one but not at time two. Although there were no differences in perceptions of WIF among those experiencing a crisis at both periods, there were differences in types of care given and caregivers' reported stress. Over time, those experiencing crises episodes may acquire mastery and skills that offset the "stress" of caregiving. Those experiencing repeated crises reported lower levels of stress over time and mobilize different formal services and resources than do the single crisis group. Implications for caregivers, employers, policy makers and researchers will be discussed.

### 26

### OLDER ADULTS' USE OF HEALTH SERVICES: AN EXPLORATORY STUDY

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This study was undertaken in partial fulfillment of a MSc in Public Health Sciences. With the continuing increase in the aging population, health service planning for older adults has become more of a priority, to ensure that services are in place to meet the growing needs. This qualitative study used semi-structured interviews to explore the thoughts and opinions of older adults age 60 to 75, regarding their use of health services and the factors that influence this use. Content analysis was employed.

There was a strong proactive nature to their use of and opinions on health services. Five factors emerged as influencing service use: need, relationships with health professionals, feelings of personal control, availability of services, and quality of services. The findings from this study have implications for health planning, and are a good start for continued research in this area.

**27**

### FUNCTIONAL INTERDEPENDENCE: THE IMPACT OF HOUSING, NEIGHBOURHOOD AND NON-FORMAL SUPPORT NETWORKS ON SERVICE NON-UTILIZATION BY SENIORS

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The proposed model of Functional Interdependence describes service usage as a function of the interdependence between individual functional status, individual support networks and the physical environment of housing and neighbourhood. The hypothesis was investigated using a matched sample design: 52 applicants for home-care services were matched with 52 non-applicants, and 40 applicants for day-care services were matched with 40 non-applicants (according to age, gender, mental status, and physical functioning). In both comparisons, applicant's informal networks, housing and neighbourhood evaluations were significantly lower than non-applicant evaluations. Discriminant Function Analysis highlighted the unique and important contributions of informal networks and neighbourhood to differences between home-care applicants and non-applicants (83% correct classification of applicants and non-applicants). With the day-care groups, informal networks and housing evaluations highlighted differences between the applicants and non-applicants (96% correct classification). Housing also distinguished applicants for home-care services from applicants for day-care services (91% correct classification). These results indicate that individual support networks can accommodate the functional status of non-applicants for services if the challenges presented by the physical environment of housing and neighbourhood are manageable.

**28**

### CHANGES IN PATTERNS AND PREDICTORS OF PHYSICIAN AND HOSPITAL UTILIZATION AMONG OLDER ADULTS: REGIONAL DIFFERENCES

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The transfer of responsibility for health services from a provincial to a regional level has become a primary mechanism for the reform and restructuring of Canada's health care system. In 1997, British Columbia joined the majority of Canadian provinces in introducing regionalization as a means of enhancing system efficiency, effectiveness and the ability to meet population health needs. By moving responsibility for care 'closer-to-home', one of the intended consequences was also a reduction of regional disparities in health and health care. To examine whether such changes are occurring, this poster provides a preliminary look at the patterns and predictors of physician and hospital utilization of older adults across health regions in British Columbia, both pre- and post-regionalization. Using data drawn from the British Columbia Linked Health Database, the findings reveal evidence of change over time in regional patterns of care. While the use of general practitioner services increased over time across regions, this was most evident in rural and remote regions of the province. However, hospital utilization declined over time, with greater declines in rural and remote regions. The implications of these findings for an understanding of regionalization and health care for older adults are discussed.

**29**

### PUTTING HEALTH CARE INTO CONTEXT: THE PERCEPTIONS OF EVER-SINGLE OLDER WOMEN

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Ever-single women are a growing segment of the population, yet little research has focused on this group's relationships with the health care system. The purpose of this study was to critically examine how ever-single older women negotiate their relationships with the health care system, including the role of contextual factors, such as gender, age, and socio-political realities in this process. A secondary objective was to evaluate how these factors influence the ability of ever-single older women to manage their health care needs as they age. A critical, feminist theoretical framework was used to guide the research. The sample consisted of 8 ever-single women between the ages of 65 and 77 living in a mid-sized, Southwestern Ontario city. Data were generated using semi-structured interviews. Emergent themes demonstrated the interconnected, dynamic relationship between being an ever-single woman, potential sources of strength and vulnerability, and the consequent influence of being ever-single older woman and personal resources on relationships with health care providers and ability to manage health care needs. Strengths and vulnerabilities were developed over a lifetime and embedded within the opportunities and constraints associated with being ever-single women. Findings from this study provide insight into ever-single older women's experiences with, and perceptions of, the health care system. As well, findings highlight potential shortcomings of formal health care services to meet the needs of this population.

**30**

### LISTENING TO SENIORS THROUGH THE PLANNING PROCESS: AN ELDER FRIENDLY HOSPITAL

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The Capital Health Region (CHR), located in Victoria, British Columbia, formed in April 1997 and brought together seven health organizations under one board and administration. The region serves a population base of 340,000 residents providing 837 acute care beds and 3, 131 long terms care beds. Adults over the age of 65 make up 18% of the region population and account for 62% of acute care medical/surgical admissions.

Traditionally, hospitals have been organized to support the work of health care providers without emphasizing the need for the recipients of those services. A strategic initiative was undertake in the CHR to re-think the way in which we plan, organize and deliver acute care services to seniors. The planning group believed that older adults were uniquely qualified to speak to the experience of coming to hospital, being in hospital and leaving hospital. Acting on this belief, we established a dialogue with seniors to learn from their lived experience.

This paper will report on that listening process, the themes generated, and the strategies that we have taken to weave this new information into action plans.

## 31

### TRACKING GERIATRIC REHABILITATION OUTCOMES IN REAL TIME (PART I)

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There is a clear trend in the public sector to insist on measurement of outcomes. In geriatric rehabilitation the use of the Functional Independence Measure (FIM) allows for outcome measurement of both individual patients as well as groups of patients or programs. Unfortunately, it is difficult to combine team rounds and outcome measurements without taking valuable clinical time away from patients.

This paper will describe how the Geriatric Rehabilitation Program at the SCO Health Service set up a data base using Microsoft Access software, which allows goal setting and patient follow-up at team rounds to become a "real-time" data entry.

## 32

### TRACKING GERIATRIC REHABILITATION OUTCOMES IN REAL TIME (PART II)

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Part I described the process for developing a real-time patient database. This presentation will show how the program is used, simulating team rounds. A particular patient's evolutation in the program will be tracked. Finally some examples of the reporting capabilities of the software will be shown, for example: average admission FIM, typical diagnoses, co-morbid conditions.

## 33

### RANDOMIZED TRIAL OF AN EMERGENCY DEPARTMENT (ED) INTERVENTION FOR HIGH-RISK SENIORS: EFFECTS ON PROCESS OF CARE

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**Objectives:** We have found, in a randomized trial, that an Emergency Department (ED) liaison nurse intervention reduced the rate of patient functional decline at 4 months . We now investigate the intervention effect on process of care 30 days after the ED visit.

**Method:** Community-dwelling patients aged 65+, at risk of functional decline, and ready to be released from the EDs of 4 Montreal hospitals, were randomized to the intervention (n=178) or usual care (n=210). 30-day follow-up data were obtained from patient interviews, hospital charts, and administrative databases.

**Results:** Based on chart review, a larger proportion of intervention than control group patients were referred to Centres locaux de services communautaires (CLSCs) (13.0% vs 5.3%, p<.01) or their family physician (24.9% vs 14.4%, p<.01). Based on the CLSC administrative database, intervention group patients were more likely to receive home care services after their visit, controlling for previous use (OR 1.65, 95% CI 0.89, 3.08). More intervention than control patients (26.8% vs 17.7%, p=.05) reported that they contacted their family physician as a result of their ED visit.

**Conclusions:** The beneficial effect of the intervention appears to be explained by a modest increase in referral to and contact with primary and home care services.

**Funding source:** Health Transition Fund, Health Canada.

## 34

### AN EVALUATION OF CRANIAL CT SCAN USAGE IN A MEMORY CLINIC

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The utility of cranial CT scans in the diagnosis of dementia has been debated for the last 15 years. The objective of this study was to evaluate the use of cranial CT scans in a specialist memory clinic to see if usage was is in accord with the Canadian Consensus Guidelines. A retrospective, consecutive chart review was done on all new referrals to a Memory Clinic from February-April, 1999. Of the 20 patients 14 were women. The average age was 62.3 yrs (38-81), average MMSE score was 23.8 (7-29). 7 had a diagnosis of DAT, 3 MID, 5 depression, 1 Parkinsonism and 4 did not have dementia or depression. Cranial CT scans had already been done in 3 patients and were ordered in 13 ( total of 16 = 80%). Of these 16 only 6 (37%) fulfilled one of the guideline indications for the use of cranial CT scans. In none of the newly ordered CT scans did the result alter the diagnosis or treatment. In conclusion, we are not using the guidelines appropriately.

## 35

### DELIRIUM IS AN INDEPENDENT PREDICTOR OF ONE-YEAR SURVIVAL

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**Objectives:** To determine the effect of delirium upon 12-month survival. Previous studies have found that delirium predicts in-hospital but not post-discharge survival.

**Method:** Patients aged 65+ admitted to the medical service of an acute care community hospital were screened for delirium during the first week of hospitalization, using the Short Portable Mental State Exam (SPMSQ) and the Confusion Assessment Method (CAM). The sampling method for non-delirium controls aimed to provide a similar proportion with dementia. The cohorts were followed for 12 months. Proportional hazards analysis was conducted to control for the confounding effects of prior dementia, comorbidity, acute physiological severity (Apache II), clinical severity, and other variables.

**Results:** 243 patients with delirium were enrolled (15% were incident cases) and 118 controls. The 12-month death rates were

42% for delirium, 14% for controls. The adjusted hazard ratio was 2.0 (95% CI 1.11-3.60). The effect of delirium was stronger among patients without previous dementia and those with less comorbidity. The excess mortality associated with delirium was maintained during the entire follow-up period.

**Conclusions:** Delirium is an important, independent predictor of mortality in this population.

**Funding sources:** Medical Research Council of Canada; Fonds de la recherche en santé du Québec.

### 36

### THE CLINICAL VIEW OF OROFACIAL-SOMATIC DISORDERS BEYOND THE AGE OF 60

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Orofacial somatic disorders are most often discovered late in its development, that is, in some cases, too late. For the patient, this has two considerable disadvantages. For one, the disregarded steps towards healing will cause irreversible damage, and secondly, the developing chronic state will minimize the rate of healing. For that reason it is of great importance to set up and acquire a simple and useful diagnostic routine for the early recognition of the disorders. The first point to be cleared is whether this group of patients shows typical somatic disorders. For that reason 80 patients with orofacial-somatic disorders were tested in a follow-up examination. The results were then compared to the those of the first examination and to that corresponding control group. The findings showed no relevant differences, so that further steps then had to be taken. Based on the studies of patient files from the Research Department for Psycosomatics in Dentistry (in Muenster), a list of ailments and discomfort was compiled. These were then presented to symptomatic psychosomatic patients over the age of 60 and to a corresponding control group. The results showed a significant difference regarding the nature and the intensity of the symptoms. This initiated the setting up of an objective screening test.

### 37

### AN INNOVATIVE APPROACH TO INCIDENT REPORTING IN CONTINUING CARE

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Incident reporting is one of the tools to track unusual events or incidents that occurred in most of the continuing care settings. Very often, information collected through incident reports are accumulated but is difficult to be analyzed in a meaningful manner. The purpose of this presentation is to describe how the Good Samaritan Society developed an innovative process through a Charter Team to address these concerns. A tool is developed and piloted by different services and programs offered by the Good Samaritan Society which include Continuing Care, Assisted Living, CHOICE, Home Support, Community Living, Telecare and Corporate Services. The data is captured through a computer software program which is set up to facilitate staff to record incidents as well as providing a process to follow through with action plans. This program will also enable us to present summarized data for managers in order to assist them in making decisions in the day to day operational issues (i.e. resident falls, behaviours, medication errors, staff injuries, etc). As well, through this process, quality indicators specific to the program sites are collected, monitored, analyzed and actioned out as part of the quality improvement process.

### 38

### A NEW APPROACH TO BATHING EXPERIENCE IN CONTINUING CARE

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There have been many stories perceived and told by residents in continuing care about how a frightening experience has been during bathing. Being in a strange, cold and unfamiliar environment is traumatic, let alone undressed and holstered up in a bath chair at times as needed by personal care staff. The presentation described a pilot study in examining how environmental changes of the bathing room and the approach taken to provide baths can make a difference to the quality of life of residents in continuing care. A pre- and post-data comparison will be used as the methodology in determining the effectiveness of the change.

### 39

### HOW DO CARE OUTCOMES AND SERVICE PATTERNS RELATE TO BEHAVIOURAL PROBLEMS AMONG ELDERLY PATIENTS WITH DEMENTIA?

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**Objectives:** To evaluate the relationship between behavioural problems and both care outcomes and health service patterns among the demented elderly in Ontario Chronic Care Hospitals. In addition, the prevalence of behavioural problems will be reported.

**Method:** This study included 1600 people with dementia aged 65 and older who were patients in Ontario chronic care hospitals between April 1st and June 30th, 1998. Information regarding behavioural problems, care outcomes, and special services or treatments were obtained from the Minimum Data Set (MDS) version 2.0. The MDS defines dementia according to established ICD-9-CM criteria. Analyses were performed to determine the prevalence of behavioural problems and whether behavioural problems were related to either care outcomes or service patterns.

**Results:** Results revealed that the prevalence of behavioural problems ranged from 18.0% (wandering) to 30.1% (socially inappropriate or disruptive). Behavioural problems in this sample and the relationship to care outcomes (such as Quality Indicators) and service patterns (e.g., nursing rehabilitation or behavioural/mood interventions) will be presented.

### 40

## SAFE HAVEN - EVALUATION OF A UNIQUE CONTINUING CARE PROGRAM

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Over the past decade, specialization in long-term care has mushroomed in an attempt to provide better and more individualized care to clients. Safe Haven, a distinctive program that offers continuing care services to chronic alcoholics, is one of many such programs offered within The CAPITAL CARE Group. This group of residents has posed extraordinary challenges in traditional continuing care settings. They did not adjust well to the structure of the traditional setting. Their behaviors upset other residents and their families. As a group they consumed an inordinate amount of resources from the police to emergency departments to psychiatric consultations. Started as a pilot program in 1994, Safe Haven provides an accepting and non-judgmental environment to chronic alcoholics requiring continuing care services. This paper discusses the operation of the program and highlights the results of a recent evaluation. This one of a kind program has had significant impact not only on residents and their families, but also on the larger community of which they are a part.

### 41

## BUILDING BRIDGES BETWEEN LONG-TERM CARE AND DEVELOPMENTAL DISABILITIES

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For the first time in history individuals with developmental disabilities are aging. This change reflects a positive social movement and a trend towards community living and the improvement in the quality of life for individuals with developmental disabilities. This positive change in their life span, however, has exposed a gap in support services, between the long-term care and developmental disabilities sectors. In June 1999, Reena (a community agency working with developmentally disabled adults in the Greater Toronto area) held a Symposium on Aging and Developmental Disabilities funded by Health Canada. Close to 200 people participated from both sectors. As a result of interest expressed by participants of the seminar, the provincial Aging and Developmental Disabilities Committee was created. Funding from Health Canada has been provided for an enrichment project consisting of one-day seminars offered in four areas of the province, taking place this fall. The object of these events is to help communities identify small projects or initiatives to begin the process of working-together. This will lead the way for future joint proposals that will encourage creative resource options to be considered by policy makers at the provincial level. The scope of this new aging trend, the current issues in support services and provincial policy, the supports for new models and a vision for the future will be discussed and explored through the Health Canada projects.

### 42

## BEHAVIORAL ASSESSMENT OF PROBLEM BEHAVIORS IN ELDERLY RESIDENTS OF A PERSONAL CARE HOME

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Brief functional analysis procedures (Phases 1-3) were conducted to identify the controlling variables of different problem behaviors in 3 elderly residents of a personal care home. Hypotheses generated from results obtained in Phase 1 (i.e., descriptive analysis and structured interview) were compared with those from Phase 3 (i.e., brief functional analysis) to determine if they identified the same controlling variables.

Data for descriptive and functional analyses were graphed and analyzed via visual inspection. Results indicated that Phase 1 identified more controlling variables than Phase 3. Hypotheses formed in descriptive and functional analyses were similar, but functional analysis narrowed the controlling variables for the target behavior. A brief functional analysis appeared sufficient in determining controlling variables of the problem behaviors. The interview identified some, but not all controlling variables identified in descriptive and functional analyses. Separate treatments designed based on results obtained from Phase 1 and Phase 3 data, respectively, showed that the treatment designed from Phase 3 results were superior in decreasing the problem behavior.

### 43

## THE VICTORIA GERIATRIC OUTCOMES EVALUATION STUDY

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The Victoria GOES Study is a substudy of the Canadian National Evaluation of the cost-effectivenes of home care. Victoria has a single department which provides all of the geriatric medical services for the Capital Health Region. Geriatric services are organized into community based programs (outpatient clinic, day hospital and outreach service) and inpatient programs (post acute geriatric rehabilitation, inpatient geriatric assessment and rehabilitation for people originating in the community and a consult liaison service). The objectives of the study were to determine if the patients were being matched to the appropriate service (i.e., a well integrated service) and if there were objective improvement in their health status between admission and discharge from the programs. Various health status measures were used to establish the average level of frailty for comparing the groups. These tools included: the SF-36, 3MS, GDS, HAD, Barthel Index, ALSAR, Berg Balance Scale, Timed Up and Go Test and Vertical Visual Analogue Scale for Pain. Caregivers were also administered the SF-36, CES-D and Caregiver Reaction Assessment Tool. We found that there were significant differences between the inpatients and outpatients in these outcome measures indicating that these services target patients well, are well integrated and do not appear to be substitutable. We also found significant improvements between admission and discharge in a number of the different health status measures for each of the groups. We concluded that it is possible to provide a well integrated and effective geriatric medical service for the frail elderly population at a regional level.

### 44

## THE IMPORTANCE OF TRANSPORTATION AND PRIORITIZATION OF ENVIRONMENTAL NEEDS TO SUSTAIN WELL-BEING AMONG OLDER ADULTS

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A sample of 174 community-dwelling seniors was examined for transportation-dependence, and fulfillment of transportation needs. Approximately half (51.7%) of participants were dependent on others for provision of transportation, 44.8% had mobility limitations, and 31.6% experienced unfulfilled transportation needs. Regression analyses revealed that only the "transportation needs met" variable had any significant predictive power for determining well-being. Participant profiles were developed for seniors according to transportation-dependence and transportation needs. Prioritization of P-E needs were found to be significantly different between transportation-dependence categories but not "transportation needs met" categories. Results suggest that prioritization enables seniors to maintain positive well-being despite experiencing functional limitation, or being dependent on transportation services.

### 45

## TELEPHONE FOLLOW-UP WITH PROTOCOLS

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**Objective:** To promote and monitor the health of seniors, relating to poor nutritional status, hypotension and hypertension, elder abuse and depression through the use of telephone follow-up and evidence-based protocols.

**Method:** Telephone follow-up has proven useful in meeting the needs of a large number of seniors at health and wellness clinics, while supporting their need to be responsible for and to manage their own health. The telephone protocols presently in place target the most urgent concerns appropriate for telephone follow-up intervention.

**Results:** Seniors report benefits relating to awareness of the relevance of health concerns to their own health, sense of control over and responsibility for health promotion and injury prevention strategies, improved health practices concerning diet, depression, blood pressure management and personal safety. Health teams report improved continuity of care and more efficient time management.

**Conclusions:** Telephone follow-up increases the likelihood of health impacts for seniors. Protocols help to ensure quality, consistent and accountable care. Based on the responses from seniors and professionals, telephone follow-up will continue to be developed as an effective intervention for seniors' outreach health and wellness clinics.

### 46

## A DAY HEALTH CENTRE FOR VETERANS

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The Veterans Health Centre at The Lodge at Broadmead in Victoria, British Columbia is a new initiative funded as a two year national demonstration project, by Veterans Affairs Canada. The centre was opened officially on September 13, 1999 and staff began providing programs to veterans on October 12, 1999.

The first program to be developed was a day health program for up to 10 veterans per day, four days a week. This structured program currently offers opportunities for recreation, socialisation, health screening, monitoring, counseling and treatments by an interdisciplinary team.

The second program, started this spring, is the comprehensive geriatric assessment program. The veterans and family are assessed one day/week by the consultant in geriatric medicine, a registered nurse, social worker, occupational therapist, dietician, activity workers and a physical therapist using a variety of standardised tools.

The third program is health promotion. Any veteran or their family may call for information on any health topic and their request will be researched and information shared. Specialty clinics are being developed for the management of Parkinson's Disease, diabetes, incontinence, dementia and falls.

The presentation will include a discussion of the initial program proposal and goals, the start-up process, the current client profile, and the plan for evaluation of the Veterans Health Centre for Veterans Affairs Canada to be completed by January 2001.

### 47

## PREDICTORS OF CLIENT/CAREGIVER ADHERENCE WITH THE RECOMMENDATIONS OF A GERIATRIC DAY HOSPITAL PROGRAM

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Non-adherence with discharge plans is a major barrier to the effectiveness of outpatient geriatric assessment programs. This prospective study involved 3-month follow-up interviews with 116 clients/caregivers of a geriatric day hospital program who completed a "Cognitive Change Care Map Protocol". The mean client/caregiver adherence rate with the day hospital recommendations was 67.4% (range 0-100, SD=25.3). Using simultaneous multiple regression analysis, four variables emerged as predictors of adherence. While relocation to a more supervised living situation (either to live with a caregiver or in a residential/long term care facility) and greater number of visits to the primary care physician (PCP) after discharge had a positive effect, lack of in-home support (i.e., a live-in caregiver or regular use of formal home support services) and greater number of recommendations made to the PCP had a negative effect on client/caregiver adherence. The regression equation explained close to one third of variance in adherence and was significant beyond .001 level. The findings guide the design of intervention strategies to improve adherence with the program recommendations and to promote program effectiveness.

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## DEVELOPING A COMMUNITY-BASED OUTREACH PROGRAM FOR OLDER PATIENTS

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To celebrate the International Year of Older Patient , the Ontario Ministry of Health, via the Office of the Senior Secretariat, accepted applications for funding for the development of community-based outreach programs. The submission by the Canadian Memorial Chiropractic College was accepted, and the CMCC was provided funding to develop a series of informative and interactive presentation on the themes of "Osteoporosis, Osteoarthritis and Injury Prevention: Separating Fact from Fiction". The program was co-sponsored by the Ontario Chiropractic Association.

The presentation to the CAG would discuss the process by which the program was developed in terms of selection of interns to provide the lecturers, focus-group utilization to identify important issues for presentation and to ensure appropriate use of terminology, methods to advertise the program to potential sites, coordination of presentation site dates and times and the use and development of evaluation instruments to assess audience satisfaction. The process of developing take-home information packages and informative posters that were donated to each presentation site would be explored.

Strategies for fund acquisition would also be discussed.

The intent of this outreach program was to provide information to individuals living in the community that could be utilized in order to maintain their ADLs, IADLs and the ability to "age with attitude".

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## THE BENEFITS OF FUNCTIONAL FITNESS TESTING FOR AN OLDER ADULT COMMUNITY SETTING

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Research in the area of strength training and physical activity for seniors has been significant in the past decade. The interest in the level of fitness of older adults is not only important to researchers and fitness leaders but to older adults themselves! Based on a Functional Fitness Test developed by Rickli and Jones, the Kerby Centre began testing a group of seniors to gain knowledge about their level of functional fitness and general exercise habits. The benefits of performing the test were apparent for seniors and for the program planner of fitness programs at Kerby Centre. This workshop will provide an opportunity for you to participate in the Functional Fitness Test. It will demonstrate the following objectives: user friendliness, ease of delivery of the test in a community setting by lay persons and use of the testing format in a group setting. Following the practical component, discussion will focus on the interpretation of test results to meet the individual senior's needs and ongoing program development.

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## THE ARTS IN LATER LIFE: EXPERIENCE AND OPPORTUNITIES

**Discussant/Chair:** Pamela Brett, MA, Institute of Health Promotion Research, The University of British Columbia, Vancouver, BC V6T 1Z3 (pbrett@interchange.ubc.ca) Tel: (604) 221-7742, Fax: ATTN Pamela Brett (604) 822-8742

**Participants:** Marilyn Magid, BFA - Manager, ArtWorks Studio Program, George Derby Centre, Burnaby, BC; Joy Coghill, MFA, CM - Founding Artistic Director, Western Gold Theatre Company, Vancouver, BC; Susan Summers, MMT, MTA - Music Therapist, Richmond, BC

Later life represents a time of new opportunities. There are new roles as well as new activities and involvements that may be experienced. There can also be significant losses to contend with - such as loss of roles and relationships, and loss of physical and cognitive ability. Through all these changes, live performance and artistic self-expression can support meaning-making in later life. Creative activities can provide a sense of being connected to a creative present, a sense of flow of being and becoming, allowing for the experience of the self in transformation. The arts can also promote the emergence of more caring, compassionate communities, and contribute to life satisfaction and physical well-being. Although programs exist that support the experience of the arts in later life, there are few opportunities available for sharing insights, experiences, ideas and resources - we hope to provide an opportunity for this in this session. Marilyn Magid directs an Artworks Studio Program at a long-term care facility. Joy Coghill is the founding artistic director of the Western Gold Theatre Society for elder professional actors. Susan Summers is a music therapist and educator who works with seniors and in palliative care. Pamela Brett is a health researcher who has initiated a study of the health promoting effects of artistic self-expression in later life. During the discussion the presenters will share their interests and experience of arts-based programs for seniors. They will also share their insights into relationships between creativity, meaning-making, vitality, health and well-being in later life. Participants will be invited to share their own experiences. Discussion will also focus on initiatives that 1) might support work in this area, and 2) promote understanding of the importance of the arts in aging.

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## A GUIDE FOR END-OF-LIFE CARE FOR SENIORS

Rory Fisher, Margaret M. Ross and Michael J. MacLean, Faculty of Social Work, University of Regina, Regina SK, S4S 0A2

The purpose of this symposium is to present "A GUIDE for End-of-Life Care for Seniors" as the basis of discussing the role of health care and social service providers in giving this care. This GUIDE has been developed to reflect a national consensus on best practices in the provision of this care in long-term, acute and community care settings. It is based on the following definition: "End-of-Life Care for seniors requires an active, compassionate approach that treats, comforts and supports older individuals who are living with, or dying from, progressive or chronic life-threatening conditions. Such care is sensitive to personal, cultural and spiritual values, beliefs and practices and encompasses support for families and friends up to and including the period of bereavement". The methodology of developing this GUIDE will be discussed to show some innovative approaches such as: bringing together a national advisory committee representing many health care, social service, seniors and aboriginal communities to develop a broadly-based perspective on end-of-life care for seniors; having authors of chapters relinquish their claim to authorship in the interests of making the GUIDE as broadly-based as possible; and creating an extensive national and international review process to ensure that many significant groups in end-of-life care for seniors could influence the final draft of the GUIDE. The GUIDE addresses issues of ethics as our population ages and morbidity is compressed to the end of the life span. Information on aboriginal reflections and cultural issues on end-of-life care will also be presented. A copy of the GUIDE, which has been developed and published in English and French through the generous support of Health Canada, will be given to each participant of this symposium.

### 52

## BREAKING BAD NEWS

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Few practicing physicians have received formal training on how to break bad news, yet it is a common and often distressing task. Amongst the most frequent and impactful is the news that the person is no longer competent to drive. For this workshop, medical and education faculty at the University of Alberta, together with the Audio-visual department of the Glenrose Rehabilitation Hospital have produced an educational video showing physician-patient (and family) interactions. The video will be used to facilitate the identification, discussion, and evaluation of issues and communication alternatives. Evaluation of fitness-to-drive is used as the training model because of its increasing importance in an aging society and because it effectively illustrates a wide variety of important issues including a possible effect of the therapeutic relationship, physician's responsibility to the patient vs. society, confidentiality, litigation, reporting requirements.

Participants in this workshop will:

Identify and address individual concerns about communicating with a patient about their fitness to drive.

- Identify the clinically relevant information that is to be gleaned from the assessment interview.
- Identify the relevant assessment tools currently available to physicians.
- Learn and apply key components from the Patient Centered Clinical Method.
- Identify resources within their own community that will assist in resolving attendant problems for patients and caregivers.
- Develop their own protocol for breaking bad news and compare it with existing protocols.
- Assess and evaluate two videotaped consultations in light of the protocols and tools now available. Participant will also be expected to offer their own responses to the patient at intervals throughout the video.
- Discriminate and decide which of the communication tools and protocols they will be applying in their clinical practice from now onwards.
- Participant will also learn about, and discuss CMA Guidelines and the DriveABLE Assessment Centres Inc.

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## COPA'S HOME DETOXIFICATION FOR OLDER PERSONS

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Detoxification, for some people, is the entry point to other kinds of addiction treatment. Detoxification services have traditionally been designed for the mobile client willing and able to appear at a detoxification centre. This design can present a barrier to the mobility-restricted and older person. As well, detoxification staff training often does not address the treatment requirements of older persons. Physical and systemic barriers may present themselves in the service delivery.

COPA, an addiction treatment program in Toronto for older persons, was funded by Veterans Affairs Canada to provide detoxification to older persons in the comfort and privacy of their home. Most of the literature on home detoxification targets the general population and rural and remote areas. However, professionals who work with the older person in urban environments believe detoxification services in the privacy of ones' home to be an ideal intervention. The findings and their implications in a society that is aging, that is increasing its use of drugs, and that is reducing the resources that are available for treatment, will be discussed.

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## ELDER ABUSE? - NOT ME: PERSONAL EMPOWERMENT AND PREVENTION

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Many Canadians, both professionals and seniors themselves are unaware of elder abuse. Therefore, education is an essential element in abuse prevention. Is our education being heard? Is it being heard by seniors? Are we educating in a way that professionals understand or in a way that seniors understand?

The interactive workshop will explore several ways persons can impact practical changes in both the awareness and prevention of elder abuse and neglect. Highlighted aspects will include (a) How can you tell if you're reaching seniors? (b) What prevents them from hearing you? (c) and empowering seniors. Participants will have opportunity to examine and share ideas as well as explore practical ways to raise the awareness of and prevent elder abuse.

### 55

## INFORMED CHOICE OF NURSING HOMES, SUPPORTS AGING WITH ATTITUDE

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The choice of moving to a nursing home is usually made by clients and families at a time of crisis. Presently families base their choice most often on three criteria; location, price and the availability of a private room. There is scant research and few benchmarks that exist in Canada that could provide families with information needed to select or compare nursing homes. In order for clients and families to make a selection that more effectively meets their needs and those of the prospective resident, certain observations need to be made and certain questions need to be asked. This poster presents a series of observations that could serve as a helpful survey tool for families to use when choosing an appropriate facility. The questions are simple, easily administered and cover observations about client centeredness, physical environment, life quality within the facility, aspects of care, care delivery and programming. The questionnaire is scored and weighted, emphasizing criteria most desired by clients, families and care providers as cited in the literature, in theory and in accreditation standards. This tool has been tested for validity and reliability in two provinces and has the potential for Canada-wide application.

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### SERVICE USE AMONG ELDERLY HOME CARE CLIENTS: IMPLICATIONS FOR THE ACUTE CARE READMISSION PATHWAY

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Multiple admissions to hospital are costly in terms of health care expenditures and in terms of compromised health and autonomy for older persons. It has been demonstrated that a minority of elderly people consume a disproportionate share of hospital services, accounting for about 20% of all readmissions.

This study investigated client characteristics obtained from the MDS Home Care in order to predict which home care clients were more likely to experience either one or more hospital admissions, emergency visits, or two or more emergent care visits in the last 90 days.

Results revealed that ADL dependency, poor self-rated health, and nutritional problems predicted acute care use. Additionally, the significance of these factors dependend on the status of the client's social support system. Thus, this study provides a profile of elderly home care clients who are at risk of using acute care services. Project funded by: the Population Health Fund, Health Transistion Fund, Providence Centre Foundation, & the InterRAI Corporation.

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### IMPACT OF MEDICATION CHANGES ON THE QUALITY OF LIFE OF A PATIENT WITH ADVANCED PARKINSON'S DISEASE

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In advanced Parkinson's Disease, a variety of symptoms such as painful dystonias, frequent "off" periods, dyskinesias, paranoia, hallucinations, urinary retention etc, can severely impact a patient's quality of life.

Although we do not fully understand the pathologic changes that are occurring, we do know that medications that either replace dopamine, mimic the effects of dopamine (dopamine agonists), or increase the duration of action of dopamine (COMT inhibitors), markedly impact the Parkinson patient - for better or worse depending on how they are utilised. It is important to understand that each patient presents differently and the response to medications varies enormously amongst patients. This presents a challenge to the interdisciplinary team.

This poster describes the life of a patient on the SCO Parkinson unit since admission. The outcome of suboptimally managed symptoms can result in some or all of the following:

a) an inability to feed or care for oneself

b) unable to ambulate

c) pain, numbness or spasm

d) various psychological symptoms such as anxiety, paranoia or hallucinations. Medication changes and responses are detailed. A problem-solving approach which can be applied to other Parkinson patients is adopted. An interdisciplinary approach maximises the positive impact of medication changes on quality of life.

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### AGE-RELATED DIFFERENCES IN PHYSICIAN AND HOSPITAL UTILIZATION IN BRITISH COLUMBIA: 1990-1998

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The transfer of decision-making responsibility over health services from a provincial to a regional level has become a primary mechanism for the reform and restructuring of the Canadian health care system. In 1997, British Columbia joined the majority of Canadian provinces in introducing regionalization as a means of enhancing system efficiency, effectiveness and the ability to meet population health needs. The older adult population is among those most likely to be affected by these changes. Yet, the implications of regionalization for the health and health care of older adults remain unknown. In this poster, provincial health service utilization data from British Columbia are used to examine age-related changes over time (1990-1998) in rates of physician and hospital utilization. The findings reveal increases over time in the use of general physician services, particularly among those aged 50-64 and 75 and over. Although hospital utilization declines over time for most age groups, this is not evident amongst those aged 85 and over. The relationship of these changes to regionalization and their implications for the health care of older adults are discussed.

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### CONTINENCE PROMOTION

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It is difficult to "age with attitude" if you experience urinary incontinence. This problem is experienced by up to 35% of seniors living in the community and over 50% residing in institutions. Despite the prevalence of the problem, incontinence is a topic that is rarely discussed, by those who are affected or by health professionals who treat them.

Within Seniors' Health, Acute Care, in the Calgary Regional Health Authority, we were concerned about the absence of standards of practice for addressing urinary incontinence problems in our clinical areas. The Seniors' Health portfolio includes Geriatric Assessment and Rehabilitation Inpatient Units, Outpatient Clinics, Long Term Care Units and Day Hospital. Clinical Nurse Specialists and Registered Nurses working in these clinical areas collaborated to address the issue.

The poster will describe the facets of the project that are currently being implemented. A Urinary Incontinence Assessment and Management tool was developed to guide nursing staff through the assessment/intervention process. Education was planned for RN and LPN/NA levels of staff and patient education materials were designed. Possibilities for extending the positive learning of the project to other areas of the health system will be outlined.

### 60

## THE EFFECTS OF PHYSICAL EXERCISE AND EDUCATIONAL COURSES ON SELF-RATED MEMORY DIFFICULTIES IN OLDER ADULTS

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The effects of physical exercise and educational courses on self-rated memory difficulties were investigated in a sample of 60 older men and women over the age of 50. There were three levels of physical exercise frequency (never, 2-6 times per week, daily) and two levels of educational courses taken (none and daily). The 10 participants in each condition were approximately matched in years of education and age. The results of a two-way analysis of variance indicated no main effects of exercise or education courses but there was a significant interaction. Participants who exercised 2-6 times per week or daily and were involved in daily educational courses indicated a higher degree of memory problems in comparison to participants who exercised and were not taking educational courses. However, non-exercising participants who took educational courses daily indicated fewer memory problems than did non-exercising participants not taking educational courses. Results are discussed in terms of educational courses and their effect on raising awareness in memory function.

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## EVALUATING THROUGHOUT A SERVICE MODEL CHANGE

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Over the past two years, Extendicare (Canada) Inc., has piloted a new service delivery model in four sites in Southern Alberta. This model, based on a Program Management format, was introduced in response to needs identified by staff, residents and families across Canada. The model centers on four key result areas including: user friendliness, resident focused care, staff satisfaction through increased involvement, and cost efficiencies and effectiveness. A major outcome identified by the internal implementation committee was the need to evaluate the project's success. We report here on the format of this evaluation. The key questions associated with each result area, the methods used, and the challenges that arose will be presented. The value of formative evaluation throughout such a change process will be discussed.

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## GERIATRIC FLOW SHEET

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The purpose of the Geriatric Flow Sheet is to record a patient's functional status in a succinct format and facilitate evaluation of data at a glance. Ongoing assessments, routine observations, routine treatments and progress towards expected outcomes are recorded on this flow sheet. It is interdisciplinary. It allows the indication of more detailed flow sheets in use and narrative charting to augment a change in status when noted, yet avoids duplication. Communication of patient's progress is enhanced to all disciplines and all shifts. It detects fluctuations that may occur in the 24 hr. period. The use of this tool allows appropriate interventions and effective discharge planning to occur.

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## KEEPING PATIENTS WITH PARKINSON'S DISEASE ACTIVE IN THE COMMUNICATION LOOP & SAFER SWALLOWING - CONSIDERATIONS FOR ASSESSMENT, AND MANAGEMENT STRATEGIES

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Parkinson's Disease affects communication to varying degrees depending on the disease progression. Although there is variability, typical manifestations include oromotor dysarthria and dysphonia.

The first speech symptom is dysphonic vocal quality which may be characterized by vocal hoarseness and reduced volume. In the advanced stages, symptomatic features can include difficulty with initiation of phonation, reduced duration and breathiness to complete aphonic episodes. Decreased cognitive function including impaired memory, orientation, organization of information and problem solving requires equal consideration of its effect on communication.

The same oromotor, laryngeal and pharyngeal structures involved with communication impact on swallowing function. A swallowing disorder is of concern with Parkinson's Disease in terms of patient safety and quality of life. Many patients' with cognitive changes are unaware of their difficulty with swallowing which can place them at greater risk for aspiration and/ or obstructed airway.

This poster will outline key diagnostic indicators and management strategies of communication disorders involved in Parkinson's Disease. Practical environmental considerations and Augmentative/ Alternative Communication options will be reviewed with the goal of maintaining the patient's active participation in his/her communication. Swallowing assessment and management strategies will also examined with the goal of maintaining a quality of life for patients' with Parkinson's Disease.

### 64

## GENDER DIFFERENCES IN PHYSICAL HEALTH AND DEPRESSION AMONG OLDER ADULTS

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Research evidence suggests a greater prevalence of depression among women than men. A link between physical health and depression has also been confirmed. Yet, the impact of gender on relationships between physical and depression remains unclear. This paper examines the extent to which gender differences in depression among older adults reflect differences in exposure and vulnerability to physical health problems. Using data from a community-based sample of 661 older adults with chronic illnesses and disabilities in British Columbia, multivariate (OLS) regression analyses reveal

that older women experience more chronic conditions and greater difficulty in performing activities of daily living. However, gender is not a significant predictor of depression. Nor is there evidence to indicate that either differential exposure or differential vulnerability to physical health problems contribute to higher levels of depression among older women than men. These findings suggest that gender differences in depression may be less prevalent among older elderly adults with chronic illnesses and disabilities. The implications of the findings for theory and research are discussed.

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### A GERIATRIC REHABILITATION CARE PATH

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**Objective**: development of a care path to assess progress and variance to client-specific goals on a general rehabilitation ward within a free-standing geriatric care facility.

**Methods:** an 8 month trial using a blank focus-time matrix was analysed and a second iteration with pre-set focus areas was tested for 3 months.

**Results:** client characteristics were 80% orthopedics; mean age of 81.8 years; mean length of stay of 6.4 weeks, overall goal of return to community living. Recurring focus areas were found with an average of 3 per client. Mobility and ADL usually determined completion of rehabilitation time. 40% of foci achieved completion early. The mobility goal was achieved earlier in 24% and later in 20% of cases. Discharge occurred within a week of completion of rehabilitation goals in only 37-46% of cases. Benefits of the care path were more specific goals, better attention to a time frame, and more focused team meetings. Ongoing problems have been changes in key team members and incomplete data collection.

**Conclusions**: the team tends to overestimate time to goal completion, discharge delays occurred that highlight areas for improved discharge planning. A focus-time matrix with pre-set goals and record of variance will help rehabilitation team efficiency.

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### STATURE AND FUNCTIONAL DISABILITY AMONG CANADIAN WOMEN

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**Background and Objective:** Adult height has been found to be inversely associated with mortality, potentially reflecting the genetic regulation of maximal height and susceptibility to disease or the onset of morbidity ultimately resultant in death. This study considered whether stature might be an independent indicator of latent susceptibility to disability.

**Methods:** Data on 35,701 adult women with detailed health information from the 1996/97 sample of the (Canadian) National Population Health Survey (NPHS) were used in the analysis. Unweighted mean estimates of height were computed according to level of disability within a generalized linear modelling framework.

**Results:** Lesser height demonstrated a statistically significant association with greater disability, even after adjusting for age, education, and cumulative illness burden, giving evidence of a gradient effect.

**Conclusions:** A significant cross-sectional association between self-reported height and cumulative functional disability suggests that lesser stature may be a proxy for spinal osteoporotic effects in women. Declines in height (i.e., vertebral compression) may result from non-osteoporotic conditions such as gain in weight and declines in muscular strength.

### 67

### EXCESS FUNCTIONAL DISABILITY AMONG DEMENTED SUBJECTS: FINDINGS FROM THE CANADIAN STUDY OF HEALTH & AGING

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**Background and Objective:** Dementia has been recognized as the strongest determinant for developing functional disability. But dementia patients typically present with concomitant illness, thereby making difficult a determination of the fraction of disability due to dementia. The objective of this study was to estimate the prevalence of functional disability among demented and nondemented people and to estimate the excess disability in demented subjects net of conditions independently associated with disability in older people.

**Methods:** Data on nearly 2900 subjects from the clinical examination of the 1991 Canadian Study of Health and Aging.

**Results:** Unadjusted specific disability prevalence (in bathing, dressing, grooming, toileting, and stool and urinary incontinence) is considerably greater among demented subjects than among cognitively normal or cognitively impaired but not demented subjects. After adjustments, specific disability in demented subjects is somewhat reduced in comparison to nondemented and cognitively impaired but not demented subjects.

**Conclusions:** Even when one considers the influence of a history of physical illnesses that typically result in disability, the link between disability and dementia is only marginally attenuated. It is important to fully describe the disability seen in dementia in order to plan services and to compare the efficacy of proposed treatments on dementia related disability.

### 68

### FOLLOW-UP OF MEDICATION REVIEWS IN THE ST. BONIFACE GERIATRIC DAY HOSPITAL

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**Objective:** To describe the implementation rate of medication recommendations made during comprehensive geriatric assessment (CGA).

**Design:** Retrospective chart review.

**Setting:** St.Boniface Geriatric Day Hospital (GDH).

**Subjects:** All GDH attendees discharged over a 20 week period who had received physician assessment, n = 199 screened, n = 64 met eligibility criteria.

**Methods:** Structured chart abstraction including demographics, medications, types of recommendation, compliance, medication administration.

**Results:** A total of 135 medication related recommendations were identified with an overall implementation rate of 58.5%. he implementation rate for recommendations made to primary care physicians was 32.9% compared to 98.1% when ordered directly by GDH. The type of recommendation had no effect on implementation. GDH did not significantly reduce the number of medications taken by the patients. GDH only recommended discontinuing benzodiazepine (BZ) in 18% of those on BZ.

**Conclusion:** GDH had low implementation rate of medication recommendations made to family physicians and should re-examine their practice style. Comparative studies with Day Hospitals that have pharmacists on staff is indicated.

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## DIZZINESS IN THE ELDERLY PATIENT

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Dizziness in the elderly is a major problem both in terms of the sheer numbers of older individuals affected and the negative consequences dizzy symptoms can have on these individuals' lives. The present study will determine the prevalence and nature of dizzy symptoms in elderly patients who are undergoing rehabilitation in a hospital setting. The central tenet of this research is that many cases of dizziness are the direct result, or are somatizations, of anxiety. As such, the relationship between dizziness and anxiety in geriatric rehabilitation patients will be investigated with use of a Dizziness Questionnaire (DQ) and the Beck Anxiety Inventory (BAI). It is hypothesized that those individuals experiencing dizziness will be, on average, more anxious than those not experiencing dizziness. Because dizziness adversely affects so many different aspects of patients' lives, the relationships among dizziness and other important and relevant factors will also be analyzed: depression via the Geriatric Depression Scale-Short Form (GDS-SF), perceived health via the Medical Outcomes Study Short-Form Health Survey (SF-36), functional ability via the Functional Autonomy Measurement System (SMAF), and demographic variables and medical history via chart reviews.

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## EFFECTS OF CLASSICAL MUSIC AND WHITE NOISE ON AGITATED BEHAVIORS IN RESIDENTS WITH DEMENTIA OF LEWY BODY TYPE

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Agitated behaviors are difficult to manage in long-term care residents suffering from dementia of Lewy body type (DLB). Patients with DLB are often characterized as experiencing clouding of consciousness, physically and/or verbally aggressive, and exhibiting hallucinations. Non- pharmacological interventions have not received attention in the literature and were explored in the present study. Classical music and white noise have been investigated with agitated residents suffering from other forms of dementia and it was hypothesized that these interventions could be effective in decreasing the agitated behaviors of residents with DLB. Two classical pieces by Mozart and white noise (running shower) were selected. Three residents diagnosed with probable DLB were observed individually for one hour per day for 20 days. Observational periods were divided into a 10 minute accommodation, 15 minute intervention, 10 minute transition, 15 minute intervention and a 10 minute post-intervention. The presentation of classical music and white noise interventions were counter balanced. Ten behavioral and emotional categories based on the Positive Response Schedule (Perrin, 1997), were observed. Behaviors were recorded every 30 seconds using a pre-recorded signal tape composed of 20 second observation periods followed by 10 second recording periods. Results will be presented and implications for future research discussed.

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## COGNITIVE AND EMOTIONAL CHANGES IN PARKINSON'S DISEASE

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When James Parkinson first documented this disease in 1817 it was concluded that "the senses and intellect remained uninjured". Today we are aware that Parkinson's Disease is classified as a mainly "subcortical" type of neurological illness where some form of progressive cognitive change can be expected to occur. In such extrapyramidal disorders clinical presentation can include cognitive slowness, inertia and lack of initiative, speech and language deficits, forgetfulness, and dilapidation of cognition. Moreover, various psychological and neuropsychiatric symptoms are likely to accompany the physical manifestations of this illness. This poster presentation will outline specific cognitive domains and how they are affected by Parkinson's Disease. We will also focus on the emotional (depression, anxiety) and neuropsychiatric sequelae (hallucinations, delirium). Particular management strategies will also be reviewed that can help to alleviate some of these troubling symptoms.

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## INTERPRETIVE CONTROL IN CHRONIC VS. ACUTE HEALTH CONDITIONS IN OLDER ADULTS

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With advancing age, it would be expected that limitations imposed on individuals by declines in health constitute a threat to perceptions of autonomy and control. Further, it would make conceptual sense to expect that this threat would be most deeply felt by those suffering from long-term chronic conditions relative to those with acute illness. However, in a sample of independently living seniors (N = 181), no significant differences were found in perceived control between those with acute versus chronic conditions. One possible explanation for this counterintuitive finding may be related to a markedly increased use by those in the chronic condition of what Rothbaum, et al. (1982) referred to as "secondary interpretive control" - a cognitive process through which individuals can partially restore perceptions of control by reinterpreting negative experiences in order to find positive meaning or value in them. Average ratings on an 11-item measure of interpretive control were almost twice the magnitude in the chronic condition (M = 30.41) as in the acute condition (M = 17.94), F(1, 179) = 77.35, $p < .001$. These results support Heckhausen & Schulz's (1993, 1995) conception of secondary control as a compensatory strategy in conditions where declines in primary control are long-term or permanent.

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### AGE AND GENDER DIFFERENCES IN THE PERCEIVED BENEFITS OF SOCIAL CONTACT AND COMMUNICATION WITH OTHERS ("VICARIOUS CONTROL")

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Using a 12-item measure based, in part, on Rothbaum et als.' (1982) description of "secondary vicarious control," analysis of data from 353 older adults revealed a significant age by gender interaction on the use of vicarious control (e.g., social contact, communication with others, and affiliation) to maintain or enhance perceptions of physical and psychological control and well-being, $F(1, 349) = 3.957$, $p < .05$. For the "young-old" in the sample, (i.e., those less than 80 years of age), there were no gender differences in the beliefs, reasons and motivations, or perceived beneficial effects of social associations and interactions ($M = 32.51$ for males vs. 32.81 for females). However, for the "old-old" (i.e., 80+ years), females reported deriving higher levels of benefit from social contact than their age-equivalent male counterparts ($M = 35.21$ for females vs. 30.20 for males). These results suggest that benefits arising from social connectedness may not uniformly apply to all individuals, and thus may have important implications for the design and planning of therapies, interventions, and leisure programming for older adults.

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### PERCEPTIONS OF HOME CARE WORKLIFE DURING RESTRUCTURING CHANGES

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This research examined the quality of work life issues for three groups of front-line home care practitioners within the context of labour process change in an integrated health system. The main question was: What are the impacts of restructuring strategies on their work and how is this affecting their worklife and overall quality of life? Data from focus groups (4), interviews (21), and surveys (241) of nurses, licensed practical nurses, and home health aides provided cross-validation of findings. Initial focus group and interview data has shown that, compared to nurses, home health aides felt more stress and their physical health was affected more often. Aides described the restructuring changes in relationship terms whereas nurses viewed the changes according to task distribution. Quantitative data on perceptions of worklife (Stamps) will be compared to the qualitative findings. Policy implications will be identified for both home care delivery processes and approaches to restructuring in health care.

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### ABSENTEEISM IN NURSING STAFF AT A CHRONIC CARE HOSPITAL: A LONGITUDINAL STUDY

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Statistics Canada (1998) reports that nurses lose an average of 9.6 days per year, one of the highest absenteeism rates of all Canadian workers. In comparison with acute care hospitals, nursing staff at chronic care hospitals experience significantly higher rates of absenteeism. This longitudinal study (1992-1999) examined patterns of absenteeism of nursing staff in a community based chronic care hospital. Three validated measures of absenteeism were used including time lost, short-term absenteeism (1-2 day) and frequency. Records of all full-time RNs, RPNs, and aide/orderlies (A/O) were reviewed. It was found that approximately 10% of staff accounted for 45% of time lost. In contrast to commonly held beliefs, eliminating this 10% would not reduce absenteeism costs as these individuals generally changed from year to year. In comparison, those individuals experiencing the highest short-term absent episodes remained much more constant over time. While evidence supports an inverse association between absenteeism and education level, significantly higher levels of absenteeism were found for staff re-classified into a less skilled position. Higher rates of absenteeism were also associated with significant organizational structure change, while interventions such as aggressive attendance management resulted in decreased rates. This study provides important direction for healthcare administrators in restructuring processes.

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### STAFF RATIOS AND RESIDENT OUTCOMES IN SPECIAL CARE UNITS: DO ACTIVITY AIDES MAKE A DIFFERENCE?

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The expectation that optimum quality of care will be provided in a special care unit (SCU) for persons with advanced dementia hinges on the ability of an SCU to implement a set of philosophical principles of dementia care. The lynchpin between these principles and their successful implementation is the facility staff. Appropriately trained staff in sufficient numbers are a necessary condition for best care. This study, using data from 50 SCUs in British Columbia, estimates the effect of activity aide-to-resident ratios on six resident outcomes (cognitive function, affect, expressive language skills, social skills, agitation, and activities of daily living) one year after admission to the SCU. Results show that activity aide-to-resident ratios positively affect expressive language skills, social skills, and cognitive function, when controlling for essential resident, environmental, and facility characteristics. RN-to-resident and care aide-to-resident ratios did not affect any of the six outcomes. It is concluded that because activity aide-to-resident ratios are currently at very low levels relative to other staff types, and because other staff type ratios have not been shown in the literature to be consistently predictive of better outcomes, that marginal increases in activity aide-to-resident ratios may suffice to improve certain resident outcomes.

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### COMMUNITY CARE TO SENIORS - ENHANCING QUALITY BY SERVING STAFF

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By serving our employees, quality service delivery is enhanced to the clients we serve. Evidenced through client and employee satisfaction surveys, decreased sick time utilization and improved retention of a usually transient work force, seniors especially, reap the rewards of a more consistent and 'content' staffing team. Customer satisfaction include the satisfaction of our employees. If they feel an organization and its leaders personally care about them as a unique and special person, and honor them as they would a client, employees generously reciprocate . . . 'live' the organizational mission and thus honor the clients, the program and the organization. They are our ambassadors, and as ambassadors, should be honored with our intentional presence in all moments. Consistently supporting, rewarding, and 'playing', while honoring each person reaps realities that others cannot.

This presentation, then, concentrates on our most valuable resource - our people - our ambassadors - those who make Ôreal' our missions.

Excerpted from Mission Driven Ð Creating Unlimited Versus Limited Success!

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### "READINESS FOR CHANGE" AS A PREREQUISITE TO NEW PROGRAMMING IN INSTITUTIONAL CARE

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"*Readiness for change*" is a research-based, five stage construct which indicates, in part, that substantive behaviour change is more likely when self-generated arguments in favour of change outweigh arguments in favour of the status quo.

The concept of readiness for change was evoked as a prerequisite to implementation of corporate-mandated education designed to enhance resident-focused care within the 370 bed Veterans Care service of a chronic care facility. Self-selected implementation teams drawn from the direct care staff on each of six nursing units participated in guided dialogue sessions to establish "readiness" for the education. Implementation teams developed and implemented procedures for polling their peers and spearheaded efforts to address identified barriers. Initiation of the educational program on each unit was made contingent on confirmation by the team that a defined stage of readiness had been achieved. Staff responded very positively to ownership of the process, and implementation of the educational initiative has proceeded in a timely fashion.

In this paper we will summarize the concept of "readiness for change", outline the procedures involved in our readiness review process, and discuss the pitfalls and promises associated with this approach to program introduction in institutional care.

## 79

### THE EXPLOITATION OF OLDER ADULTS FROM THE PERSPECTIVE OF FRONT-LINE HEALTH AND SOCIAL SERVICE PROVIDERS- A BRIEF SUBMITTED TO THE QUEBEC HUMAN RIGHTS AND YOUTH RIGHTS COMMISSION

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Article 48 of The Quebec Charter of Human Rights and Youth Rights refers to the right that all older people and/or handicapped people have to be free of any form of exploitation due to their age or their disability. The term "exploitation" is defined in the broad sense. The "Human Rights' Commission" will investigate complaints and will work towards mediating a solution between the parties involved. Many of their referrels come from health and social service workers whom they continue to work closely with during the investigation. The potential of this Article is immense and can eleminate the need for a more invasive law such as a mandatory reporting law. It also can impact on policies and standards of care. But, this Article is not well known and there seems to be inconsistencies in its interpretation and implementation. The CLSC René-Cassin submitted a brief to the "Commission" about how exploitation is interpreted. Recommendations are made to develop different mechanisms to promote an interdisciplinary response to exploitation and to assure that professionals can have easy access and a consistent response by "the Commission". The brief also makes recommendations on the role of "the Commission" in intervening in situations of exploitation within the family, in institutations and in impacting on policy development.

## 80

### PERSONHOOD WITHIN LONG-TERM FACILITIES: AN UNEXPECTED FINDING

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The findings described are drawn from a larger study of resident abuse in long-term care facilities. In exploring the meaning of resident abuse to members of this setting, emphasis was placed by them upon the personhood of older adults. This was an unexpected finding. Registered nurses, non-professional staff, older residents and significant others were interviewed individually and participated in focus groups. Residents stated "I could be your grandmother and how would you like her to be treated, that's what I want, and dignity." Registered nurses said "we have to give them [older residents] back their dignity". These words demonstrate valuing of personhood within long-term care institutions. Other participants said "they act like children, and they bicker, like children do." Such expressions demonstrate de-valuing of personhood. The purpose of this paper is to describe the study from which participants' acknowledgment of personhood was identified, and to articulate the implications of this finding for health care practice. The relationship between personhood and resident abuse is also addressed.

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### RESOURCE NURSE TO ELDER ABUSE TEAM

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The Resource Nurse to the Elder Abuse Team utilizes a unique "client directed" approach to provide support to victims of elder abuse. Successful primary health interventions that will make a difference for the abused are aimed at: assessment of the older adult's physical ability and mental capacity to cope; intervention in the form of treatment and follow-up; resource linkages in the form of home-based services or alternative housing arrangements; development of a care plan directed at improving the quality of the client's life; support and counselling of the older adult that encourages disclosure and facilitates the older adult's decision-making process; and finally, education. VON will not only provide follow-up support for the client and caregivers, but will advocate on the client's behalf for linkages with existing health, community and social networks to facilitate the development of healthy lifestyles for all family members. The Resource Nurse will provide real-life scenarios to demonstrate the success of the new primary health role.

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### RAISING AWARENESS OF ELDER ABUSE IN FAITH COMMUNITIES

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One largely untapped community resource for raising awareness about elder abuse is religious institutions. Research has shown that older men and women go to their faith community when they have been abused for guidance and support. This pilot project has examined the perceptions and responses to elder abuse in Ontario. The first phase has surveyed a sample of fifty faith leaders. Findings indicate that two thirds (66%) of the sample are aware of or have heard about elder abuse among their older congregation. Faith leaders indicated that there is no structure in place to deal with elder abuse within faith communities as the issue has not been viewed as a significant problem. Faith leaders have identified the need for resources on elder abuse: pamphlets, flyers, multi-cultural information, workshops, videos and training sessions on how to identify the signs of elder abuse. They wish to learn about legislation, policies and intervention strategies. Members of religious communities discussed barriers that keep them from seeking the help: shame, lack of trust, fear of consequences, and the fear that things will get worse. This paper discusses recommendations that have evolved from the findings as well as resource development to address the educational needs of faith leaders and their congregants.

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### EXPLORING THE SOCIAL AND ECONOMIC COSTS OF ABUSE IN LATER LIFE

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While the research is still 15 years behind wife assault or child abuse, there is growing evidence that abuse in later life ("elder abuse") has widespread social implications, and with that, widespread social costs to the individual, society, government and business. This paper explores the potential tangible and intangible costs arising from abuse in later life. It focuses on the key areas of health care, community services, criminal and civil justice, prevention and education, institutional settings, business, taxes and transfers, labour and volunteer efforts. The paper examines the relative distribution of "burden of the costs" between the abused or neglected seniors and government. Relatively fewer municipal, provincial or federal government resources are specifically allocated to abuse in later life, partly because the problem and its impact has not been as well recognized as other forms of domestic violence. The paper also describes barriers in traditional economic analyses and limitations of current abuse research to properly assessing the full social impact of abuse in later life. Recommendations for advancing the knowledge in this area are suggested.

## 84

### INTRODUCTION OF A GERIATRIC ASSESSMENT TEAM IN AN INNER CITY COMMUNITY AND TERTIARY CARE HOSPITAL

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Home-based multidimensional geriatric assessments have been shown to be beneficial. In January of 1998, the Winnipeg Hospital Authority established five Geriatric Program Assessment Teams, each serving a geographical area. The core area/Health Sciences team serves both the major teaching hospital in Manitoba, and one of the most economically disadvantaged areas in Canada.

After a training period, the Program Assessment Team became operational. From September 1999 to February 2000, 259 assessments were done. The mean age of clients was 81 (range 57 to 103). The major sources of referral were: the Emergency Room (17%), the community (28%), and inpatient medical and surgical units (49%). The primary problem on referral was: functional impairment (43%), cognitive impairment (20%), mood or behaviour problems (6%), and falls or impaired mobility (24%).

Difficulties in programme implementation were: the concomitant sabbatical of the nurse clinician at the Health Sciences Centre, the need for two-person visits, the poor health status of the residents, and the high prevalence of psychiatric illness in the core area.

Advantages of the programme include increased communication between the community and the tertiary care hospital, coordinated discharge follow-up, and increasing links to primary care, other geriatric facilities, and home care.

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## DEVELOPING A STRUCTURED CONSULTATION ASSESSMENT TOOL: A PARTNERSHIP BETWEEN GERIATRICIANS AND ADVANCED PRACTICE NURSES (CNS)

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Optimizing health care for seniors in acute care hospitals is imperative in light of decreased length of stay and resource management. The objective of this descriptive study at the Geriatric Assessment Unit (GAU) of the Ottawa Hospital was to; a) develop a partnership between Geriatricians and Clinical Nurse Specialists (CNS) in a consultative inpatient practice; b) review consensus of predicted versus actual patient outcomes; and c) identify characteristics of patients appropriate for admission to an acute care GAU. A Geriatric Consultation Assessment Tool for use by the CNS was developed and piloted over a six-month period with seniors hospitalized on Orthopedic and Medical units.

This paper examines the utility of the structured Consultation Assessment Tool. The results indicate a high correlation between Geriatricians and CNS in identifying patients appropriate for the GAU. Patients on the Medical Units were more cognitively and functionally impaired than those patients on the Orthopedic Units. The most common predicted length of stay in the GAU was 1-2 weeks. Our results demonstrate the Consultation Assessment Tool can facilitate the timely assessment of hospitalized seniors and the appropriate use of resources including the admission to a GAU.

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## THE REORGANIZATION OF A COMMUNITY GERIATRIC ASSESSMENT PROGRAM UNDER BUDGETARY CONSTRAINTS

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As a result of significant budgetary cuts to the Geriatric Day Hospital and Outpatient Program in Victoria, BC, staff and physicians were challenged to design a new program to improve the health status of the community dwelling frail elderly population referred for geriatric assessment and provide support for their family caregivers. The new program was developed by an interdisciplinary team and built on other innovative models of care which have been shown to be effective and efficient. A new model of targetted, syndrome specific, 3 hour group interventions was introduced instead of the previous day hospital. The presentation will describe the formation and content of the Geriatric C.A.R.E. (Community Assessment Rehabilitation and Education) program, the challenges of implementation, the goals and outcomes and the preliminary findings of the first few months of operation.

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## AN INTEGRATED APPROACH TO OUTPATIENT GERIATRIC CARE: STRATEGIES FOR BUILDING PARTNERSHIPS

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A unique approach to outpatient geriatric assessment and intervention has been developed at the Senior's Clinic in the University of Alberta Hospital. The goal of the clinic is to provide timely geriatric assessment to community-dwelling seniors experiencing an acute decline in function. Primary referral sources are Emergency Departments (ED), family physicians and homecare professionals. Urgent patients are seen within 24-48 hours, or if appropriate directly from ED. Following an interdisciplinary assessment, discussion is held amongst team members out of which a set of recommendations is developed. Care plans are formed by linking patients with existing community services. Team members liaise closely with community resources to build an integrated plan with follow through. If no appropriate or accessible service is available, short-term intervention is provided by the clinic. In our presentation, we will discuss strategies to build and maintain mutually beneficial partnerships with other community services. In particular, we will highlight strategies for working effectively with an Emergency Department.

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## STRATEGIES FOR IMPLEMENTING AN INTERDISCIPLINARY GERIATRIC TEAM: OVERCOMING PROCESSUAL CHALLENGES

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A team approach to outpatient geriatric assessment is an emergent practice supported in the literature. It has been proposed that teams identify and address a wider range of issues than that uncovered by a single practitioner. However, developing a team can be fraught with difficulties, typically imbedded in the nature of discipline professionalization.

Since its inception in 1996, the Seniors' Clinic has developed a model of interdisciplinary care. An average of 800 patients are assessed annually, with a mean age of 85 years. Team members had a typical background of primarily unidisciplinary practice, with an expertise in geriatrics. The requirements for an effective team were not generally understood. Characteristics of an interdisciplinary team, which include shared leadership, frequent communication and coordinated care goals, required consistent dedication and shared vision.

Key areas that needed to be addressed included, focusing on patient's perceived need, trust and competition, group responsibility, defining boundaries, charting in an interdisciplinary and concise format. The Clinic's Team building process is to be reviewed by highlighting successes and identifying difficulties and resolutions.

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## WHY IS THE OLDER WORKER SPECIAL?

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In this day and age when it seems that almost every interest group is pounding on doors for financial support, why would anyone ever consider the Older Worker?

The purpose of this paper is to introduce the Saskatchewan Older Adult Employment Bureau and to focus on the impact of the older workers contribution to Saskatchewan. The project saw its preliminary beginning in 1996 when several members of the Saskatchewan Seniors Mechanism (est. in 1990) saw the value of extending some effort to assist the older worker. The group approached various levels of government and were summarily rejected or politely declined. It was not until the spring of 1998 that a Seniors Mechanism member, Dr. Alex guy, re-surfaced the idea and went forward to the Provincial Department of Post Secondary Education and Training under the tutelage of Lynda Blach, Executive Director of the Saskatchewan Seniors Mechanism, to revive the concept. This time the project was more readily accepted and an initial funding level was granted to set up two pilot sites, one in Regina and one in Yorkton. This paper will present the Saskatchewan project and initial short term finding not only about the nature of the client served, but of possible policy issues that industry and elected officials will need to come to grips with over the next few years.

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## THE EMPLOYMENT-SEEKING PROCESS OF OLDER WORKERS: THE CHALLENGES OF AGE DISCRIMINATION

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This study used a micro-level of analysis to examine the implications of age discrimination in the employment-seeking process of older individuals. A qualitative method that involved participant observation in a setting for unemployed professionals, one-on-one informal conversations, and semi-structured interviews with eight unemployed individuals between the ages of 45 and 60 was used in this research. It was found that as a result of age discrimination, individuals suffer varying degrees of degradation to their identity, which in turn leads to identity transformation and distinct survival strategies. A conceptual model of this employment-seeking cycle was developed to both clarify the aforementioned themes, which emerged in this research, as well as to provide a framework for further analysis in this area.

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## AGING WITH THE RIGHT ATTITUDE: WHAT IS THE EFFECT OF AGING ON ALBERTA'S WORKERS' COMPENSATION CLAIMS?

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The study presented is an analysis to test several popular perceptions regarding aging effects on Workers' Compensation claims. In this study, population consists of all claims accepted by the Workers' Compensation Board of Alberta from 1993 to 1998. Data were collected through WCB registry system, a total of 189,424 claims. Fourteen variables were selected for analysis which include worker's age, gender, NOI (nature of Injury), POB (Part of Body), TOA (Type of Accident), SOI (Source of Injury), industry sector, occupation, claim cost, total temporary disability days (TTD), employers, worker's experience, and their earnings.

Three levels of analysis (univariate/bivariate/multivariate) were applied to test the following perception concerning older worker's injury and their claim cost.

Myth # 1: The relationship between age & number of claims.
Myth # 2: The relationship between age and claim cost.
Myth # 3: The relationship between age & TTD.
Myth # 4: The relationships between age and worker's demographic characteristics.

Findings reveal common misunderstandings concerning aging effects on workers' compensation claims. The researcher suggests educational courses should be offered to the public in order to change their negative attitudes toward aging. Aging successfully should not be just a concept. Interventions are mandatory to ensure a healthy intergenerational communication for the years to come.

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## FACTORS INFLUENCING PSYCHOLOGICAL WELL-BEING DURING RETIREMENT

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The goal of the present research was to study the variables that could influence psychological well-being during retirement. The sample included 69 men and 72 women (M = 58.5 years) who had been retired for 6 to 36 months. They completed questionnaires of life satisfaction, retirement satisfaction, and six scales of psychological well-being (Ryff & Essex, 1992): self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. Traditional variables (sociodemographic, health, attitude, and social network) explained 45 to 57% of the variance of life and retirement satisfaction, but explained only a small percentage of the variance (9 to 37%) of the six dimensions of psychological well-being. This study confirmed the impact of traditional variables on life and retirement satisfaction, but brought out the importance of investigating other variables (pursuing personal goals, feeling useful, etc.) that could explain psychological well-being during retirement.

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## TRANSITION TO RETIREMENT - AN ALTERNATE VIEW FROM "OVER THE HILL"

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This paper presents an alternative view to the apocalyptic rhetoric about the burden of an aging population on society using the Statistics Canada 1998 Canadian Time Use Survey. Prior research paints a picture of inactive, socially isolated and unproductive retirees. According to gerontologists, successful aging, health and well-being depends on active participation in productive activities and social life. Time use surveys enable us to quantify the non-market productive activities and active recreation and leisure of the older population. Our analysis reveals that mid-life Canadians, aged 55 to 69, actually spend significant time socializing, on recreation and leisure, and the previously invisible productive work of caring for friends and family, unpaid domestic work and volunteer work are revealed. Indicators of well-being are examined. It helps to inform the development and evaluation of policies with the potential to affect the labour force behaviour of mid-life individuals and/or the well-being of retired persons.

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### ENVIRONMENT AFFECTS HEALTH OUTCOME IN CARE OF THE ELDERLY

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The fact is that most persons in care environments are in places that were not of their first choosing, effectively prisons to some people remembering the home they were forced to leave. The subtle messages read in the environment the first day the elderly person comes through the door affects their world view, self-esteem and their impression of their own health status for the remainder of their stay in the care environment. This presentation will use slides of assisted living to illustrate environments that give the resident a sense of normalcy and anecdotes of how the perception of normalcy led seniors to believe they were no longer "sick".

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### ISSUES AND CHALLENGES FACING MANITOBA'S SUPPORTIVE HOUSING INITIATIVE

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In 1996, Manitoba Health added Supportive Housing to its long term care system in response to the gap between home care services delivered in one's own home and nursing home placement. Supportive Housing is a community-care option that emphasizes independence while providing personal care and a safe, secure, home-like environment.

This presentation draws on the findings of a study that took place between June 1997 and May 1999 at the first two Supportive Housing sites. In-person interviews were conducted with family caregivers and key informants. File reviews were also completed. Issues and challenges emerged regarding the target population and eligibility/entry criteria; moves from Supportive Housing; and, record-keeping and communication. Implications for the future development of this initiative and the need for ongoing research are discussed.

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### AN EVALUATION OF THE IMPACT OF PREVENTIVE HOME CARE AND SENIOR SOCIAL HOUSING

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This study evaluated the effectiveness of preventive home care (PHC) and senior social housing (SSH). PHC provides community living seniors with non-medical support services such as home making, personal care, and meals. It is a lighter level of care than other forms of home care such as post-acute home care. SSH is government-subsidized housing for seniors. Using administrative data we determined whether seniors who received these services lived longer, and remained independent (defined in our study as being alive and not living in a nursing home) longer than non-recipients, and we compared health care costs of recipients and non-recipients. PHC recipients were 50 per cent more likely to lose their independence or die than those non-recipients, and their average total health service costs were approximately triple those of non-recipients. SSH residents, however, were 63 per cent less likely to lose their independence and 40 per cent less likely to die than non-residents, and had about the same health service costs as non-residents. While more research is needed, our findings suggest SSH is more effective than PHC in keeping seniors alive and out of nursing homes, and results in lower overall health service costs.

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### LAURIER HOUSE: A UNIQUE ALTERNATIVE TO TRADITIONAL CONTINUING CARE CENTRES

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Laurier House is a unique alternative, offering the privacy, space and quality of accommodation people are used to before needing long term care facility services, and a means for couples to remain together. Residents are assessed through Alberta's single entry system as requiring admission to a continuing care centre. Through a life lease they can purchase a bachelor, one or two bedroom suite, and live there with a spouse, pet, or other companion, or on their own, while receiving the full range of publicly funded health care services that they would get in any long term care facility in the province. When they move out, they or their estate receive the life lease payment back minus a small percentage to cover wear and tear on their suite. This provides The Capital Care Group with the capital to construct the building, and the resident with the security of knowing their payment is safe and that they will be able to live in a more normalized environment than a traditional facility. This presentation will give an overview of the evolution of the model including its unique staffing, a description and photos of the building, and information on the residents and their companions.

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### LAURIER HOUSE EVALUATION: A LIFE-LEASE MODEL OF CONTINUING CARE - UNBUNDLING COSTS FOR HEALTH, SUPPORT, AND HOUSING SERVICES

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Heritage Woods is a new, purpose-built dementia care facility with three innovative features: 1) small 12-13 unit cottages, 2) multi-skilled staff, 3) a computerized silent monitoring system. The two-year evaluation is designed as a participatory action research project to address two research goals. First, the documentation of the development and operation, so that planners, architects, care providers and others can benefit from the lessons learned. Second, to evaluate the innovative features and learn how they meet their objectives. The central research questions are: What were the principles, goals and values agreed upon by the planners of Heritage Woods and how were they operationalized? Were the intended benefits met for residents, families and staff members? A descriptive case study will address the first question. To answer the second question, both qualitative and quantitative data are being collected to address the following questions. What were the intended program goals and objectives for clients/families concerning the environment, staffing/programming and monitoring system? What design features and activities were implemented to meet those objectives? Did the program have the intended effects on residents? Data sources include focus groups (staff, family, volunteers and other stakeholders); residents' Revised Elderly Persons Disability Scale, Mini-Mental Status Examination and Global Deterioration Scale; person- and place-centered observations; resident file review to track critical incidents and determine the extent to which electronic monitoring was used for care planning, and other impacts of the monitoring system. This presentation will include initial data from year one.

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### ADULT HOUSING: A CONTINUING CARE INITIATIVE FOR THE NEW MILLENNIUM

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Over the past several years, there has been a growing recognition in providing care and accommodation to the elderly in the Capital Health region. The Adult Housing program has emerged as an important component of this consideration. As our Canadian population ages, and as different options are sought to better serve people with chronic conditions, Adult Housing represents an attractive and necessary alternative for now and the future. Adult Housing aids clients as they move from institutional settings or family homes and offers them a community based personal care home environment that is staffed 24 hours per day. This focused setting provides living options tailored more closely to a person's individual needs. It also encourages an individual to participate in meeting more of their own daily needs, to whatever degree possible. Adult housing is able to provide flexibility as to where and how health care services are delivered. A personal care home setting increases consumer satisfaction and decreases the need for higher cost care options. Given this, it seems inevitable that Adult Housing will continue to be a vital part of our health care future.

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### COGNITIVE LOSS IN OLDER ADULTS: CLINICIAN JUDGMENT AND COGNITIVE TEST PERFORMANCE

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Previous research from the Canadian Study of Health and Aging has shown that there is a correspondence between change on neuropsychological test performance and clinicians' judgment as to who showed cognitive decline over a five year interval. The present study further examined this data set to determine whether clinician's judgment of cognitive loss are most strongly associated with level of cognitive test performance or actual change in test performance. Of the 588 persons who received clinical examinations and were not demented on either occasion, 205 were identified as showing cognitive loss over the five year interval between assessments and 383 were not. Clinician's judgments were made without the benefit of exposure to the participant's cognitive test scores from the first assessment. Correlational analyses between group membership (i.e., cognitive loss, no cognitive loss) and simple difference scores (i.e., time1-time2) for a battery of 15 cognitive tests suggested that clinicians' judgments of cognitive loss were, at best, moderately associated with follow-up test performance and only very weakly were associated with actual change in test performance as measured by objective measures of cognitive functioning. This apparent lack of association between clinician's judgment and objective test performance raises questions about the meaning of cognitive changes in older adults.

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### THE CLOCK TEST: WHAT DOES A POOR PERFORMANCE MEAN?

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Previous research has demonstrated that the Clock Test is a useful tool for detecting dementia. However, not everyone who performs poorly on the Clock Test has or is progressing to dementia. The present study examined cognitive impairment and other characteristics which may be associated with poor performance on the Clock Test. Participants from the BC region of the Canadian Study of Health and Aging who completed the Clock Test and underwent a clinical examination were included in these analyses (n=239). Poor and normal Clock Test performers were compared on education, medication use, self-rated health, depression, and living situation as the literature suggests that each of these may be related to performance on measures of cognitive function. These two groups were also compared with respect to diagnostic status (i.e., dementia presence/absence). Although presence of dementia was the most prominent variable associated with poor Clock Test performance in the total sample, low education emerged as a common characteristic of poor performers for a sub-sample of persons without dementia. This suggests that Clock Test results must be interpreted with caution, especially for persons with low education levels.

### 102

## LONGITUDINAL PREDICTORS OF CURRENT SELF-REPORTED HEALTH AND MEMORY FUNCTION

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In the present study, data collected approximately 12 years ago were used to predict current self-reported measures of global functioning in a sample of 75 older adults (range = 54-85). The predictor variables included age, self-reported health, number of illnesses, number of health care visits, alcohol consumption, self-reported mental health, Brink Depression scores, self-rated memory function, digit span, verbal fluency, short term memory and paired associate learning. Measures of global function included self-reported physical health, self-reported mental health, and self-reported memory function. The results indicate that current self-reported physical health was correlated with earlier measures of digit span, letter fluency, and paired associate learning. Current self-reported mental health was correlated with earlier measures of self-reported physical health and mental health. Current self-reported memory function was correlated with earlier Brink Depression scores, digit span, and category fluency. These findings provide important evidence on the interrelations among cognitive function, physical health, and psychological well-being.

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## WHY ARE SELF-RESTRICTIONS IN DRIVING NOT AN EFFECTIVE STRATEGY FOR MANAGING THE CRASH-RATES OF OLDER DRIVERS?

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When amount of driving is taken into consideration, older drivers have the highest crash rates of any adult age group. Recent studies show that older drivers are driving more and longer into old age. The increased driving of the older population may not be without substantial cost. Voluntary self-restrictions on driving have been advanced as a way of effectively enhancing safety while preserving mobility for older drivers. On the surface, voluntary self-restriction would appear to be a reasonable and responsible means to enhance older driver safety without unduly restricting mobility. However, research examining the relationship between ability declines and self-restriction has provided little support for the presumption that voluntary self-restriction will be sufficient. This may be due to an inappropriate assumption of a direct link between ability declines and the amount of self-restrictions in driving. Clearly, ability declines need to be perceived as real and debilitating before they are likely to be causally associated with modifications in driving patterns. The research to be presented examined relationships among self-perceptions of driving competence, measured driving competence, and measures of driving patterns for healthy, normal older drivers and those with clinically relevant cognitive impairments.

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## DEVELOPMENT OF A SCALE TO ASSESS SAFETY OF COGNITIVELY IMPAIRED SENIORS LIVING IN THE COMMUNITY: A NATIONAL STUDY

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It is estimated that 50% of seniors with dementia live in the community. These seniors can be at risk of accidents resulting in burns, falls, wandering, malnutrition and improper use of medication. The purpose of this study was to develop a Safety Scale that could be used by community health care providers to: (1) evaluate the risk of accidents; (2) lower the risk of accidents; (3) assist with the evaluation of the need for institutionalization; (4) provide recommendations to family caregivers; and (5) enhance case management. The Safety Scale underwent content validation using experts in Montreal and Edmonton. The revised 71-item scale was then administered to the caregivers of 170 community-residing patients with dementia (Quebec: 80, Alberta: 50, British Columbia: 40). Criterion validity was determined by correlating the Safety Scale scores with the patients' scores on the Modified Mini-Mental Status Examination (3MS) and the Neuropsychiatric Inventory (NPI). Content and Criterion validation were done in French and English at the same time. Construct validity was evaluated using 10 of the subjects in Edmonton who experienced a critical incident as a result of an accident. The test-retest and inter-rater reliability were also examined by administering the Safety Scale on three occasions.

Acknowledgement: This study is funded by Health Canada.

### 105

## EVERYDAY TECHNOLOGY AND OLDER ADULTS: FRIENDS OR FOES?

**Chairperson:** Marlene MacLellan, MAHE, Associate Director, Nova Scotia Centre on Aging, Mount Saint Vincent University, Halifax, NS, B3M 2J6

**Discussion Leaders:** Jeannine Jessome, MAEd, Project Coordinator, Nova Scotia Centre on Aging, Mount Saint Vincent University, Halifax, NS, B3M 2J6; Clare Parks, MA, Project Assistant, Nova Scotia Centre on Aging, Mount Saint Vincent University, Halifax, NS, B3M 2J6; Sheila Laidlaw, MA, MLS, Board Member and Past President, Third Age Centre (Project Partner), 845 Montgomery St., Fredericton, NB, E3B 5G3; Don King, MEd, MDiv, DD, Director, Seniors Education Centre (Project Partner), University of Regina, Regina, SK, S4S 0A2.

The purpose of this roundtable is to discuss the experience and impact of technology in the day-to-day lives of older adults. Everyday technologies such as banking machines, access to health information and services via technology, and automated telephone service, have become a necessary part of our day-to-day transactions and communications. Increasingly, these technologies do not involve choice. There has not been much formal study or discussion of the impact of everyday technology in the lives of older people. Anecdotal evidence tells us, however, that many older adults (especially those over 70) are turning away from businesses offering only, or primarily, automated services. In the literature that does exist on the topic a common assertion is that the elderly and those with low levels of education and income are in danger of not receiving information and

services that are increasingly being offered by automation (Howatson-Leo and Peters, 1997). The roundtable will begin with a description of the "Everyday Technology and Older Adults: Friends or Foes?" project which is funded by Health Canada's Population Health Fund, coordinated by the Nova Scotia Centre on Aging, and includes eight partners from across Canada. The first presenter will provide discussion of the results of focus groups, interviews, workshops, and Town Halls. The second presenter will address access to health care information and services via technology for older adults in New Brunswick. The third presenter will discuss the learning needs and barriers to access of older rural adults, including First Nations and Metis persons, related to technology. Emerging themes suggest older adults do not perceive technology itself as negative but rather the ways in which they are required to use it is the concern. The objective of the workshop is to discuss emerging findings from the project and to facilitate a discussion on the topic.

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## DEVELOPMENT AND VALIDATION OF SCREENING AND ASSESSMENT TOOLS FOR FAMILY CAREGIVERS

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Family caregivers are a central component in the care of disabled and chronically ill persons in Canada. Despite the fact that they have needs which are often different from those of the care receiver, their status with regards to the formal system of services remains ambiguous. Are they clients, resources, or partners? The goal of this research is to develop and validate a screening tool and an assessment tool for family caregivers, to sensitize practitioners and policy makers to caregivers' situations and needs and to standardize practice and rationalize service delivery. The research is funded by the Health Transition Fund, Health Canada.

The first paper gives an overview of the process which led to the conception of the project, and outlines the project's framework. The second and third papers focus on the development, content and testing procedure of the screening tool and the assessment tool. The two tools were tested by home care staff in 7 rural and urban sites in Quebec and Nova Scotia. The screening tool consists of 12 statements and is designed to identify situations where the caregiver's well-being is at risk. It was tested at intake and validated with the Rankin, et.al. (1994) Caregiver Burden Screen. The assessment tool consists of 10 dimensions to identify caregiver needs: caring work; relationship with formal agencies; housing; juggling responsibilities; financial costs of caregiving; family dynamics; physical and emotional health; service needs; and crisis and future planning. It was tested with 175 caregivers who participated in two assessments, conducted by two different home care staff. The final paper presents issues raised in the development and implementation stages, given the complexity of family caregiving and the nature of a national project involving 3 research teams, 2 languages, 8 home care offices and more than 40 home care staff.

### DEVELOPING A SCREENING TOOL AND ASSESSMENT TOOL FOR INFORMAL CAREGIVERS: AN OVERVIEW

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Family caregivers are a central component in the continuing care of disabled and ill adults in Canada, but their status with regards to service agencies is ambiguous. Within provincial home care systems, there is a lack of standardized evaluation tools that enable practitioners to record the context of caregiving situations and identify caregivers' service needs. A national project funded by the Health Transition Fund of Health Canada has recently developed and tested screening and assessment instruments which enable a more comprehensive and systematic method of evaluating family caregivers' needs. This presentation will provide an overview of the processes which led to the conception of the project, the caregiver needs it was aimed at addressing, and the development of a partnership between researchers and practitioners. This presentation will lay the groundwork for reviewing the issues involved in developing and validating a method of evaluation that is both multi-dimensional and applicable to a wide range of caregiving situations.

### DEVELOPMENT AND PRESENTATION OF A BRIEF SCREENING TOOL FOR CAREGIVERS OF HOME CARE CLIENTS

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This presentation will discuss the development of a tool to screen caregivers of home care clients who are at risk in terms of their physical and mental well-being. This tool is aimed at helping intake workers target which caregivers need intervention and immediate support. The development of the screening tool was based on an extensive review of validated screening instruments in the scientific literature, and the results of focus groups with caregivers and with professionals. The first part of the screening tool contains basic sociodemographic information and descriptive information about the caregiving context. The second part contains twelve statements related to caregiving, and asks the caregiver to rate each statement according to their agreement or disagreement on a four point scale. The instrument was pretested in both English and French in the Montreal and Quebec regions. It was then tested by home care staff in 7 rural and urban sites in Quebec and Nova Scotia, and validated using the Rankin, Haut, Keefover, & Franzen's (1994) scale, the Caregiver Burden Screen.

### DEVELOPING A RELIABLE AND VALIDATED ASSESSMENT TOOL FOR FAMILY CAREGIVERS

P.J. Fancey (pamela.fancey@msvu.ca), J.M. Keefe, and M.L. Robertson, Department of Family Studies and Gerontology, Mount Saint Vincent University, Halifax, B3M 2J6

Research demonstrates that caregiving is multi-dimensional. Several factors influence the caregiving experience. One aim of this project is to develop an assessment tool to be used by home care professionals, with a range of populations, to systematically identify and evaluate caregivers' needs. Based on established criteria, an international search of assessment tools for family caregivers was conducted. None of the multi-dimensional assessments identified were validated. The development of our assessment tool relied on four sources of information: 1) literature on caregiver needs; 2) 82 measures of stress and burden; 3) 63 non-validated assessment tools from agencies; and 4) 10 focus groups with caregivers and practitioners. Key components of the assessment tool include: characteristics of the caregiver and care receiver; caregiving work; family relations; proximity; other responsibilities; financial contribution; personal health; and availability of services and supports. After initial pretesting and training, over 40 staff from Home Care Nova Scotia and select CLSC's in Quebec formally tested the instrument with caregivers of clients on their caseloads. In total, 175 caregivers from urban and rural areas participated in two assessments conducted by two different practitioners. Analysis will be conducted on the assessment tool to test its validity and inter-rater reliability.

### ISSUES RAISED DURING THE DEVELOPMENT AND IMPLEMENTATION OF SCREENING AND ASSESSMENT TOOLS

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As a multiple-site, national, bilingual project which evolved from a partnership between researchers and a home care agency (CLSC René-Cassin), the research was confronted with a number of challenges. Foremost was the difficulties associated with assuring standardization and a common comprehension of procedures among the three sub-teams, while operating in two languages and in collaboration with eight home care agencies. This was true for the work of the overall team itself, but all the more so when the researchers went to work in the field, where they were faced with multiple organizational cultures and varying levels of sensitivity to caregivers' situations within the agencies. For the testing stage, this meant attempting to arrive at a standardized manner of completing a global psycho-social evaluation with both closed and open questions involving thirty assessors from different disciplines. A second area of issues arose around the ethical questions raised throughout the development and implementation stages. As well, introducing new tools aimed at caregivers into the daily practice of already overburdened home care assessors and service providers was in itself a major challenge. This paper will present the strategies the team developed to face these challenges, and the outcomes that were achieved.

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### CREATING EVIDENCE-BASED CANADIAN CONSENSUS ON ISSUES OF SENIORS' INDEPENDENCE: THE CHALLENGES AND THE OPPORTUNITIES

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For the past 3 years, under the leadership of a National Consensus Committee, over one half million Canadians have participated in a National Consensus Process aimed at promoting knowledge transfer from research to policy, programming and practice arenas. Participants have included academics, policy makers, program planning personnel, service providers and individual citizens, over 25% of them seniors themselves. Research evidence from a $7.5 million investment by the Federal Government in research on seniors' issues, combined with data from related international research from of total of 783 studies selected for their scientific rigor has been condensed and disseminated through policy fact sheets, other print materials, an interactive website, and both formal and informal discussion groups. The process, designed to combine the strengths identified in many previously tried dissemination strategies with policy issue filtration and participatory action research strategies, was a nation-wide effort. The scope and depth of this project presented many challenges and opportunities. In this round-table discussion forum, participants will have an opportunity to explore and discuss the details of how the National Consensus Process unfolded, its key outcomes, and the lessons learned. The challenges and opportunities for refining future knowledge transfer projects will be identified.

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### ADAPTING PHYSICAL ACTIVITY FROM FRAIL TO FIT: WHAT KEEPS THEM COMING BACK FOR MORE?

Jennifer Hystad, Allison Bonner, June Hole, Arlaine Monaghan, University of Alberta, Edmonton, AB (jennifer.hystad@ualberta.ca) Tel: (780) 427-5938, Fax: (780) 455-2092

Come to this workshop ready for a dose of "attitude"! Alberta is the hot-bed of innovation for active living for seniors and these clinicians will show you why. These exercise leaders will demonstrate the important components of walking, strength training and aerobic programs for seniors and will demonstrate simple adaptations to ensure seniors with special needs can participate. Allison Bonner will show you how to organize a walking group for seniors; June Hole will show you how easy and enjoyable light strength-training can be; Jennifer Hystad will share tips on adapting walking and strength-training for low-vision seniors; and Arlaine Monaghan will make sure you finish the workshop smiling, if not rolling in the aisles. The key to running a successful exercise program is making sure that the program is safe, adaptable and FUN for the participants. Come prepared to participate in all of these gentle activities and bring your own ideas for discussion (special clothing is not required).

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### DEVELOPING INDICATORS FOR REGIONAL MANAGEMENT OF FACILITY-BASED LONG-TERM CARE

Catherine A. McAuley, Canadian Institute for Health Information, Ottawa, ON, K1N 9N8 (cmcauley@cihi.ca) Tel: (613) 241-7860 x. 4116, Fax: (613) 241-8120

Making informed decisions about facility-based long-term care depends upon the availability of quality information. This workshop will introduce participants to the Roadmap Initiative, a joint partnership of the Canadian Institute for Health Information (CIHI), Health Canada, and Statistics Canada. The Roadmap Initiative was created to improve the quantity, quality and availability of health information in Canada. This workshop will focus on the Continuing Care project to develop indicators for regional management of facility-based long-term care. The development of regional level indicators will enable benchmarking, monitoring trends over time, and national comparative analyses. During the workshop, participants will learn about the results of project activities completed to date. A draft list of indicators for pilot testing has been developed. It is based on a literature review to identify related national and international initiatives, a national survey to identify information needs, and national consultation activities. At this workshop participants will provide some input into the next steps of the project.

The objectives of the workshop include the following:
- to inform participants about CIHI's Continuing Care project
- to provide opportunity for participants to discuss indicators and their use
- to report on the indicators selected for pilot-testing
- to get participant input on the next steps.

The presentation will be interactive and there will be opportunity for small group discussions.

### 110

## TELE-GERIATRICS IN ALBERTA: PAST, PRESENT AND FUTURE

**Chair:** Peter N. McCracken, MD, FRCPC, Professor of Medicine, Division of Geriatric Medicine, University of Alberta, c/o Glenrose Rehabilitation Hospital, 10230 - 111 Avenue, Edmonton, AB, T5G 0B7 (peter.mccracken@ualberta.ca) Tel: (780) 474-8800, Fax: (780) 474-8846

**Participants:** Agnes Barabas, BSOT, Occupational Therapist, NARG Program, Glenrose Rehabilitation Hospital, Edmonton, AB; Kathleen Hunter McIlveen, RN, MN, GNCC, Clinical Nurse Specialist, Royal Alexandra Hospital, Edmonton, AB; Diane Chalifoux, RN, Telehealth and Simulation Centre, Royal Alexandra Hospital, Edmonton, AB; Sharon Drury, RN, Stroke and Geriatrics Coordinator, Two Hills Health Centre, Two Hills, AB

The province of Alberta is installing an inter-provincial telehealth network. This initiative is a promising development to provide access to specialized health care to all patients, regardless of location. Experience already has been gained, through the establishment of secondary level geriatric interdisciplinary teams in two rural locales. A description of the initiation of these units, and their evolution through telehealth technology is recounted. A vision for a future service delivery plan is unveiled, as well as future research developments.

**Expanded Statement of Purpose and Objectives:**

(1) To relate the development of secondary level interdisciplinary geriatric teams.
(2) To reveal the contribution of a telehealth link to the maturation of these units in rural and remote tele-communities.
(3) To describe ongoing activities in tele-geriatrics.
(4) To project visionary strategies in the roll-out of a tele-geriatrics service delivery plan for northern Alberta, including interdisciplinary tele-learning projects and research initiatives.

**Workshop Format:** Each participant will provide an account of the tele-geriatrics development in northern Alberta from his/her individual viewpoint. Inter-active discussion will transpire with participation from the audience.

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## STUDY OF FACTORS ASSOCIATED WITH FALL-RELATED INJURIES AMONG FRAIL OLDER ADULTS

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The purpose of this study was to understand the extent and nature of fall-related injuries among frail older adults and to examine the patterns and compounding effects of a wide range of variables representing broad health determinants. Differences were examined for risk factors among fallers, non-fallers, injured and non-injured persons. Data for this study were provided through the UVic Centre on Aging, based on the Capital Regional District Patterns of Care Survey 1995-96. Of the 1012 respondents to the survey, 245 reported a fall with an injury, 91 reported falling without an injury and 675 were non-fallers. This injury rate (72.9% of those who fell) is considerably higher than that found in other studies that look at the general population of persons aged 65 years and over. Findings also differ from most studies in the lack of association found between fall injury and advanced age or female gender-indicating the strong influence of frailty. Bivariate and multivariate results indicate that considerable differences exist in the patterns and combined affect of multiple risk factors between older adults who fall and sustain an injury and those who do not.

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## FALL PREVENTION FOR COMMUNITY LIVING SENIORS

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Falls comprise the most common cause of unintentional injury and death for seniors. Studies have shown that at least one third of seniors fall each year. Loss of function, fear of falling, restriction of activity, and increased dependence often result from falls and persist. Fall risk factors most often identified include increasing age, a previous fall, impaired gait and balance, inappropriate medications, fear of falling, symptomatic postural hypotension, visual impairment, and unsafe environments. A randomized controlled experimental research study was conducted in the city of Calgary to test the hypothesis that a comprehensive in-home fall risk assessment followed by individually tailored recommendations will reduce the frequency of falls for community living seniors. The assessment and interventions were developed by an interdisciplinary team including a geriatrician, physiotherapists, occupational therapist, and Clinical Nurse Specialists. The protocol requires active participation of seniors in monitoring falls and following through with fall-prevention recommendations. Although fewer intervention subjects fell and fell less often, the difference did not reach statistical significance. However, in the sub-group of subjects with multiple falls (> 2 falls in 3 months prior to entry), there were fewer fallers and falls in the intervention group and a statistically significant increase in the time to first fall (169 days vs. 101 days; p .027) when compared to the control group. Preliminary analysis suggests no difference in acute care utilization in the two groups.

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## LIVING AT HOME WITH PEACE OF MIND: AN EMERGENCY RESPONSE SYSTEM AS A KEY PIECE IN A COMPREHENSIVE PROGRAM TO MANAGE THE RISK OF FALLS

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The risk of falling and the fears for the elderly of losing independence, dignity and the ability to remain in their home, have always been critical issues. With the population aging, these concerns and their impact - in terms of morbidity and cost - have become issues for concern with a need for responsive planning in the health care community.

The Care of the Elderly and Rehabilitation (CER) program - SCO Health Service - has developed an approach spanning the continuum of care from inpatient rehabilitation to an outpatient falls clinic and education program to the Helpline program, with the goals of providing identification and assessment, treatment, education and community support. Helpline, as a key piece within this approach, offers timely and appropriate response to clients who experience various types of emergencies, of which a significant number have been found to be fall-related.

This paper will provide an overview of this approach to manage risk of falls with an emphasis on the role played by Helpline. Interventions with falls incidents and their outcomes will be examined in relation to the use of ambulance and emergency room resources. Means of ensuring client safety and client linkages with services provided by the SCO Health Service will also be discussed.

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## COMPLIANCE WITH THE USE OF PROHIP HIP PROTECTORS IN A LONG TERM CARE SETTING

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Compliance with wear schedules of hip protectors is often cited as a difficulty with the use of currently available models. Pilot data gathered at the QEII Health Sciences Centre on issues surrounding compliance resulted in the design and development of a new hip protector model. This study examined compliance with the use of the new PROHIP hip protector model in a frail elderly population residing in a veteran's long term care facility. Forty five ambulatory veterans deemed to be at risk for falls participated in the study. Compliance with the use of the PROHIP hip protectors was monitored over a ten week period. Preliminary data analysis suggests that the use of the PROHIP model resulted in improved compliance with wear. Survey data was gathered and a focus group meeting was held to determine veteran and staff perceptions on the comfort, ease of use, and impact of the PROHIP model on daily activities such as transfers, mobility, toileting, dressing and sleep. Findings provided recommendations for additional design modifications aimed at further enhancement of compliance.

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## WELL-BEING AND SELF-ESTEEM AMONG INFORMAL CAREGIVERS

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The quality of life experienced by an informal caregiver is the outcome of a complex interplay of an array of determinants, not least of which is cognitive status and behavioural problems of the care recipient, and subjective burden experienced by the caregiver. Statistical modeling of the caregiving process has evolved significantly in recent years as researchers have begun to combine objective and subjective quality of life determinants and antecedents. Further, because of the conceptual complexity of quality of life, most studies analyse its conceptual sub-domains or indicators, rather than quality of life as a whole. To address these shortcomings, this study uses a path analysis approach, building on the Yates, Tennstedt, & Chang (1999) conceptual model which combines stress and appraisal models in their assessment of quality of life (depression). Data are from a representative sample of community dwelling caregivers in Victoria, British Columbia. Outcomes include self-assessed well-being and self-esteem. Results indicate that direct determinants of self-assessed well-being are self-esteem, burden and perceived social support. Self-esteem is predicted directly only by perceived social support. Burden is directly affected by care recipient behavioural problems, intensity and length of caregiving, and formal service use. The implications of using subjective self-assessments for evaluation of caregiver quality of life are discussed.

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## EXPERIENCES OF INFORMAL FAMILY CARE: DOES PLACE MATTER?

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Researchers have emphasised the importance of proximity as well as a range of demographic and socio-economic factors in determining who cares for frail elderly persons, how much care they provide, and nature of that care. In this paper we reflect on 'discussions' with informal caregivers of elderly persons in Kingston, Ontario, in order to explore how geographies impact on the experience, meaning and social value of care.

Our discussions refer to a set of interviews carried out with informal caregivers of elderly persons from May to August, 2000. The interviews were carried out in the caregivers' homes and covered a wide-range of topics focused around the everyday issues of caregiving. In this paper, we focus on the part of the interviews where caregivers specifically described the geographies they create as part of their caregiving experience.

The term 'geographies' opens up a rich set of opportunities for investigation. We consider the importance of the spatial locations of caregivers and receivers in relation to each other and to other sources of support. We also pay attention to how informal caregivers' sense of 'place' and their negotiation of their socio-spatial environment influences and is influenced by their experience of care and the meanings they attach to their caregiving. This in turn leads us to an examination of the importance of the 'local', framing the question of whether and how place impacts on utilisation of formal support services?

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## FRIENDS AND NEIGHBOURS AS DISTINCT GROUPS OF INFORMAL CAREGIVERS FOR THE FRAIL ELDERLY

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Although approximately 20% of informal caregivers to the frail elderly are friends or neighbours these groups are severely neglected in literature, policy and research dealing with the informal care of Canada's frail seniors. Friends and neighbours are two conceptually distinct groups because of differences in expectations, cultural norms and the personal meaning attached to these relationships. However, the current discourse of informal caregiving fails to acknowledge this distinction or recognize its importance. The purpose of this paper is to discuss and demonstrate how these two groups are meaningfully different and how recognizing this distinction has implications for future theory, policy and research in the area of informal caregiving. Findings, using data from the 1996 General Social Survey, are that friend and neighbour caregivers differ in gender composition, age, living arrangements, marital status, employment status, frequency of contact, caregiver status (primary vs. secondary), relationship quality, the amount of time spent caregiving and the types of tasks performed. Friends and neighbours are two distinct groups who make significant contributions to the care of Canada's frail elderly and should be given individual attention in theory, research, policy and programs in the area of informal caregiving.

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## DEMANDS AND RESOURCES RELATED TO THE INSTITUTION-BASED CAREGIVING ROLE

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Early caregiving research focused on the negative impacts of caregiving, identifying the demands, stressors, and strains associated with the caregiving role. More recent studies have examined how caregivers cope in their roles. This research demonstrates that caregivers often have positive as well as negative experiences in their caregiving roles and that they utilise a number of different resources and coping strategies in order to cope with the demands of the role. The majority of this research, however, focuses on community-based caregivers even though the role often continues after a care receiver is placed into a long-term care facility. Guided by McCubbin and Patterson's (1983) Family Adjustment and Adaptation Response Model, the purpose of this paper is to explore the demands and resources associated with the institution-based caregiving role. Data for this study came from active interviews conducted with 38 daughters caring for a parent with dementia in a long-term care facility. Demands of the institution-based caregiving role fell into three areas: emotional, behavioural, and environmental demands. These women relied primarily on four types of resources (i.e., personal, family support, facility, and community resources) and a number of coping techniques (e.g., re-prioritising activities) to help them cope in their roles.

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## NON-PROFIT AND FOR-PROFIT HEALTH CARE FIRMS IN A MANAGED COMPETITION ENVIRONMENT: ARE THEY COMPETING ON A LEVEL PLAYING FIELD?

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Since March of 1999, health care providers in Ontario have been competing with each other for a share of the health care market by responding to Requests for Proposals put forth by a single local government agency called a Community Care Access Centre. Our study explores the elements involved in the creation of a level playing field and whether the firms involved perceive the field to be fair. We are using concepts of justice and fairness to guide our research and thus far, in collaboration with our respondent partners, we have done two rounds of interviews and one round of focus groups. Preliminary findings indicate that the majority of the firms do not feel they are competing on a level playing field. Elements related to perceptions of fairness include size of firm, status as non-profit or for-profit, and success with bids.

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## VARIANCE IN THE 'MANAGED COMPETITION' EXPERIENCES OF NON-PROFIT AND FOR-PROFIT COMMUNITY HEALTH CARE AGENCIES

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When the 'managed competition' process for the allocation of community health care service contracts was launched by the Ontario government, implementation guidelines were distributed to the Community Care Access Centres (CCACs). These broad guidelines allowed for regional-specific modifications, however, the degree to which variances occurred has not been investigated. This study explores non-profit and for-profit community health care agencies' perceptions of the extent, nature, importance and appropriateness of variances in the operationalization of 'managed competition' by the CCAC(s) with whom they are dealing. Using the participatory action research approach, two phases of key-informant interviews were conducted with a stratified purposeful sample of participants representing small for-profit and non-profit, and large non-profit firms in southern Ontario. Both within and cross-case theme analyses of data were conducted. Emphasis has been placed on the following emergent themes: relationship history, emphasis on price and quality, number of contracts allocated, transition planning, and agencies' relationships with the CCAC(s). Recommendations for future process modifications will be presented.

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## A QUEST FOR QUALITY: IMPLEMENTING A REGIONAL QUALITY MONITORING AND IMPROVEMENT PROGRAM FOR LONG TERM CARE SERVICES

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The Winnipeg Regional Health Authority (WRHA) has demonstrated leadership in the development and implementation of a regional monitoring and improvement program for long term care services in Winnipeg. Based on a strong commitment to innovation and continuous improvement, this client-centred program aims to encourage best practice and quality organizational performance. The purpose of the presentation will be to highlight the policy framework, goals, objectives and quality improvement strategies on which the program is based. The Peer Review process implemented across the Personal Care Program to monitor achievement of quality standards will be discussed. As well, the presentation will highlight challenges, barriers and opportunities encountered during program development and implementation.

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## TAKE A WALK IN MY SHOES - PEER REVIEW IN ACTION

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The Regional Peer Review Committee was established in the Capital Health Region in 1995 as part of the Capital Health Plan to monitor quality and standards in the region's continuing care centres. The Peer Review Committee gathers information through the use of an environmental review, family and staff questionnaires. Through the Peer Review process, Capital Health has developed a complete inventory of continuing care programs and services, as well as a description of the physical plant and the environmental status of each continuing care centre in the region. The Peer Review Committee completes the review process by providing suggestions for improvement which promote "best practice" in accordance with the definition, philosophy of care, and goals of continuing care for centres in Region 10. Upon completion of the review, each continuing care centre's management and staff is provided with feedback on their program and service performance. The Peer Review process also provides the continuing care centres an opportunity to work individually, as well as cooperatively towards achieving an improved image with the public and clients of continuing care.

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## NEW HORIZONS: HOW DO WE MEET THE CHANGING NEEDS OF THE COMMUNITY IN CONTINUING CARE

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In the new millennium, as the population ages, The Good Samaritan Society has accepted the challenge of offering diversified care to complex needs consumers in the Long Term Care setting.

All of our programs offer optimum quality of life for consumers whether to support a return to a community setting or an improved quality of life in Long Term Care.

So far, four groups of consumers have been identified as needing support in a more cost effective and proactive manner are those requiring Tracheostomy care, Respite care, Subacute care, or care for TPN.

The objective of the Tracheostomy Program is to provide effective and efficient care specific to the tracheostomy client. Based on the care requirements and prognosis of the residents, this program is appropriately offered in a continuing care environment as opposed to an acute care setting. Although the resident in this program cannot be discharged to the community, the interdisciplinary team is able to meet the complex needs of this client within a social model of care.

The TPN program was developed to meet the long term needs of people with TPN who were not able to manage the TPN in the community. The program allows them to receive the nursing support they need, along with continued education and training with their TPN, often with the long term goal of returning to the community. The Respite program provides opportunities for clients with care needs, living in the community, to be admitted for short term stays. This program supports both the client, in having his care needs met, and the primary caregiver in the home, in receiving a rest from the demands of providing care.

The Subacute program is intended to provide further rehabilitation to those clients that need longer/further rehabilitation to recover, but no longer need access to the resources of Active Treatment Hospitals. An interdisciplinary team provides all aspects of care and rehabilitation required for the clients to return to the community.

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## AN INNOVATIVE MENTAL HEALTH PROGRAM FOR SENIORS

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Through a unique partnership, the Alberta Mental Health Board and the Capital Health Authority launched an exciting one year demonstration project operated by The CAPITAL CARE Group. This mental health program which opened in February 1999 is the first of its kind in Canada. It builds on the success of the Comprehensive Home Options of Integrated Care for the Elderly (CHOICE) Program funded and introduced by Capital Health in January 1996 as a replication of the PACE (Program of All Inclusive Care for the Elderly). The CHOICE Mental Health Program, which serves 30 seniors, fills a gap in service for frail elderly people who are experiencing severe persistent mental health problems that cannot be managed within other community programs. The program is designed to assist seniors to continue to live independently and in their own home by managing all their mental and physical health requirements. A full spectrum of services is provided under the direction of an interdisciplinary care team. Without the program, participants would be admitted to a mental health unit in continuing care or acute care. The presentation will describe the program model and present the results of the CHOICE Mental Health evaluation.

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## SENIORS' MENTAL HEALTH ISSUES - A MODEL OF INTEGRATED RESPONSE FROM HOME CARE AND MENTAL HEALTH

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Home Care personnel are providing service to an increasing number of older, frail seniors. Many of these elders present with behavioral or cognitive changes that require assessment/consultation by the Mental Health team. Home Care staff have not consistently had training to assist in screening for the common causes of such behavioral or cognitive change (the four D's - depression, dementia, delirium, drug/alcohol use). The existing process of referral to the mental health system for assessment was not supportive of early diagnosis and management. The outcome of this Health Transition Funded project is to earlier identify seniors in need of diagnostic assessments and intervention, to provide a comprehensive geriatric mental health assessment process, and to work collaboratively with these seniors, their families, and related services to provide responsive, integrated, and coordinated services between government and community organizations. Managed by a provincial steering committee, this model began as a pilot in the Island's largest health region and is expanding to the other four regions. Team members will present the rationale, model of integrated supports and describe progress/outcomes to date.

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## COGNITIVE FUNCTIONING PRE-AND POST-TREATMENT FOR DEPRESSION: MEASURING THE EFFECT OF DEPRESSION ON COGNITIVE FUNCTIONING AMONG ELDERLY PATIENTS WITH PREMORBID NEUROLOGICAL IMPAIRMENT

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It is well established that depression is associated with a pattern of subcortical-type cognitive deficits in elderly patients. Numerous studies have investigated these patterns of deficits in terms of making a differential diagnosis between depression and dementia. Geriatric Rehabilitation patients, however, who typically evidence a complex medical comorbidity, frequently present with a profile of concomitant depression and neurological impairments. The extent to which depression exacerbates cognitive difficulties in premorbidly impaired patients remains unclear : Whether a ceiling effect occurs vs. how improvement in cognitive functioning can be expected following remediation of depression remains to be determined. Thus, making prognostic and discharge planning decisions can be difficult when dealing with patients who exhibit both depression and premorbid cognitive deficits. Predicting their potential level of functional autonomy is hampered by not knowing how much improvement can be expected in their cognitive abilities. The purpose of this study, thus, is to profile cognitive functioning pre-and-post pharmacological treatment for depression among geriatric rehabilitation patients with premorbid cognitive/neurological impairments.

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## DEVELOPMENT AND VALIDATION OF *L'ÉCHELLE D'EMBELLISSEMENT CONJUGAL*

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A significant correlate of marital satisfaction among older adults has been identified as the propensity to negate negative recollections of one's spouse and relationship history. The Marital Aggrandizement Scale (MAS) has been developed as a valid and reliable measure of this construct. The current study describes the translation and validation of a French language version of this scale, *L'Échelle d'embellissement conjugal* (EEC). Back-translation was used to verify accurate translation of the 18 MAS items. Fifty-one older Francophones participated in this study via an Internet website (http://home.istar.ca/~norourke). Internal consistency for the EEC is comparable to the original MAS ($\alpha = .90$). Regression analysis was used to establish the validity of the EEC. Over and above other indices of biased responding (i.e., self-deception, impression management), EEC scores contribute significantly to prediction of observed variance in marital satisfaction ($\Delta R^2 = .25$, $p < .001$). Results of this study are discussed in terms of the etiology and adaptive function of marital aggrandizement among older adults.

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## CANADIAN NETWORK FOR THE PREVENTION OF ELDER ABUSE: TWO YEARS LATER

**Chairs:** Elizabeth Podnieks, Ryerson Polytechnic University, Toronto, ON, M4V 3A5 (elizabeth.podnieks@utoronto.ca) Tel/Fax: (416) 925-7674; Rod McKendrick, Saskatchewan Justice, Saskatchewan
**Participants:** Maxine Lithwick, CLSC Rene Cassin, Montreal; Elizabeth Dow, Memorial University, Newfoundland; Jill Hightower, BC Institute Against Family Violence; Gloria Dixon, Misericordia Health Centre, Manitoba; Anne Angel, Health Canada, Ontario; Ann Soden, Lawyer, Montreal

The challenge of creating a national network for the prevention of elder abuse was first raised in 1991 at the annual meeting of the CAG at a discussion session "Do We Need A National Committee For The Prevention Of Elder Abuse". The idea was enthusiastically endorsed by those attending but unfortunately, despite the high motivation, the concept was not able to move forward as anticipated due to the lack of both financial and human resources. The historic first meeting of the Canadian Network for the Prevention of Elder Abuse took place at the CAG Conference in October 1998 in Halifax with 34 founding members present. Seniors represented 50% of this number. Subsequent meetings of the Network have been held at the Fourth Global Conference of the International Federation on Aging in Montreal (1999) as well as at CAG in Ottawa (1999).

This roundtable will discuss the process of establishing a national organization, the highs and lows, the challenge of promoting inclusive participation of seniors, communities, agencies, organizations and interested individuals in a country as vast as Canada. The presenters will describe how a board of directors was established, bylaws written , a promotional pamphlet, letterhead and logo developed and working committees formed. Most importantly and exciting will be the demonstration of the web site and how it links with other existing national and international websites. Participants to the roundtable session will be invited to share their vision of how elder abuse can be prevented through research, advocacy and education and a network dedicated to building on the strength of its diversity and working together to effect a change for the collective.

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## OUTSIDE THE BUCKET: ENVIRONMENTAL DESIGN, PRODUCTS AND FINISHES THAT REFLECT 'RESIDENCE' NOT 'INSTITUTION'

**Chair:** Jennifer Greenwood Klein, B.HSc. OT (C), Hons B.A. (Gerontology & Sociology), Ph D Student, Faculty of Rehabilitation Medicine, University of Alberta, Edmonton, Alberta, Canada, T6G 2C9 (jcg1@ualberta.ca) Tel: (780) 434-7646

**Participants:** Laurie Gudmundsson-Egler, DT, Best Practice Specialist - Environment, The Good Samaritan Society, #200, 9405-50 St. Edmonton, Alberta, Canada, T6B 2T4 (lgudmundsson-egler@gss.org) *Design Specifications: Starting Off on the Right Foot*

Douglas Sollows, MRAIC, MAAA, MAIBC, Suite 200, 11252-119 St., Edmonton, Alberta, Canada, T5G 2X3 (dsollows@dpal.com) Tel: (780) 944-0066, Fax: (780) 423-7788 *The Meaning of Home: How Do You Feel About Sharing Home with 100 Other People?*

Robert Lederer, B.A.(i.d.) M.Des., Assistant Professor & Coordinator Industrial Design Division, University of Alberta, Edmonton, Alberta, Canada, T6G 2C9 (Rlederer@ualberta.ca) Tel: (780) 492-4195 Fax: (780) 492-6398; Tyler Amell, M.Sc., A.E.P., Ergonomics Research Laboratory, Faculty of Rehabilitation Medicine, University of Alberta, Edmonton, Alberta, Canada, T6G 2G4 (tamell@ualberta.ca) Tel: (780) 492-7187, Fax: (780) 492-1626 *Product Design: Up Front Collaboration Pays Off in the End*

If we are interested in providing spaces that are enabling as well as comfortable, 'home-like' and capable of evoking a sense of place, then we must look beyond the pale, or in this case 'Outside the Bucket'. Whether you are designing a wheelchair or a building, defining and understanding the specific needs of the user or users is paramount. Utilization of the research done on human factors/ ergonomics and the principles of universal design assists in meeting the challenges of an aging population. The real magic comes in making it inviting and hospitable. This session will provide participants with an overview of the design process from the initial development of specifications to completion of the project. A collaborative approach is used in all cases to maintain a balance between needs, wants, form and function.

### DESIGN SPECIFICATIONS: STARTING OFF ON THE RIGHT FOOT

Making mistakes is something we all do and can expect to continue doing. Our task as professionals is not to repeat the mistakes we have made in the past. The Good Samaritan Society has been involved in all aspects of the design of new structures and the renovation of our existing facilities. Input from residents/clients, staff and families at the evaluation phase of each project has netted valuable information we have used on subsequent undertakings. However, until now, we have lacked a mechanism in our organization to track and refine this information as we progressed from one project to another. The mandate of the newly formed Design Specifications Team was to define the standards we would follow when designing or planning construction or renovation projects. This session will provide an overview of the composition of the team, as well as the assumptions, guiding principles and process used to create those standards. Specifications for Continuing Care, Assisted Living, Independent Living and Alzheimer Cottages will be addressed along with design challenges that were resolved by researching the market for new ideas.

### THE MEANING OF HOME: HOW DO YOU FEEL ABOUT SHARING HOME WITH 100 OTHER PEOPLE?

People are born, live and die at home. People are born, live and die at an institution. Do you want to live in a hotel or a hospital? Life is not that black and white. However, what images make you feel better? Home, hopefully, for most of us is where the nearest, dearest and intimate parts of our lives evolve and take shape. Home is where we come back to. Home is where the family is. When the decision is made to leave home: to leave the farm, the 3 bedrooms and family room on a quiet street, the apartment; the familiar neighbours; to give up the lawn mover; the garden; a lot of possessions; and possibly the car, where do we go? We go take up residency in a new home, where there is care, companionship, cooked meals, scheduled activities and shared spaces. We shift from a very private to a public/private place. There are a lot of choices out there from which to pick. Our presentation will focus on the physical environment and design of this new, larger home. What are the attitudes? What are the metaphors? What are the solutions that make this new home provide comfort, dignity, socialization and privacy as one carries on life from 65 to 95 or whatever age.

### PRODUCT DESIGN: UP FRONT COLLABORATION PAYS OFF IN THE END

Whatever does not happen by design happens by chance. The term designer can convey to some people an occupation limited to the concerns with the frivolous and decorative functions of a product or space. To design well means to understand not only the aesthetic, manufacturing and functional needs but also the complex needs and interactions of human contexts in the built environment. It requires awareness of the users ecology of product valuation, value discrimination, personal identity, territoriality, status and all the influences that impact on an individual's social and personal behavior. Conventional postmodern design process and methodologies placed the designer in the role of problem solver. This practice assumed firstly that there was a definitive solution and that the designer was able independently to come up with the solution. When a designer perceived that their knowledge base on a particular subject was lacking to make an informed decision the designer would consult with experts in those areas. This consultation predominately would happen out of or with incomplete contextual information for the expert, hence poor application of this knowledge would occur. This process ended with products displaying poor choice of material selection, physical dimensions, material finishes, as well as the inappropriate location of displays and controls. Human factors/ ergonomics input was by invitation and limited, rather than incorporated as an active, equal partner.

The contemporary approach to product design process and methods is a team concept. An interdisciplinary and collaborative activity where all the stake holders goals and objectives are well-defined. In this way the team are not problem solvers but problem identifiers and problem reducers. This different philosophy of approach is crucial to understanding the "big picture". It provides a macro or global understanding of the design criteria and the impact of the design decisions that are to be made. A major participant in this collaborative process is the user. We have seen in recent years the introduction of User-Centered design theory, and at present design theory/practice is working on the User Participation model of user inclusion in the design process.

At the University of Alberta this process of interdisciplinary and collaborative design process has been undertaken by the divisions of Physical Therapy, Occupational Therapy and Industrial Design. Students have been collaborating for the last five years on designing products for a competition, Design for Mature Markets, run by the

Society of Aging in the U.S.A. The student's employ a number of the new design strategies in that as a team they identify a need or problem, outline the design brief, the research required and the necessary inclusion of the users in the process. A discussion of examples of recent design outcomes from the Mature Markets Competition will demonstrate various elements of this process we feel are relevant to the theme of this panel presentation.

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## HEALTHY ATTITUDES: A "MEDICALLY NECESSARY" PRESCRIPTION FOR CHANGE

**Discussant/Chair:** Catherine Ryan, B.Sc. (Current Member, Geriatric Program Advisory Council, Capital Health Region; Public Relations and Liaison Committee, Seniors Community Health Council) 13912 - 102 Avenue, Edmonton, AB, T5N 0N2 (cryan@cronus.oanet.com)

**Participants:** Jean Innes, Margaret MacLean, Wanda Cree, Donald Milne, Edmonton, AB

The National Framework on Aging (NFA) vision statement (1999) states that Canada, a society for all ages, promotes the well-being and contributions of older people in all aspects of life. According to the NFE, certain core principles: dignity, independence, participation, fairness and security are the cornerstones for policy development that affect seniors and dispel ageism. Current literature, particularly government reports on consumer consultation, highlight the importance of promoting and supporting the active and meaningful participation of seniors in daily affairs and health care decisions that affect them.

This symposium will provide an overview of how an independent council of seniors (The Seniors Community Health Council) organized to influence health policy and enhance seniors' participation in health care reform in the Edmonton Capital Health Region. Historical information regarding Council formation, the mandate of Council, strategies employed for change and accomplishments to date will be presented. Issues encountered by Council and challenges facing Council will be shared and examined.

### EARLY BEGINNINGS: THE FORMATION OF THE SENIORS COMMUNITY HEALTH COUNCIL

Jean Innes, B.N., M.Sc., RN (Founding Chair, Seniors Community Health Council; Current member Geriatric Program Advisory Council, Capital Health; Chair, Policy & Research Committee, Seniors Community Health Council) 3924 - 115A Street, Edmonton, AB, T6J 1R1 Tel: (780) 437-3891, Fax: (780) 437-3891

In 1994, the Edmonton Capital Health Region underwent major restructuring. Hospital beds and staff numbers were slashed in the wake of restricted budgets and the health system swirled on a pinnacle of change. Seniors in the Region expressed concern regarding their safety and care if hospitalized and media headlines reported daily on atrocities of care. Seniors felt that no one in or outside the system was challenging the impact of restructuring on services and programs for seniors. This section of the symposium will detail early issues confronting the newly formed Seniors CHC and its struggles to become a dynamic part of the health reform movement.

### PRESCRIPTION FOR CHANGE: THE WORKING OF THE COUNCIL

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This portion of the symposium will discuss strategies employed by Council to constructively act, interact and react to influencing policy development and program implementation related to the health and well-being of seniors. Attention will be given to the importance of NFA principles in determining strategies and bettering access to and receiving health care.

### THE COUNCIL: FRAMEWORK FOR ACTION

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This portion of the symposium will describe the mandate of the Council, the philosophy underlying Council's approach to change and reform and the rules of conduct of Council. Issues central to Council functions, membership and status will be discussed.

### PROGRESS TO DATE OF THE SENIORS COMMUNITY HEALTH COUNCIL AND FUTURE DIRECTION

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The final section of the symposium will outline accomplishments, completed work and work in progress. The experience of the Council in influencing health policy, program planning, implementation and evaluation will be shared. The ensuing discussion will focus on the most successful strategies in negotiating change and realizing the mandate of the Council. There will be time for questioning from the audience.

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## CLINICAL, POLICY, AND PRACTICAL ISSUES IN EVALUATING THE MEDICALLY AT-RISK OLDER DRIVER

Germaine Odenheimer, MD, Director, Center for the Assessment and Rehabilitation of the Elderly Driver,. Dorn VA: Associate Professor, Department of Neurology and Psychiatry, University of South Carolina School of Medicine; Bonnie Dobbs, PhD, Department of Psychology, University of Alberta, Adjunct Associate Professor, Faculty of Rehabilitation Medicine; Kent Milton, American Association for Motor Vehicle Administrators, California; Allen Dobbs, PhD, President and CEO, DriveABLE Assessment Centres Inc: Professor Emeritus, Department of Psychology, Adjunct Professor of Medicine, University of Alberta, Edmonton, AB, T6G 2E9 (adobbs@ualberta.ca) Tel: (780) 433-1494, Fax: (780) 433-1531

There has been much concern about older drivers. The high crash rates per distance traveled and the projections of increased driving and driving longer into old age have prompted both calls for, and advocacy against, special licensing renewal procedures for older drivers. A survey of driver licensing agencies confirms the high profile of older driver issues, showing that the most frequent queries were about older drivers. However, except in the extreme, research on aging provides little evidence that age-associated changes in motor or mental abilities are substantial enough to be the underlying cause for the increased crash rates of older drivers. Instead, the higher rates of crashes are most likely due to age-associated medical conditions that reduce mental abilities. The nature of these conditions often pose special difficulties for families, physicians, and licensing authorities in identifying when driving competence has been reduced to an unsafe level. The symposium will consider the issues from the viewpoints of seniors, families, physicians, and licensing authorities. Procedures for evaluating the competence of the medically at-risk older driver also will be considered. Clinical experience, survey results of licensing administrators, interviews of large samples of patients and caregivers, and on-road and screening procedures will be presented.

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### DEMYSTIFYING THE INTERDISCIPLINARY MANAGEMENT OF ADVANCED PARKINSON'S DISEASE

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Parkinson's Disease in its late stage provides many challenges to Health Care Professionals. The management of this disease becomes complicated by severe motor and non-motor fluctuations (shortness of breath, urinary retention and dyspnea etc.), and neuropsychiatric complications many of which are exacerbated by drug therapies available. The Parkinson's Program is situated at the SCO Health Service Complex Continuing Care Program in Ottawa and was developed in order to improve the care and quality of life for these patients with complex care needs. The patient's primary stated goals have been to remain mobile and as independent as possible. All team members play an integral role in the successful achievement of this.

Our experience has been that improvements can be achieved by the active involvement of an interdisciplinary team knowledgeable in the complexities of this disease. We have identified three subgroups of patients that are admitted to our unit which benefit from different management strategies. These are patients with Advanced Parkinson's Disease complicated by: Our team consists of a consultant neurologist who visits regularly, family physician, nursing staff, physiotherapist, pharmacist, occupational therapist, speech-language pathologist, clinical dietitian, psychologist, therapeutic recreation therapist and chaplain.

In this workshop, we will outline the management strategies utilized by our interdisciplinary team through the presentation of case histories. The discussion will be focused on treatment strategies to improve quality of life and mobility of patients based on their experiences of our team, and available current knowledge on Parkinson's Disease.

1. Dementia - moderate to severe
2. Severe motor/non-motor fluctuations
3. Severe anxiety

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### ACTING OUT AGE... OLDER ADULTS ENGAGED IN PHYSICAL ACTIVITY

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Acting Our Age...Older Adults Engaged in Physical Activity is a new video and discussion guide that examines the supports and barriers to physical activity for older adults. The video shows a range of individual activity needs and preferences among older adults of diverse culture, gender, levels of independence, and income. Older adults and practitioners who watch this video will see realistic, positive images of aging. The accompanying discussion guide uses a health-determinants approach to examine the major environmental influences on health in relation to older adult physical activity. The guide contains definitions, reflection questions and implications for practice to help practitioners understand and apply these concepts in their workplace and community. In this workshop, participants will watch the video and use the discussion guide to deepen their understanding of the determinants of health related to older adult physical activity as well as how to apply this approach in daily practice.

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### THE ALBERTA BRODA REPORT - THE MOTHER OF ALL POLICY PROPOSALS

**Chair:** Peter N. McCracken, MD, FPCPC, Professor of Medicine, Division of Geriatric Medicine, University of Alberta, c/o Glenrose Rehabilitation Hospital, Edmonton, AB, T5G 0B7, (peter.mccracken@ualberta.ca) Tel: (780) 474-8800, Fax: (780) 474-8846

Participants: Darryl Rolfson, MD, FRCPC, Division of Geriatric Medicine, University of Alberta, Edmonton, AB; Mary Engelmann, RSW, Past President, Alberta Association of Gerontology, Edmonton, AB

In 1997, the Long Term Care Review Policy Advisory Committee was appointed by the Alberta Minister of Health to provide advice and make recommendations on priority policy issues and long term strategies to address the impact of the aging population on Alberta's health system. The intent was to develop a comprehensive direction to move Alberta's continuing care system into a new millennium.

The scope included not only widespread policy development for the future of long term care, but also related challenges such as healthy aging, primary health care, and acute geriatric services, both in the community and the institution. Consultation was broad and was received from: (1) Alberta's 19 health regions; (2) Invited experts as well as the public; (3) Professional and stakeholder organizations and representatives.

Statement of Purpose and Objectives:

(1) To highlight the principle theme of the Broda Report; (2) To present the background of these new directions and to interact with audience participants about them; (3) To compare these innovations with those of other provinces, as brought forward by participants from the audience; (4) To indicate unique combinations of public and private enterprise in the roll-out of long term care for Alberta in the future; (5) To receive feedback on the challenges of implementation of these policies.

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### EXTENDING SEXUAL SATISFACTION INTO OLDER AGE

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Life expectancy has increased markedly, as has health in older ages. The remarkable sales of Viagra have been a notable indication of interest among older people to revive or extend sexual function and satisfaction into older age, sometimes even at the risk of the client's health. Those who work with older people need to have a general understanding of what treatment is available. This presentation will explain several recent developments in medical and surgical techniques designed to improve sexual function and satisfaction. Topics discussed will include pharmacologic means, vaginal resuspensions and genital reconstructions, and nerve-sparing prostatectomies. Diagrams will be used to illustrate the essentials for understanding. Pros and cons will be presented.

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### LISTENING TO SOUL PAIN

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Running time—24 minutes
Release date—March 15, 2000
The intended audience is anyone who cares for individuals who have been victims of trauma.

This video will raise awareness of the effects of trauma on the human spirit and emphasize that complete healing requires attention to the spiritual concerns which surface in the wake of the experience. While the spiritual struggle may begin almost immediately following the event the most intense pain of the spiritual conflict is often encountered only many months or even years, after.

Interventions generally focus on meeting the physical and mental/emotional needs and all but neglect the spiritual concerns, which surface in the wake of trauma. Mental health professionals are recognizing that when spiritual issues are addressed there is frequently a marked improvement in the quality of life during the healing phases, a shortening of the course, and even complete recovery—including a release from the strong tendency to re-abuse self and others.

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### ATTITUDES, PERCEPTIONS AND BEHAVIOURS OF STAFF CARING FOR OLDER ADULTS WITH DEMENTIA IN CONTINUING CARE SETTINGS

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Staff providing direct care to residents living in continuing care centres have the most frequent contact with residents and offer the greatest potential for influencing resident behaviour. For a resident with Alzheimer Disease (AD) it is critical that staff have the necessary knowledge and training to address the cognitive and behavioural changes associated with the disease. This study was designed to assess differences over time in staff knowledge, attitudes, stress, burnout and turnover/absenteeism at two types of continuing care centres, a residential style Alzheimer Care Centre and two special care units (SCUs) housed within traditional nursing home settings. Staff completed questionnaires at two points in time, six-month apart. Results indicated favourable knowledge and attitudes which did not change over time. The Alzheimer Care Centre staff reported less stress and burnout than the SCU staff. There were no differences between the settings in staff absenteeism, but SCU B has significantly lower turnover rates than the Alzheimer Care Centre or SCU A.

### 138

### SOCIAL MARKETING CAMPAIGN TO IMPROVE THE QUALITY OF MEDICATION USE AMONG SENIORS IN THE CAPITAL HEALTH REGION

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The purpose of this social marketing initiative is to (1) raise awareness among seniors and health professionals of the availability and need for medication reviews and (2) encourage action by target groups. A non-equivalent control group design will be used to assess the impact of the initiative in three study groups. Study group 1 will receive the seniors' and health professionals' campaigns; study group 2 will receive the health professionals' campaign only; study group 3 will receive no social marketing campaign. The seniors' campaign is comprised of self-screening forms, brochures and tabletop displays and presentations by seniors to seniors. The health professionals' campaign is focused on an easy-to-use medication review sheet for all family physicians, community pharmacies and home care offices. A sample of randomly selected seniors and health professionals will be asked to complete a 3 page and 10-item survey, respectively. Pilot study data indicated that 300 seniors in each study group are necessary to detect an absolute change of 15% in the number of seniors asking for a medication review. Before-after comparisons will be made between the study groups using either chi-square or t-tests. The social marketing campaign will be conducted from May to June 2000, with pre-test and post-test in April and September 2000.

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### PRIMARY CARE HEALTH CARE TEAMS: A FOCUS ON IMPROVING MEDICATION USE

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The purpose of this project was to implement strategies from the CMA/CPhA Joint Statement on Approaches to Enhancing the Quality of Drug Therapy among high-risk community-dwelling individuals and determine the impact on indicators of process and patient outcome. Six teams, each consisting of a family physician, a consultant pharmacist and a home-care nurse, met weekly for 6 months to care for a cadre of patients, recruited from the family physicians' roster. Individuals who took 3 or more medications, had one uncontrolled condition or who had deteriorating health status were recruited. A before-after design was used to assess the impact of team care. Pharmacists documented the processes of care. Self-reported resource use and health status were assessed using self-administered instruments. 189 individuals were recruited. The average age was 67 (s.d. 16), and they reported that they took 6.1 medications (s.d. 8.6) in the previous two days. At baseline, 14 and 12 percent of individuals reported stopping medications if they felt better or worse, respectively. 51% indicated some concern about their medications and 43% of patients rated their health as fair or poor. To date, patients have received a variety of interventions ranging from changing medication administration times, changing herbal medications to avoid drug-drug interactions, adding preventive medications such as vaccinations, calcium or ASA. That last phase of data collection will occur in May 2000, and the final results will quantify the teams' processes of care and patient outcomes.

### 140

## ACTUAL AND SUBJECTIVE PERCEPTIONS OF FUNCTIONAL CHANGES OVER EIGHT YEARS AS PREDICTORS OF WELL-BEING

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In this study we addressed the relative impact of objective and subjective changes in functional capacities on personal well-being in a eight-year follow-up of 165 older adults most of whom had relocated previously to elderly persons' housing. Participants (75% women; mean age of 78) comprised 34% of those who completed the earlier interview, with the majority (46%) of non-respondents deceased, too ill, in personal care homes or not located. As expected, subjective reports of change (e.g., in health, ability to do things at home, mobility, social activities, assistance) were better predictors of life satisfaction, physical and psychological well-being and life control than actual changes in functional abilities. In addition, well-being measures were not related to changes in involvement with family, friends, social activities, caregiving or need for assistance. For 63 spouses involved in caregiving, those providing the most assistance indicated the poorest physical well-being and decreased social activities. Caregivers who were most concerned about their spouses evidenced the greatest declines in health, well-being as well as appraisals of support from family and others. Findings offer directions for educational and supportive intervention with the aim of improving the health and well-being among older adults who relocate for compensatory reasons.

### 141

## TAKING RESEARCH INTO GERONTOLOGICAL PRACTICE: DELEGATION

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The complexity of Home Care clients, specifically older adults, is increasing. Home Care is the publicly funded health care services provided by professional and non-professional staff to clients within their own homes. Close to 70% of their clients are over 65 years. Registered nurses and other professional staff (ie, occupational and physiotherapists) working in Home Care delegate an increasing number of tasks required by older adults to those with less professional education, including clients themselves, family members, and care attendants. In a previous study, the project team explored how professional staff defined delegation, what client care activities were delegated, and how delegation decisions were made. A delegation model and a process tool for use in Home Care were developed. Based upon the findings of this initial study, the team asked, "How do we take our research findings into practice", and "How do we implement our findings to improve care to older clients?" Presented in this poster is the process used by the project team to move research findings into clinical practice. Such factors as orientation, learning modules and ongoing education are addressed. Evaluation of the model and process tool are essential elements in taking research findings into practice.

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## FAMILY PERCEPTIONS OF CONTINUING CARE FOR PEOPLE WITH ALZHEIMER'S DISEASE

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Although the literature indicates that family members are generally satisfied with the care provided to ill relatives by formal care providers within continuing care centres, there is limited information regarding possible changes over time in their perceptions of formal care or comparisons of their perceptions across types of continuing care centres, particularly within the Canadian health care system. This study focused on the satisfaction with care and the experience of caregiving hassles of family members of residents with Alzheimer Disease in a new residential-style Alzheimer Care Centre (ACC). Family members were interviewed at 6, 12 and 18 months post-admission. A one-time comparison with family members of relatives living in special care units (SCUs) was also conducted. The results indicated that ACC family members were highly satisfied with the care provided at the ACC and these perceptions remained stable over time. However, there were trends for the family members to be more satisfied with the environment of the ACC than with the overall care provided. There was a trend for ACC family members to be more satisfied with care than the SCU family members, particularly in the area of satisfaction with the physical environment.

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## FUNCTIONAL STATUS OF PERSONS WITH ALZHEIMER DISEASE IN A RESIDENTIAL CARE CENTRE COMPARED TO SPECIAL CARE UNITS

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Residential care centres (RCCs) for persons with Alzheimer Disease (AD) are becoming increasingly common worldwide. However, there are relatively few prospective controlled studies which compare the functional status of RCC residents to residents of other types of continuing care settings, such as traditional nursing homes or special care units (SCUs). This study compared residents of a new RCC established in Edmonton, Alberta, on physical, cognitive, behavioural and emotional functioning at 6, 12, and 18 months after admission to residents of SCUs operated by the same continuing care provider. The results indicated that SCU residents were initially functioning lower than RCC residents on most outcome measures and that these differences persisted over time. Resident functional outcomes declined over time regardless of care setting and, when initial status was controlled for, the rates of decline were similar. However, RCC residents experienced greater independence/ freedom of choice, fewer physical or psychotropic medication restraints and were more active, which may have enhanced their quality of life.

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## FACTORS INFLUENTIAL TO FALLS WITHIN A 200-BED LTC FACILITY: FOUR YEARS OF RETROSPECTIVE ANALYSIS OF FALL INCIDENTS

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The purpose of this poster presentation will be to review the incidence of falls and the factors associated with falling within a 200-bed LTC residence over a 4-year period. In addition, the improvements made to the incident reporting tool in the second year of analysis will be highlighted.

Resident demographics (age, sex, length of stay) and the information contained on facility fall incident reports were compared between infrequent (<5 falls annually) and frequent (5+falls annually) fallers to determine the factors that were associated with frequent falling. For the first year of analysis only, diagnostic and medication information was obtained from a comprehensive chart review to determine the influence of these variables in association with fall reports. The results of these analyses will be presented. New and creative intervention programs implemented will also be reviewed in addition to the components to be added to the fall prevention program. The results show the improvements made to the reporting tool have significantly enhanced the evaluation of fall incidents.

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## INTERRATER RELIABILITY OF THE GLOBAL ASSESSMENT OF FUNCTIONING IN A GERIATRIC POPULATION

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Can the Global Assessment of Functioning (GAF), Axis V of the DSM-IV Classification System, be scored reliably by different treatment team members? In addition to addressing this question, this study will also review the utility of the GAF as a measure of the level of functioning of geriatric inpatients. One hundred and eight geriatric patients admitted to an acute care psychiatric hospital were rated on the GAF by three clinicians: a Psychiatrist, a Physician and a Psychologist. A cognitive screening assessment was also administered by the Psychologist at the time of admission and a second rating of global functioning was carried out at the time of discharge from the admission unit. Results indicated good interrater reliability both over the entire sample and between the various professions. Reliability values ranged from 0.78 to 0.86. Comparisons were made between admission and transfer/discharge GAF scores. Additional comparisons were made between cognitive status, GAF scores and Mayo-Portland Adaptability Inventory scores. Implications for improving interrater reliability and the utility of the GAF will also be discussed.

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## DIFFICULTIES AND CHALLENGES OF INTERVENERS WORKING WITH THE ELDERLY

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Along with the modernization of policies in home care, the development of community organizations in home care and the proliferation of private residences, we are observing today, the transformation of the role of those who are responsible for the elderly, in their loss of autonomy. Paid or volunteer interveners who work in private residences for the elderly and in community bodies are becoming more and more common.

Contrary to the public network interveners, administrators, interveners and volunteers do not always have the adequate training and education background for intervening in delicate situations. With the goal of understanding the challenges of these interveners, a study was conducted with one-hundred interveners (paid persons and volunteers) who work in the field of housing for the elderly. This research, conducted in Canada in the summer of 1997, now gives us a better understanding of the constraints, limits, difficulties and the needs in the establishment of interveners who work in private residents for the elderly, as well as those who work in the community bodies of home care. Those who conducted this research study will present their point of view as to the desirable implications of social workers in the establishment of interveners' work with the elderly, as well as the strategies that must be developed in response to this new reality.

### 147

## THE PSYCHOLOGICAL AFTER-EFFECT OF THE ICE STORM ACCORDING TO THE ACCOMMODATION EMERGENCY STRATEGIES

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During the ice storm, thousands of Québecers were deprived of electricity for several weeks. Many seniors had to expend a lot of effort to limit the damage caused by the intense cold. Also, many elderly people had to leave their home to survive. In order to gather information about the consequences of the ice storm on the biopsychosociological health of the victims, a qualitative study was made with three groups of people who had used different strategies to face the power failure: elderly who decided to stay home, those who lived in collective emergency accommodation and those who decided to go to relatives or friends. This presentation will give information on different difficulties that seniors lived during the ice storm and it will provide a description of the psychological after-effects related to the disaster according to different strategies used to survive by the people affected.

## 148

### IN AND OUT OF HOSPITAL: A SENIOR'S GUIDE TO YOUR STAY IN HOSPITAL AND RETURN HOME

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In 1998 the Council on Aging - Ottawa-Carleton sponsored a discharge planning conference to develop strategies which would address the issues around the transfer of care between the hospital and the community. In order to identify concerns prior to the conference, written questionnaires, telephone interviews and focus groups were conducted with Anglophone and Francophone seniors, family caregivers and health care providers. Communication and education emerged as a paramount issue. At the conference, Making It Work: Hospital to Home, participants recommended that the Council on Aging initiate a public education program to prepare seniors and their caregivers for hospital admission and discharge. The development, translation and distribution of a guide would be central to the public education program. In January 1999 the Council on Aging partnered with acute care hospitals and community agencies to implement the conference recommendation. An extensive literature search was conducted. Existing resources were examined. The lack of a generic guide to prepare seniors for hospital admission and discharge was identified. This poster presents the development of a senior's guide for hospital admission and discharge.

## 149

### COMPARISON OF FUNCTIONAL LEVELS AT DISCHARGE TO HOME FOLLOWING TOTAL HIP OR KNEE ARTHROPLASTY

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**Purpose:** To compare functional levels at discharge following primary total hip (THA) or total knee arthroplasty (TKA) between those patients who went directly home from the acute care institution and those who were transferred to a sub-acute facility further rehabilitation.

**Method:** 25 patients with THA's and 25 patients with TKA's who were discharged directly home were assessed using the Functional Independence Measure (FIM). Patients were matched for time of surgery and joint replaced, to patients who required further rehabilitation (n=25 THA; n=25 TKA). Patients who required further rehabilitation had 2 FIM assessments performed; one at the time of admission to the sub-acute facility and one at discharge to home.

**Results:** Of the group discharged home, 26 (39%) were female and the mean age was 63 (+15) years. For the group requiring further rehabilitation, 41 (61%) were female and the mean age was 73 (+9) years. On discharge from the acute care institution, the average FIM score was 111 (+5). The average admission FIM score to the sub-acute facility was 96 (+8) which increased to an average score of 112 (+7) at discharge. Examination of the FIM sub-scales showed significant differences in self-care and mobility between the 2 groups ($p<0.001$). Of the patients discharged directly home, 46 (87%) went home with family, while 21 (42%) patients from the sub-acute institution went home alone.

**Conclusion:** Utilization of a sub-acute facility appears to allow patients who are older and who live alone to regain functional independence prior to discharge to home.

## 150

### IMPLANTATION COMMUNAUTAIRE D'ACTIVITÉS ÉDUCATIVES EN MATIÈRE DE NUTRITION COMME FACTEUR DE PROTECTION DANS LES TROUBLES DE SANTÉ CHEZ LES PERSONNES ÂGÉES

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À l'ensemble des problématique de santé au troisième âge, il existe des facteurs de protection associés à la nutrition. L'éducation en matière de nutrition et la modification des habitudes alimentaires permettrait donc de réduire la fréquence ou l'intensité de certains problèmes de santé chez les aînés et favoriser ainsi leur bien-être. Il est donc logique dans cette optique de voir à l'élaboration et la réalisation d'interventions éducatives visant à inculquer aux personnes âgées des connaissances en matière de santé et de nutrition. Un programme constitué d'une série d'ateliers/conférences fut monté puis implanté dans deux centres communautaires de la ville d'Ottawa. Les ateliers couvraient les thèmes suivants : Maladies cardio-vasculaires, hypertension artérielle, diabète, ostéoporose, indigestion et régularité. L'objectif de la présentation d'affiche est de faire ressortir les défis et enjeux de l'implantation de programmes éducatifs en milieu communautaire auprès des personnes âgées.

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### QUALITY OF LIFE MEASURES FOR PEOPLE EXPERIENCING MIDDLE TO LATE STAGE DEMENTIA

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Measurement of quality of life (QoL) is a challenge with cognitively impaired older adults. In a study to compare various living environments on QoL and cost of providing care, we are comparing generic measures which tend to be the basis of quality adjusted life years (Euroquol and the Health Utilities Index), with measures that have been developed for those experiencing dementia. Lawton advocates conceptualizing QoL in multiple domains: cognitive function, competence in Activities of Daily Living, socially appropriate behavior, engagement in positive activities, and presence/ absence of positive/negative affect. Therefore condition-specific measures such as the Brief Cognitive Rating Scale and the Cohen-Mansfield Agitation Inventory are being used. Preliminary data will be reported regarding the reasons for selection of measures, the challenges in administration and the use of proxies versus observational techniques.

## 152

### RÉFLEXION SUR LES CHANGEMENTS RAPIDES ET PROFONDS DANS TOUTES LES SPHÉRES D'ACTIVITÉS HUMAINES

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Nous vivons une époque caractérisée par des changements rapides et profonds dans toutes les sphères de l'activité humaine, et particulièrement :

**Familial :** Éclatement des familles; Nouveaux rôles parentaux; Gardiennage : enfants/ aînés; Famille plus petite; Consommation effrenée de biens, surendettement; Éducation permissive des enfants

**Social :** Transports, communications, internet; Mondialisation du commerce : poids, mesure, monnaie; Fusion d'entreprises; Services bancaires; Automatisation, déshumanisation des services à la clientèle

**Communautaire :** Regroupement : religieux, scolaire, municipal, etc…..

Le CHANGEMENT est incontournable, l' ADAPTATATION sera facilitée par la PARTICIPATION. Trois mots clés, C.A.P., pour un pasage en douceur dans le nouveau millénaire. Une participation active permet d'influencer sur la direction que l'on veut donner à notre monde en changement.

Souplesse et ouverture d'esprit sont un préalable à la formule C.A.P, c'est aussi viellir en restant le coeur jeune.

Citons quelques changements :

Le service bancaire est d'une lenteur excesssive dû au coupure de postes.On est fortement inciter à utiliser les guichets automatiques…. Mais la personne âgée n'aime pas utiliser ce système qu'elle ne comprend pas.

Le virage ambulatoire favorise le maintien à domicile. Le problème survient quand la grille-horaire officielle ne convient pas aux bénéficiaires.

Le passage de la mesure anglaise à la mesure métrique rend difficile la comparaison du prix versus la quantité. Une livre de biscuit à 3.25$ versus 380 grammes à 2.75$.

Les deux parents au travail, amènent un chagement dans les rôles parentaux. Le centre d'équilibre bio-psycho-social doit se restructurer.

Une réflexion à poursuivre.

Le conférencier aura plaisir à échanger, avec les participants.

## 153

### VALIDITY AND RELIABILITY OF THE SF-36 FOR GERIATRIC IN-PATIENTS AND OUT-PATIENTS

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**Objectives:** The objectives of this study were to evaluate the optimal mode of administration, reliability and validity of the SF-36 for geriatric in-patients and out-patients.

**Design:** Cross sectional

**Participants and Setting:** 86 consecutive admissions to a geriatric outpatient clinic and day hospital program (out-patients) and 36 consecutive admissions to an inpatient geriatric medical rehabilitation unit (in-patients).

**Measurements:** All patients were asked to complete the SF-36 by themselves and then re-administered the questionnaire by a medical student within 90 minutes. They were also administered the GDS, MMSE and other information was collected. The scales for out-patients were repeated by the interviewer one-month later.

**Results:** Most (95%) self-administered scales were non-computable for in-patients. An average of 38.7% of self-administered scales were non-computable for out-patients . For interview administration, the non-computable percentages for scales were: out-patients -12.8%; in-patients -22.2%; non-demented subjects-9.9%; demented subjects-21.1%. Out-patients had significantly higher average scores for Physical Function, Role Physical and Vitality. Demented subjects had similar scores compared with Non-Demented subjects except for significantly higher Physical Function scale scores. Multi-variate analyses showed significant inverse relationships between age, number of drugs, GDS and MMSE and scale scores. These relationships were similar for demented and non-demented subjects. Reliability standards for group comparisons (Cronbach's alpha >0.7) were met for all scales except General Health (0.57). Important floor effects (>10% scoring 0) were observed for Role Physical (28%) and Role Emotional (14.6%). Significant ceiling effects (>10% scoring 100) were observed for Role Physical (21.4%), Bodily Pain (27.2%), Social Function (30.0%) and Role Emotional (48.5%).

**Conclusions:** Interviewer-administered SF-36 scales yield valid reliable measures of quality of life in both geriatric in-patient and out-patient settings. Self-report is not useful because of the high number of missing responses. Mildly demented geriatric patients appear to have acceptable completion rates and valid and reliable responses.

## 154

### ACTIVITÉ PHYSIQUE ET SANTÉ: UNE ANALYSE DES DISCOURS DE FRANCOPHONES AÎNÉES D'ORIGINE PORTUGAISE *

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Les femmes aînées de 65 ans et plus constituent le segment de la population qui présente le plus de problèmes de santé et qui est le moins actif physiquement. Or, la pratique d'activités physiques est un élément important dans la promotion de la santé. De plus, il est démontré que l'activité physique chez les aînées réduit les risques de cardiopathie et d'ostéoporose, accroît l'énergie et la mobilité, améliore l'autonomie et l'estime de soi et favorise, dans le contexte d'une pratique collective, la construction d'un réseau de support social et la conservation d'une identité culturelle.

La présente étude porte généralement sur la place de l'activité physique dans le vécu et dans la vision de la santé des femmes francophones âgées. Plus spécifiquement, elle porte sur des aînées francophones d'origine portugaise et sur les 'logiques sociales' qui les incitent (ou les amènent à renoncer) à opter pour une stratégie de santé telle que la pratique d'activités physiques. L'étude est faite dans le cadre d'une approche écologique de la santé où sont considérées en interaction les dimensions physiques, affectives, sociales et culturelles de l'aînée. La méthode de recherche privilégiée est qualitative et repose sur l'analyse des transcriptions d'entrevues semi-dirigées réalisées auprès d'une dizaine de femmes d'origine portugaise âgées entre 65 et 75 ans. Les participantes proviennent de la région d'Ottawa et certaines peuvent être considérées comme 'actives' et les autres, 'inactives'. Les résultats de l'étude permettent de mieux cerner les déterminants socioculturels en matière de pratique d'activités physiques chez les aînées; de mieux saisir en quoi l'activité physique peut participer aux stratégies du 'bien-vieillir'; et de mieux comprendre les logiques sociales qui informent la culture somatique des aînées d'origine portugaise.

* Cette étude est financée par le Conseil de recherches en sciences humaines du Canada.

### 155

## WELL-BEING AND ISOLATION: A COMPARISON OF RURAL AND URBAN COMMUNITIES IN ONTARIO

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There is a paucity of research on rural aging and the bulk of that research has been conducted in the U.S. Keating (1991) provided an important review of the Canadian literature and concluded that we know very little about aging in rural communities in Canada. She found that people continue to hold many incorrect beliefs about living in rural communities. For example, it is generally assumed that individuals living in a rural area experience a higher well-being or quality of life (QOL) than their urban counterparts yet seniors are assumed to be lonely if they are geographically isolated. Although a few studies have examined the relationship between QOL and geographical (Kivett, 1985), social (Chappell & Badger, 1989; Thompson & Heller, 1990), and emotional isolation (Chappell & Badger, 1989; Kivett & Scott, 1979), as well as between social and emotional isolation (Dugan & Kivett, 1994), no research has simultaneously examined the relationship among them. This study examined this issue with 85 seniors (45 rural and 40 urban) aged 56-90 (mean age=67.6). Consistent with the literature, no differences in QOL between rural and urban seniors were found, nor were any differences noted in social and emotional isolation between the two locations. Interestingly, poor QOL was predicted by the absence of someone to rely on but not by the lack of a confidant, contrary to literature findings. These findings present a challenge in formulating general policies for addressing aging in rural communities in Canada.

### 156

## REFLEXIVE PLANNING FOR LATER LIFE: A CONCEPTUAL MODEL AND EVIDENCE FROM CANADA

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In this presentation, we develop a conceptual framework to describe an individual's preparations for later life. Situated in the life course perspective, this framework invites a more comprehensive and systematic study of preparations for later life. It describes a dynamic process that portrays the interplay between social structure and human agency. Through its consideration of collective preparations (the public protection programs offered by the state), individual preparations (financial and non-financial), and the interplay between the two, this framework provides fresh insight into the existing literature on retirement planning, the timing of retirement, savings, and consumption behaviour in later life. Moreover, the model may be used to structure research questions, to guide policy decision making and to point the direction for the design and content of future research studies. While the purpose of this presentation is primarily the development of a conceptual model, we draw on examples from a qualitative study of 300 seniors to illustrate some aspects of the model to Canada. We conclude by suggesting a number of research questions that may be generated from the model.

### 157

## A LIFE-COURSE MODEL OF ECONOMIC STATUS IN LATER LIFE: A STRUCTURAL APPROACH

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This study traces the direct and indirect influence of structural forces on income levels in old age. Findings from the 1994 Canadian General Social Survey show that economic status in retirement is the result of cumulative life-long influences; that is, it reflects a process in which macro-level factors influence one another in a time-ordered fashion. Hence, family background and demographic variables affect an individual's early socio-economic attainments, such as education. These factors lead to placement in the industrial and occupational sectors and to social class position. Other variables related to sectoral and class locations prior to retirement, including number of hours worked and average earnings in the year prior to retirement, also have an affect on economic status in retirement. Overall, this structural model accounts for more than one-half of the variance in economic well-being in later life.

### 158

## FISCAL WELFARE FOR THE ELDERLY: HOW SAFE IS THE SAFETY NET

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From a historical point of view, the last 100 years have had dramatic effects on the role, experience, and risks of old age. At the end of the 19th century, the aged had only the family and charity upon which to rely in times of need. Into the mid 20th century, various collectivist movements brought forth the welfare state, and thus old age policy. Now, at the doorstep of a new century, there are new problems, and hence, the state is once again re-evaluating, if not re-defining where the aged fit, and what role it should play. One key development is the growth of 'fiscal welfare'. Instead of the classic approach of payment and assistance programs (which are still in use) fiscal welfare approaches reduce taxes through credits targeted at specific groups. The problem with fiscal welfare is its complexity and relative obscurity. The tax system is a complex labyrinth of subtle, yet powerful statements regarding: (a) what sort of activity the state wishes to encourage (investment) and (b) what inequalities the state deems worthy of compensation (and the degree to which they should be compensated. In this presentation, I analyse historical data on the tax system in order to show how fiscal welfare works, what risks it holds for the aged, and where it might take us in the future.

### 159

## THE ECONOMIC WELL-BEING OF WOMEN WHO BECOME DIVORCED OR SEPARATED IN MID AND LATER LIFE

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This paper examines the economic well-being of women who become divorced or separated in mid and later life using 1994 data from the Statistics Canada Survey of Labour and Income Dynamics. Economic well-being is measured by adjusted economic family total money income, before-tax low income cutoff and ownership of dwelling. Women and men aged 65 and older in their first marriages are compared with women and men aged 65 and older who become divorced or separated at age 45 and older. Results show that women who become divorced or separated in mid and later life are more likely to be in poverty than married persons and men who divorce or separate in mid and later life. Persons who divorce or separate in mid and later life are less likely than married persons to live in a dwelling which is owned by a member of the household. Regression analyses show that receiving pension income and receiving earnings are positively associated with income but receiving alimony is not associated with income for women who become divorced or separated in mid and later life. Implications for the Canadian legal and retirement income systems are discussed.

### 160

### THE ECONOMIC IMPACT OF SOCIAL POLICIES ON INFORMAL CAREGIVERS: A CASE STUDY APPROACH

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Despite increasing reliance on informal caregivers, there has been little analysis of the impact of public policies on their caring work. Policies in domains such as health and income security are largely directed towards seniors as care receivers. However, as a result of these policies, informal caregivers may incur unintended economic costs related to employment and out-of-pocket expenses. The purpose of the project was to examine the differential impact of policies on the economic consequences of informal caregiving. Veterans Affairs Canada (VAC) health and income security policies are used as examples of how social policies may affect the economic status of informal caregivers. Using a case study methodology, the differential economic impact of VAC policies was analyzed. Differences in the effect of policies on the economic status of informal caregivers were found among types of informal caregivers and regions of the country. Policies affected the economic status of spouse caregivers less than adult child caregivers. VAC policies, which supplement provincial and regional public programs, tend to level differences among regions across the country in the availability of health care benefits/programs. Recommendations are made for revising social policies to minimize their economic impact on informal caregivers. (Project funded by Veterans Affairs Canada).

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### INFORMAL CARING IN THE CONTEXT OF MANITOBA HEALTH CARE REFORM: HIDDEN CASUALTIES

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As in many other Canadian provinces, Manitoba has been engaged in health care reform. Sweeping changes have occurred including the closure of hospital beds, staff reductions, cutbacks in some services, and the hastened discharge of more acutely ill patients. While some research has investigated the impact of these system changes on formal health care workers, little has been reported about the consequences of changes at the institutional or macro level on the health and lives of women caring for a chronically-ill family member or friend.

In-depth interviews were conducted with 20 self-selected women who were providing at-home care for an older adult who had sustained a CVA. Questions examined the nature of the caring relationship, the impact of caring on the provider, and the impact of reforms on caring. Preliminary results indicate the key issues for these caregivers include: the special caregiving needs of a stroke survivor; decreased community supports for informal carers; and the social, health and economic experiences, needs and costs associated with caring. Policy and program relevant to these women's needs are identified.

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### A MATTER OF TIME: THE TRUE COST OF ELDERCARE

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In the interest of cost containment, policymakers and service providers increasingly are looking to informal caregivers to assume greater responsibility for meeting the needs of an aging population. However, the costs considered in such decisions generally are restricted to those experienced by the public sector, despite growing realization that informal care also entails significant costs.

According to Statistics Canada's 1996 General Social Survey, Canadians already are heavily involved in caregiving. Some 2.1 million people each spent an average of 4.2 hours per week caring for at least one senior with a long term health or physical limitation in 1996. At the aggregate level their unpaid work was equivalent to that of 276,509 full time, full year employees. The replacement cost of this work - what society would have to pay to hire formal caregivers to do the caring work that family and friends now do without pay - is estimated at between $5.1 and $5.7 billion. This suggests that the true cost of eldercare is grossly underestimated when only public sector costs are considered.

### 163

### THE ECONOMIC VALUE OF SPOUSAL CARE: SAVINGS FOR THE FORMAL SYSTEM

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Using the 1996 GSS on Social and Community Support, this paper investigates the extent to which the presence of a caregiving spouse (of a senior with a long-term illness) reduces dependence on formal care. Specifically, this paper examines differences in formal care dependence by gender of the caregiving spouse and values both the total hours of caregiving by the spouse as well as the savings generated for the formal health care system through reduced demand. Finally, this paper explores the policy issue of tax relief for spouses who are engaged in long-term caregiving.

## 164

## SENIORS' OUT-OF-POCKET HEALTH EXPENSES - LES DÉPENSES DIRECTES EN SANTÉ ENCOURUES PAR LES AINÉS

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Many seniors find that they are faced with additional expenses arising from their more complex health and independence needs. Medicare does not cover a growing range of services that are required to restore or maintain health, including home care, drugs, assistive devices and prosthetics. The costs of non-insured health services vary considerably across Canada as do the criteria for assessing capacity to pay. Moreover, there are inconsistencies in the services provided by different social programs within provinces. Using program information provided by the provinces and territories and expert analysis of the impact of these program differences upon Canadian seniors, the National Advisory Council on Aging has developed recommendations aimed at reducing the burden of out-of-pocket health expenses for seniors and at reducing regional disparities in health costs.

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## SENIOR FRIENDLY GROCERY STORES & NUTRITION

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An environmental scan conducted by the Dietitians of Canada and a multisectoral advisory committee identified nutrition needs and resources required by seniors to be well-nourished and supported within their community. Growing out this project, the Dietitians and the Senior Friendly[a] Program began a collaboration to develop Guidelines for a Senior Friendly[a] Grocery Store and companion nutrition resources.

This was a unique process in that it involved intersectoral collaboration between non-traditional partners. Grocers, the packaging industry, police, architects, seniors, non-profit organizations, regional health authorities, and dietitians all worked together to address access to quality, nutritious food at the grocery store as a component of healthy aging.

Seniors played in important role in guiding the process, providing input to both the nutritional resources and the guidelines themselves. They also conducted Check-Ups at individual grocery stores that provided a basis for the guidelines.

The Guidelines can be used as an advocacy tool, empowering seniors and educating grocers, public health officials, community organizations on (a) the importance of sound nutrition in aging and (b) on accessibility issues.

A cross Canada network of seniors' organizations and dietitians are now collaborating on a national dissemination and educational strategy.

Speakers will address (a) the process of intersectoral collaboration (b) the newly created nutritional resources for seniors, (c) key components of the Senior Friendly guidelines.

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## USE OF ALTERNATIVE HEALTH PRODUCTS BY OLDER CANADIANS

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Use of alternate health products (AHP) has been increasing and a better description of their use by older Canadians is essential. The opportunity presented to analyse the information on specific drug and APH use, collected for the National Population Health Survey in 1996-7, on 15,893 randomly selected Canadians over 60.

Seven percent of older Canadians took at least one AHP in the last two days - 44.6% of users were males and 55.4% females. In univariate analysis, younger age, higher income, taking other drugs, no spouse/partner, and symptoms of depression, were shown to be associated with taking AHP. The major category of AHP was medicinal herbs taken by 5.2% of the population; the remainder was spread over categories such as tisanes, micro algae, fatty acids. Among people taking medicinal herbs, garlic was the most popular for both men and women, and ginseng a distant second. Other products showed different frequencies of use for men and women, e.g., women took twice as much Devil's Claw, while men took four times as much Alfalfa.

This study provides an important perspective on a growing but inadequately studied phenomenon.

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## NUTRITIONAL SUPPORT FOR BEREAVED SENIORS

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Clinical and research evidence indicates that the recently bereaved represent a large at-risk population for poor health. Also, it has been well documented that proper nutrition is integral to health and well-being. However, bereavement groups seldom focus on the nutritional and dietary issues faced by recently bereaved individuals. The purpose of the present study was to identify the nutritional risk levels and the nutritional issues faced by seniors (N=22) who are recently bereaved, recently bereaved with intervention (support groups), and seniors in coupled relationships. A combination of qualitative and quantitative methodologies was included in the present study. Background information and nutritional risk assessment were completed using structured questionnaires. Focus groups were conducted for recently bereaved, recently bereaved with intervention (support group) and one of a couple to identify the nutritional issues faced by seniors across these three groups. The results showed that seniors in general are at risk for poor nutrition, with a higher risk reported for recently bereaved individuals. Several nutritional issues common and unique across these three groups were identified. The issues identified will form the basis for a resource manual being developed for counsellors facilitating bereavement support groups.

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## LINKING LONG-TERM CARE FOODSERVICES TO RESIDENTS' FEELINGS OF "HOME" AND "RESPECT"

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Gerontologists and practitioners are turning their attention to measurement and promotion of quality of care and life in LTC. Residents' feelings of home and respect are integral dimensions of LTC "quality". This pilot project links foodservice satisfaction to feelings of home and respect. Sixty-nine residents were interviewed in 9 Québec LTC facilities. Resident characteristics and facility size were not related to feelings of home or respect, but feeling respected was related to feeling at home. Appetising meals, calm meal atmosphere and respect for food preferences were related to both home and respect. Food consistency and familiarity, varied menu and ability to season food were related to feeling at home. Feeling respected was related to other foodservice traits, such as ability to eat alone and equality of food choices among residents. Improving certain aspects of foodservices may promote feelings of home and respect. Increased foodservice quality may also increase food consumption, thereby decreasing malnutrition in LTC.

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## AN EXPLORATORY STUDY THAT EXAMINES CHANGES IN BODY WEIGHTS WITH RESULTS FROM A VETERAN'S SATISFACTION QUESTIONNAIRE RE: FOOD QUALITY IN A LONG TERM CARE FACILITY

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This paper presents the results of an exploratory study that examined the satisfaction with food quality in a Long Term Care VAC facility. It is postulated that food is a pivotal quality of life issue for veterans, reflecting a source of well being, as well as a vehicle of control within one's environment. A satisfaction questionnaire was completed within one month of the introduction of a new food delivery system (i.e., bulk food) and re-administered at 12 months, to assess the satisfaction of the food quality once the transition period was over. Results of the first questionnaire showed that 57% of veterans had some degree of dissatisfaction with food quality. Factors affecting these results will be discussed (e.g. logistical crossover inconsistencies, and disgruntled clients, seen as holdovers of dissatisfaction from the former food delivery system). On the basis of daily observations at mealtimes, the first author's impression was that veterans are eating more and enjoying their meals better. To test this theory, body weights were obtained (as unobtrusive data through chart review) pre-evaluation of the new food delivery system and post at 6 and 12 months. Preliminary findings at 6 months show a minimal overall weight gain on 25 veterans. Another measure of satisfaction with food quality is the number of "clean plates" and of entire meals consumed at meal times, as observed by dietary staff. Comparison of the results of body weights, mealtime observations, and of the satisfaction questionnaire, will be discussed in terms of (a) methodological issues in ascertaining satisfaction levels with food quality in LTD institutions and (b) the use of satisfaction with food as a quality of life indicator.

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## PATIENT PERSPECTIVES ON PHYSICAL THERAPY: DOES AGE MAKE A DIFFERENCE?

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Understanding patients' perspectives about physical therapy services they experience is essential for enhancing the process and outcomes of physical therapy, and for exploring age-related attitudes toward these services. This paper presents and compares quantitative and qualitative findings obtained from three groups of patients: 18 to 49 years (n 1), 50 to 64 years (nC8), and age 65+ (nC3) who participated in a study of utilization and satisfaction with community-based physical therapy services. Each person who consented to participate in the study was administered a standardized, computer-assisted telephone interview about physical therapy services he/ she had recently accessed in their health region. No age-related attitudinal differences were found with respect to ratings of satisfaction with health outcomes achieved and quality of services provided across sites. For all age groups, participation in goal setting was a significant predictor of satisfaction with outcomes of physical therapy. However, those age 65+ tended to be more positive about the accessibility of physical therapy services compared to younger age groups. Content analyses of qualitative data indicated that competency of therapists dominated patients' "likes", followed by client-therapist communication and treatment effectiveness. Implications for future research and practice are discussed.

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## ANXIETY AND PERCEIVED RISK: AN EXAMINATION OF OLDER CARDIAC REHABILITATION PATIENTS' ATTITUDES TOWARDS EXERCISE

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Cardiac rehabilitation is commonly prescribed after myocardial infarction to co-ordinate exercise training and secondary prevention (e.g., behavioural intervention, counselling, education, support). The goals are to improve physiological and psychosocial status, and to postpone recurrence. This study reports the findings from the first phase of a process evaluation and needs assessment of a regional cardiac rehabilitation program. In the first phase of the project, questionnaires were administered, and focus groups run with 24 cardiac patients enrolled in a regional outpatient rehabilitation program (19 men, 5 women; age range 53-78 years; mean age = 69.2 years) to obtain in-depth feedback about the program content, existing and potential resources, barriers to participation and goals and concerns of patients. Results from both the quantitative and qualitative analyses suggest that participation in the cardiac rehabilitation program has had a positive impact on patients' perceptions of their quality of life, psychosocial well-being and physical fitness levels. Most striking, however, is the finding that older cardiac patients perceive their risk of recurrence of a cardiac incident to be so high that they are anxious and fearful of exercising on their own, despite encouragement by their physicians and a self-reported increase in level of knowledge of their fitness abilities and personal limitations since enrolling in the program. This finding has strong implications for the survival of new community-based cardiac rehabilitation programs, and the flow of patients through an already overstrained health care system.

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## G.E.T. S.E.T. (STRETCHING, EXERCISE AND TEACHING) PROGRAM

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For people with chronic illness or long term disability, access to rehabilitation in their community can be difficult. The type of service and support the individual requires is often different than traditionally available programs in private clinics or hospital outpatients. Since May 1998 Capital Health has partnered with the Edmonton General and other sites in our region to offer a G.E.T. S.E.T. (stretching, exercise and teaching) program. This program is targeted for individuals who suffer from chronic illnesses or conditions such as arthritis. Goals of the program include: providing increased access to services for individuals with chronic conditions, teaching clients the importance of exercise and how to maintain functional abilities, teaching clients how to locate and evaluate community resources and helping clients set and attain goals. This presentation will focus on the implementation and evaluation of the program at the EGH site and others and how the use of specific outcome measures and planning for evaluation preimplementation has assisted us to determine the efficacy of this program. Future plans and directions will also be addressed.

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## END OF LIFE CARE IN A PERSONAL CARE HOME SETTING

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Although one-third of all deaths of Manitobans aged 65 years and older occur in personal care homes, almost no attention has been given to the quality of life they experience in the final days of their lives. Extensive research has been focused on the end of life in palliative care units and hospital settings, which have sophisticated methods of symptom management, and high staff:patient ratios compared to personal care homes. Results will be presented of an exploratory multidimensional, retrospective study of the comparative perspectives of registered nurses, health care aides, and family members/significant others of the quality of life and quality of end-of-life care of persons who have died in a personal care home setting. The utility of using quantitative and qualitative quality of care (FamCare Scale, Qualitative Outcome Interview Guide-QOIG), quality of life measures (McMaster Quality of Life Scale-MMQLS, Palliative Care Outcome Scale-POS), and chart review findings will be examined.

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## RESEARCHING UTILIZATION OF HOSPITALS BY TERMINALLY ILL AND DYING PERSONS: REFUTING MYTHS AND MISCONCEPTIONS

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One of the most pervasive beliefs about health care is that a disproportionately large amount of health care is provided in the last few days, weeks, or months of life. A quantitative analysis Alberta inpatient hospital data was undertaken to describe hospital utilization over five years by all inpatients who died during the 1996/97 year (n=7,429), and utilization during the last hospital episode of all inpatients (n=38,468) who died in hospital April 1, 1992 through March 31, 1997. There were two key findings. First, the last hospital stay, although longer than the average inpatient separation, was infrequently resource intensive. Nursing care was the primary service provided during the last hospital stay for 51.8% of all inpatients who died in 1992/93 through 1996/97. Final admissions to hospital were most often from home (75.3%) and through the emergency department (62.2%). Second, hospital utilization by individuals in the five years preceding death was variable but often low. Admissions over five years for the 7,429 inpatients who died in 1996/97 averaged 4.5 in number, although most were only admitted once (18.1%), twice (17.9%), or three times (15.7%). Similarly, high users contributed to a 54.9 day average in total days of hospital care over five years, and an average of 6.2 procedures performed over five years. Age, gender, and type of illness did not differentiate utilization, but ultra-high users were most often residents of rural regions (77.8%), with most care episodes over five years (76.2%) taking place in small rural hospitals.

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## FAMILY BEREAVEMENT SUPPORT: DEVELOPING AN EVIDENCE-BASED PROGRAM

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The literature is replete with books and journal articles detailing the process of grief and bereavement, and with suggested interventions for assisting clients through the bereavement period. However, the literature is almost silent on the evaluation of bereavement support interventions and programs. Other than anecdotal reports, very little evidence is available to guide the development of bereavement programs, and there is equally sparse evidence to support the choice of one grief support intervention over another.

Bethany Care Society has 750 long-term care residents living in four centres in the Calgary region. This paper describes an evaluation of our bereavement support program. An internal committee examined our current bereavement support practices. A brief questionnaire for bereaved family members was developed, pilot-tested, and a telephone survey was conducted. In addition, other care centres in the Calgary region were surveyed regarding their bereavement program. Based on this evidence and the available literature, Bethany Care developed and implemented an evidence-based Bereavement Support Guideline, to ensure all our bereaved families receive consistent, useful grief support

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## THE ROLE OF THE PSYCHOLOGIST IN DETERMINING COMPETENCE FOR ASSISTED SUICIDE/EUTHANASIA IN THE TERMINALLY ILL

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This paper discusses the history of assisted suicide/euthanasia and public attitudes in Canada; discusses depression in the terminally ill and the potential role of the psychologist in the assisted suicide/ euthanasia process; and specifically addresses the importance of determining competence in terminally ill patients. One area in which the services of psychologists have not been utilized to their fullest extent is in the care of the terminally ill, and particularly, in helping them make end-of-life decisions. It is very important that individuals making end-of-life decisions be assessed for mental disorders in order to ensure they are able to make competent decisions. If assisted suicide/euthanasia were to become legalized, psychologists should be involved in the assessment process in order to determine competency.

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## DYING WELL IN RURAL CANADA: A POLICY CHALLENGE

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The aging of the Canadian population is rapidly increasing the number of people who could benefit from receiving palliative care services. Older people who are dying and their families strive to maintain the highest possible quality of life with excellent pain and symptom management and psychological, social and spiritual support. Most of these seniors also prefer to die "at home" where family and friends can surround them. For rural Canadians, this may mean dying in the small or remote community where they have lived for many years. How can the health care system better respond to provide palliative care in rural areas? In 1997, Health Canada, the provinces and the territories examined palliative care services to identify trends and issues in community-based programming. The outcome revealed considerable variability across Canada, much work to be done, and a common interest in new initiatives that would complement existing services. For rural Canadians, these new initiatives would need to consider the challenges and limitations of rural health service delivery: a shortage of service providers, geographic isolation, transportation problems, limited funding and limited access to services. Using the care needs of people who are dying and their families as a frame of reference, this paper presents a policy framework for palliative care that is relevant for rural residents. Consideration will be given to issues of access, continuity of care, quality of care and identifies policy supports required.

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## DEMENTIA CARE IN RURAL LONG-TERM CARE FACILITIES: INTEGRATION VS. SEGREGATION

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Although special care units (SCUs) for residents with dementia are common in urban long-term care (LTC) facilities, rural facilities have been slower to adopt this approach. In Saskatchewan, approximately 80% of the 159 LTC facilities are located in rural centres with populations of 15,000 or less. This pilot study used qualitative and quantitative methods to explore the challenges and opportunities of dementia care in one rural health district with 7 LTC facilities (15 to 36 beds) and no SCU. This paper focuses on results from focus group interviews with LTC staff (registered nurses, special care aides, activity workers) and directors of care. Many of the needs of residents with dementia (safety, quiet environment, meaningful activity, opportunity to use remaining abilities, flexible policies, and knowledgeable staff who enjoyed working with these residents) were difficult to meet in integrated settings. Staff reported stress related to lack of special training and the need to constantly adjust their caregiving approach when caring for residents with and without dementia. Participants identified benefits of separate dementia units for residents, staff, and families. Barriers to developing SCUs in small rural facilities included costs of renovating and staffing, potential recruitment problems, staff burnout, and lack of family acceptance.

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## CHANGES AND CHALLENGES IN DEMENTIA CARE: A REPORT FROM THE FRONT LINES

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Recent trends in facility-based dementia care include a philosophy of resident-centred care, clustering residents into small groups, and multi-skilled staffing with continuity in scheduling. The lack of Canadian publications focusing on front line workers' experience and assessment of providing care in this manner inspired an exploratory, qualitative study in British Columbia, funded by the Hospital Employees Union of B.C. Research methods included in-depth telephone interviews with practice leaders, mostly nurses, and four focus groups with direct care providers in facilities. Research findings suggest that front line workers embrace a resident-focused philosophy of care, but find it difficult to implement, given current resident-to-staff ratios and the heavy care needs of residents; few facilities cluster their residents into small groups; and there is no common definition of "multi-skilled" staffing. Authors will report highlights from research findings, and will suggest some solutions to the challenges and conundrums revealed in research. Solutions will be presented from both research and union perspectives.

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## PREDICTORS AND INCIDENCE OF URINARY INCONTINENCE IN ELDERLY CANADIANS WITH AND WITHOUT DEMENTIA - A 5 YEAR FOLLOW UP: THE CANADIAN STUDY OF HEALTH AND AGING

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The Canadian Study of Health and Aging was a Canada-wide population-based multi-centre study on the epidemiology of Alzheimer's disease and other dementias. It also surveyed disabilities, general well-being, and common health problems such as urinary incontinence. Urinary incontinence is more than a physical problem. It has widespread psychological and social effects, such as isolation, feelings of loneliness and disturbed relationships with friends and relatives. It also increases the demand for nursing and home services. Cross sectional analyses of data from CSHA-1 reported baseline prevalence of incontinence as well as cross sectional correlates of incontinence at baseline. We analyzed CSHA-2 data to document the risk, among those elderly who were continent at baseline, of developing incontinence within a five year period, and to determine the importance of sociodemographic and medical factors and cognitive and functional status as predictors of the development of urinary incontinence. The incidence of urinary incontinence increases by age in both men and women. Incontinence increases dramatically with severity of dementia, less so with physical immobility. Diabetes mellitus was related to development of incontinence in men but not in women; prior stroke was related to development of incontinence in both sexes.

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## CANADA'S FIRST COMPREHENSIVE PROVINCIAL ALZHEIMER STRATEGY

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Alzheimer Disease is the most common form of dementia affecting seniors in Canada. The Ontario government recognized the necessity of responding in a coordinated manner to the needs and concerns of people whose lives are affected by Alzheimer Disease and committed $68.4 million over five years to the implementation of a 10-point plan of action. With the announcement on September 10, 1999 of "Ontario's Strategy for Alzheimer Disease and Related Dementias: Preparing for Our Future", Ontario became the first province to initiate a comprehensive response to Alzheimer Disease and Related Dementias.

Ontario's Alzheimer Strategy incorporates the ideas and suggestions that arose from input from hundreds of individuals and groups, in particular many dedicated and interested consumer and provider groups. The strategy is a crucial step toward improving the quality of life of people with Alzheimer Disease and to provide support to their caregivers and families. The ten components of the strategy are as follows:

1. Staff Education and Training
2. Physician Training
3. Increase in Public Awareness, Information and Education
4. Planning for Appropriate, Safe and Secure Environments
5. Respite Services for Caregivers
6. Research on Caregiver Needs
7. Advance Directives on Care Choices
8. Psychogeriatric Consulting Resources
9. Co-ordinated, Specialized Diagnosis and Support
10. Intergenerational Volunteer Initiative

In this presentation, the speaker will provide an overview of the development of Ontario's Alzheimer Strategy, the implementation process and the status of the ten initiatives.

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## RELIABILITY & VALIDITY TESTING OF A FEEDING ABILITIES ASSESSMENT (FAA) FOR PERSONS WITH DEMENTIA

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The study purpose was to test the reliability and validity of a feeding abilities assessment (FAA). The FAA determines the extent to which ideational apraxia affects the feeding abilities of residents who have dementia. A sample of 259 (156 dementia and 103 control subjects) was generated from four long-term care facilities within the greater Toronto Metropolitan area. Cronbach's alpha, Pearson's r, and Kappa coefficients were used to determine the reliability of the FAA. The independent sample t-test was used in contrasted group analysis to determine the construct validity of the FAA. The results (all coefficients = .80) supported the internal consistency, test-retest, and inter-rater reliability of the FAA. The Content Validity Index (CVI) was 78%. The construct validity was indicated by statistically significant differences on the mean scores between the two groups. The FAA will help dementia patients age with attitude. Funded by The Queen Elizabeth Hospital Research Institute

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## FROM GOOD INTENTIONS TO GOOD PRACTICE: TRANSLATING NEW GOALS AND PRINCIPLES FOR MEDICAL CARE OF OLDER PERSONS INTO IMPROVED MEDICAL CARE

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In 1998-99 the Geriatrics and Palliative Care Committee of the Council of Health Promotion of the British Columbia Medical Association developed Goals and Principles of Medical Care of Older Persons that were intended to guide those planning and providing health care services to seniors of considerations that should guide policies and practices. The Goals were adopted by the Canadian Medical Association in 1999 and the Principles were subject to wide national consultation with groups representing seniors and health professionals and revised accordingly. Ten principles of Medical Care of Older Persons were adopted as CMA policy in March 2000. The purpose of this Round Table is to inform participants and to engage interested persons in discussion of strategies to translate these Goals and Principles into practice to improve the quality of medical care of seniors.

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## PRAGMA TO PRAXIS: COMPUTERIZED RESIDENT DOCUMENTATION IN CONTINUING CARE

**Chairperson:** Dan Wold

The Good Samaritan Society (GSS) is a voluntary agency that provides multi-site continuing care service along a continuum of care. This symposium will describe the process of developing and implementing a computerized resident documentation system (CRDS) in two of the GSS facilities, one of which provides assisted living and the other services for complex care residents. An evaluation of the CRDS is underway. Pre- and post-implementation data will measure: (a) knowledge by the care providers of the residents needs, (b) time required to capture client data including classification requirements, (c) knowledge by care providers of best practices in client care and (d) the referral process to support professionals.

When designing the CRDS, various factors needed to be considered. Of major significance was the Alberta Health continuing care single point of entry system and coordination of care initiative which impacts the flow of information between service providers and the government. As well, GSS has begun the process of implementing a new model of care. The MDS initiatives across Canada and the United States were of interest to the GSS and therefore influenced the design of the CRDS. The collaboration with the software provider to design the product which would meet the needs for provincial data flow and provide the structures needed to put the new model of care in place will be explored. This symposium will describe the staged rollout of a CRDS including the education and training of the staff and discuss the elements that influenced its implementation. We will share our experiences and recommendations for implementation of a CRDS at other sites.

### THE PRAGMA OF A COMPUTERIZED DOCUMENTATION SYSTEM

Presenter: Debra Elm, Best Practice Specialist, The Good Samaritan Society, 200 - 9405 - 50 Street, Edmonton, AB, T6B 2T4 (delm@gss.org) Tel: (780) 431-3769, Fax: (780) 431-3795

This presentation will review the advantages of a CRDS in continuing care. How the GSS designed the system to meet external and internal demand for information will be explored. The goals of implementing the CRDS will be addressed along with some preliminary data collected to evaluate the effectiveness of the computer system.

### THE PRAXIS OF A COMPUTERIZED RESIDENT DOCUMENTATION SYSTEM

Presenters: Dan Wold, June Rock, Linda Forster, Betsey Williams, Edythe Andison

This presentation will review the experience of implementing a CRDS. A description of the roll out plan will be described. Factors that helped and hindered the process will be explored. Finally based on our experience, recommendations for future implementation of a CRDS will be shared.

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## DIVERSITY IN INTERGENERATIONAL RELATIONS: STRUCTURAL FEATURES OF LATER LIFE FAMILIES IN CANADA AND BRITAIN

**Chairs:** A. Martin-Matthews, K.M. Kobayashi, School of Social Work and Family Studies, University of British Columbia (UBC), Vancouver, BC V6T 1Z2; C.J. Rosenthal, Centre for Gerontological Studies, McMaster University, Hamilton, ON L8S 4M4.

**Participants:**

A. Martin Matthews, K.M. Kobayashi (UBC), C.J. Rosenthal (McMaster University) & S.H. Matthews (Cleveland State University), *Diversity in Family Structure: Age-Structured Intergenerational Patterns in Canadian Families*.
K.M. Kobayashi, A. Martin-Matthews (UBC), C.J. Rosenthal (McMaster University) & S.H. Matthews (Cleveland State University), *Diversity in Family Structure: Characteristics of Age-Condensed and Age-Gapped Families in Canada*.
T. Warnes (University of Sheffield, UK), *Better Than Co-Residence: Moving Near to Elderly Relatives to Provide Support*.
J. Phillips & C. Phillipson (Keele University, UK), *Older People in Three Urban Areas: Changing Social Networks*.
S. Peace, J. Bornat & B. Dimmock (Open University, UK), *Stepfamilies and Older People: The Impact of Family Change*.
Discussant: I. Connidis (University of Western Ontario)

This symposium examines structural features of contemporary families and family life. Specifically, it explores changing family structures, social networks, and residential proximity in Canada and Britain. British Findings are based on primary data collection while Canadian results are from the 1990 General Social Survey (Cycle 5) and the 1991-92 CARNET (Canadian Aging Research Network) Work and Family Survey. Papers describe the incidence and socio-demographic characteristics of age-structured (age condensed, normative, and age-gapped) families in Canada, continuity and change over time in older individuals' social and family network size in Britain, the impact of step-parenting in older adults, and the incidence and meaning of "residentially separate but interdependent" households in the provision of support to older relatives in Britain. The findings are discussed in terms of the implications of age-structure, residential proximity, and network characteristics for social support in later life families and for policy development in both countries.

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## GEOGRAPHICAL ASPECTS OF AGING

**Organizer:** Lynda M. Hayward, Centre for Gerontological Studies, McMaster University, Hamilton, ON, L8S 4K1 (haywarl@mcmail.cic.mcmaster.ca) Tel: (905) 525-9140, ext. 23493, Fax: (905) 525-4198

**Participants:** Anthony M..Warnes, Sheffield Institute for Studies on Ageing, University of Sheffield, Sheffield, England, S5 7AU. *Older People's International Migration: More than Sunbelt Moves*.
Eric G. Moore, Mark W. Rosenberg, Donald McGuiness and Michael Pacey, Department of Geography, Queen's University, Kingston, ON, K7L 3N6. *Geographical Dimensions of Aging: The Canadian Experience 1986-1996*.
Lynda M..Hayward, Centre for Gerontological Studies, McMaster University, Hamilton, ON, L8S 4K1. *Local Planning for an Aging Population in Ontario: Two Case Studies*.
John C. Everitt and Barbara M.Gfellner, Departments of Geography and Psychology, Brandon University, Brandon, MB, R7A 6A9. *The Qualitative Experience of Senior's Independence: Brandon and Westman Examples*.
Geoffrey C. Smith and Gina M. Sylvestre, Department of Geography, University of Manitoba, Winnipeg, MB, R3T 2N2. *Spatial Aspects of the Adjustments of Recent Movers to Government-Subsidized Senior Citizen Housing in Winnipeg, Manitoba*.

Geography plays an important role in both societal and individual responses to aging. This symposium provides an overview of spatial aspects of aging. In combination, the papers examine: the importance of geographical context to policy makers, service providers, aging individuals and their families; how issues associated with aging vary by geographical scale, location, and with time; and, the diversity of societal and individual responses within these contexts. An underlying theme running throughout this symposium is the importance of seniors' residential mobility choices and associated implications for independence, life satisfaction, planning, and policy development.

### OLDER PEOPLE'S INTERNATIONAL MIGRATION: MORE THAN SUNBELT MOVES

Anthony M. Warnes, Sheffield Institute for Studies on Ageing, University of Sheffield, Sheffield, England, S5 7AU.

The recent surge of research into residential mobility in later life has concentrated on local residential adjustments and long distance amenity-led moves (generally to warmer latitudes). There is a growing body of evidence from Europe that the majority of long distance 'retirement' moves are of a previously unremarked character - they are family-oriented moves to widely scattered destinations but with an emphasis on regions of prior mass labour migration or colonising settlement. Others are 'return migrations' of diverse character. The limited evidence will be reviewed and a preliminary research agenda outlined.

### GEOGRAPHIC DIMENSIONS OF AGING: THE CANADIAN EXPERIENCE 1986-1996

Eric G. Moore, Mark Rosenberg, Donald McGuiness and Michael Pacey , Department of Geography, Queen's University, Kingston, Ontario, K7L 3N6

This paper addresses the geographic dimensions of aging in Canada and the demographic processes which underlie them, with the empirical focus being on the Canadian experience in the latter part of the 1980s and early 1990s. While the distribution of the elderly in absolute numbers reflects the overall urban concentration of the total population, the proportion of the population that is over 65 varies considerably between provinces and between census divisions within provinces. While the rate of aging has slowed at the national level, we examine how this distribution changes in the ten-year period from 1986 to 1996 and the way in which these changes relate to the demographic and socio-economic attributes of small areas. We estimate the relative roles of aging-in-place and net migration on population aging and show that the spatial organization of these components is robust over the two inter-censal periods.

### LOCAL PLANNING FOR AN AGING POPULATION IN ONTARIO: TWO CASE STUDIES

Lynda M. Hayward, Centre for Gerontological Studies, McMaster University, Hamilton, Ontario, L8S 4K1.

Local planning for an aging population in Ontario is multi-sectorial, involving a variety of policy initiatives and a complex funding system. It is important to understand what planning bodies have jurisdiction over issues associated with aging in the community, the extent to which such issues are acknowledged and acted upon, and how these planning initiatives come together in a local context. This paper examines planning activity related to aging issues in two contrasting upper-tier municipalities, Simcoe County and Metropolitan Toronto (prior to amalgamation), as case studies. Planning documents from the upper-tier municipalities, their constituent lower-tier municipalities, and corresponding District Health Councils were reviewed. On the surface, the aging of the populations of these two municipalities appeared to be much the same as for the province as a whole. However, the context in which these populations were aging was very different, not just at the upper-tier level, but also between and within their lower-tier municipalities. The specific aging related issues identified by the local planning bodies and the approaches used to address them varied considerably, often at a very local, neighbourhood level. It was found that in the absence of other contextual information, the proportion of the elderly in the population per se can be a poor indicator of the specific planning issues which develop.

### THE QUALITATIVE EXPERIENCE OF SENIOR'S INDEPENDENCE: BRANDON AND WESTMAN EXAMPLES.

John C. Everitt and Barbara M.Gfellner, Departments of Geography and Psychology, Brandon University, Brandon, Manitoba, R7A 6A9

In this presentation we are reporting on one part of a major study that gathered data from both the Kingston area of Ontario, and the Brandon region of Manitoba. As part this study on the "Determinants of Seniors' Independence" [DSI], a series of six focus groups were conducted in southwest Manitoba. Two of these included seniors living in Brandon (population 40,000) and four were made up of seniors in and around small towns (with populations ranging from 1500 to 3500) in Westman — the region that surrounds Brandon. All participants were selected from a roster of seniors who had previously completed a lengthy objective DSI survey, and were thus quite familiar with the issues at hand. A total of forty-two respondents took part in this latter aspect of our study. Eight issues were selected from those covered in the larger DSI survey with these focusing on critical areas where responses were more variable. Because of time (length of interview session) constraints not all of the questions were discussed at every site. In some instances there were concerns (such as the loss of physicians) that were common to all of the groups. In some cases there were issues that were more characteristic of the rural and small town respondents (such as housing availability). In others there were challenges that were traits of the Brandon sample, but were not felt to be as important to the balance of the respondents (such as the availability of public transportation). Although there are important variations between the two subgroups, the similarity between the samples was also noticeable. This suggests that the core of DSI-oriented policy decisions may be applicable to most seniors, with rural-urban variations only needing to be recognized under particular circumstances.

### SPATIAL ASPECTS OF THE ADJUSTMENTS OF RECENT MOVERS TO GOVERNMENT-SUBSIDIZED SENIOR CITIZEN HOUSING IN WINNIPEG, MANITOBA

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Relatively little is known about the consequences of the moves of the community elderly to government-subsidized senior citizen apartment (SCA) buildings in Canada. This paper reports work related to a wider ongoing investigation of the effects of spatial aspects of local service/social environments upon the adjustment of recent movers to SCAs in Winnipeg, Manitoba. Specific objectives are to investigate changes in spatial proximity to off-site services and informal social supports (particularly adult children) resulting from the move, and the impact of these changes on adjustment levels. The conceptual framework of the research is based on a residential adjustment model recently proposed by Stephen Golant. The model focuses on differences in personal and environmental outcomes among elders following changes in their residential settings. The data are based on an interview survey of 242 persons age 55 years and over residing in public sector or non-profit SCAs in Winnipeg. All respondents moved from the community to the SCA during the twelve-month period immediately prior to the interview. This paper offers an outline of the survey design and reports some preliminary findings. Emphasis is placed on comparisons of outcomes experienced by older persons in their new residential settings with the outcomes that they experienced in their previously occupied settings. In addition, the outcomes of movers whose previous residence was in the same neighbourhood as the currently occupied SCA are compared to those of movers from non-local neighbourhoods. The paper includes a brief appraisal of the potential of the conceptual framework for developing explanations of the residential adjustments of movers to SCAs.

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### THE EDEN ALTERNATIVE™

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The Eden Alterative™ is a powerful tool for improving the quality of life for people who live in long-term care facilities or are isolated in the community. It is a new way of thinking about eldercare and has the potential of remaking facilities and communities all across the country.

The Eden Alterative™ is not a program, but rather is a total philosophy that seeks to address what are called the Three Plagues of "Nursing Homes": Loneliness, Helplessness and Boredom. The creator of the Eden Alterative™ is Dr. Bill Thomas, a graduate of Harvard Medical School. He discovered that medical treatment is insufficient for quality of life and needs to be the servant as opposed to the master of genuine human caring. His vision and passion created this philosophy that is growing like wildfire throughout North America.

This workshop will assist participants to understand the three plagues of the nursing home and necessity to abandon the institutional point of view to create a life worth living. The participants will share highlights of their journey in creating a "Human habitat" that supports growth and quality of life.

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### THE FIT TO REALLY LIVE PROGRAM & ITS EXPANSION: TRAINING INSTRUCTORS TO IMPLEMENT A FITNESS PROGRAM FOR FRAIL OLDER ADULTS THROUGH CAREGIVERS

Chairperson: Gabriel Blouin, President, Institute of Positive Health for Seniors, 43 Bruyere, Ottawa, ON, KIN SC8 (active-lifestyle@inst-positive-health.ca) Tel: (613) 562-6314, Fax: (613) 562-6318

Presenter: Catherine Morisset, Fitness Consultant, IPHS (cmorissetfitness@hotmail.com) Tel: (613) 737-3428, Fax: (613) 737-3428. C. Morisset is a well-known national fitness presenter and trainer for the YMCA-YWCA and CALA (Can Aquafit Leadership Alliance), specializing in land and water physical activity, with aging and older adults. She has been working independently with clients in her fitness and lifestyle consulting practice for the past 15 years.

**Part One: The Fit to Really Live Program**

In this workshop, C. Morisset addresses the challenges of implementing an effective and unique training program for instructors, to further broaden and expand nationally the innovative Fit to REALLY Live Program.

The FTRL program was carefully designed and implemented in 1997 by the Institute for Positive Health for Seniors to help frail seniors and their caregivers achieve better quality of life through improved muscular strength.

The goals of the program were to improve fitness level, lifestyle skills and awareness level of caregivers, by providing them with motivational techniques and basic, simple exercise skills. In turn, caregivers pass along skills, knowledge and motivation to implement a simple physical exercise program which helps foster functional independence, leading to a heightened quality of life and dignity in shut-in, frail older adults.

Caregivers are offered five training session, to inform them of the importance of physical activity; to help them implement a simple, basic yet effective fitness program adapted to a one-on-one approach; to help improve functional ability to perform normal activities of daily living.

The program's results to date have indicated that it improves fitness, mobility and quality of life in frail older adults; and that it can foster independent living as it improves functional strength. Relationship between caregiver and frail senior improves with purposeful training. Furthermore, it has proven helpful for caregivers as they improve their own functional strength, and may decrease work-related injuries.

**Part Two: Instructor Training**

The program has further expanded with an intensive weekend course for future instructors of the program. The workshop will provide further information on the expansion and viability of the program, and will further describe instructors training challenges.

**Part Three: Program Background**

Over the past few years, research has repeatedly indicated that many of the changes attributed to aging may also be the cumulative effect of inactivity and the long-term effects of a sedentary lifestyle - leading to physical incapacity to the point where disability is reached.

Associated with a sedentary lifestyle are losses in: balance and flexibility, muscular strength and endurance, bone density, joint function and cardiovascular endurance. These physical losses all contribute to decreases in perceived mobility, sense of self, life expectations and sleeping habits; and increases in anxiety, depression and other related psychological ailments.

Physical activity can help maintain mobility and quality of life in frail older adults, which the project Fit to REALLY Live addresses. The needs of frail, shut-in older adult fitness focus on improving mobility through increases in large muscles strength, torso stability, balance, flexibility and cardiovascular function.

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### CAREGIVERS DESERVE A BREAK

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The Saskatoon Council on Aging, with its partners, has been working to answer some of the needs of informal caregivers within the boundaries of Saskatoon District Health. The first goal of the 'Caregiver Project' is to respond to caregiver needs for information, emotional support, and coordination of resources by establishing a caregiver network and a help centre. The second goal is to increase society's awareness of the needs and contributions of the older adult caregiver in the community by: increasing public awareness of financial implications of caregiving, increasing employer's awareness of caregiving needs and potential responses to those demands. The appreciation for the needs will be accomplished by involving a variety of sectors in the community in responsive actions. Our partners and informal caregivers have worked together on a Steering Committee and a number of working committees. The working committees have engaged other community members and are immersed in diverse efforts. We will report on the successes, dilemmas, and sustained vision of this three year project, currently in its second year.

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### PROGRAM EVALUATION OF SUPPORT GROUPS FOR (1) CAREGIVERS (ONLY) AND FOR (2) PATIENTS AND CAREGIVERS USING A LOGIC MODEL FOR CONCEPTUALIZING PROGRAM PLANNING, IMPLEMENTATION AND EVALUATION OF SHORT AND LONG TERM OUTCOME OBJECTIVES

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An interdisciplinary (and interagency) support program for caregivers of the patients seen in the Memory Clinic, Geriatric Ambulatory Care, has been conducted since 1989 under the direction of the first author. In 1994, the first group including the patient diagnosed with a progressive memory disorder (along with the primary caregiver) was conducted. The need for this group was identified by the Alzheimer Society of Nova Scotia which maintains ongoing input. This presentation reviews the logic model that provides the framework to clarify planning, implementation and evaluation processes involved in managing such a program. In particular, the paper focuses on evaluation efforts which includes short term outcomes in each of the program components -Intake, Assessment, Intervention; for example, preventing dropouts; to increase the success rate by determining those who are a "good match" with the program; and to increase participants' information, respectively. Long term outcome items such as decreasing the stigma and/or isolation and reducing possible related health care costs are described (e.g., a patient and/or caregiver who feels less embarrassed by the memory lapses, will ask for more help from family members or neighbours thus reducing the costs associated with unmet respite needs). Use of the change scores of individual items of the Zarit Burden Scale, pre-post group, is examined as an innovative way of assessing in what way the group may be helping the caregiver participants (e.g., a decrease in "feeling uncomfortable having friends over").

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### HEALTH CARE PROVIDERS' STRATEGIES FOR SUPPORTING INFORMAL CAREGIVERS

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Informal caregivers are responsible for the majority of care provided to older adults in the community. Concerns have been expressed about the health of these caregivers and the role of the formal health care system in supporting caregivers. This paper discusses data collected from focus group sessions conducted in Winnipeg, Manitoba with 30 informal caregivers and a follow-up workshop with health care providers responsible for community resources for older adults and their families. The health care providers' perspectives on the issues raised by caregivers are discussed. Particular attention is given to strategies regarding ways in which formal services can assist informal caregivers to manage their caregiving responsibilities and maintain their own health.

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### A STUDY OF PERCEIVED SUPPORT NEEDS OF FAMILY CAREGIVERS

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The objectives of this study were to identify the perceived support needs of family caregivers of adults and older persons living with chronic illness and to determine which needs could be met through a telephone support service. An interview schedule with both open and closed-ended questions was developed and pilot-tested with members of a regional caregiver network. Thirty-four interviews were conducted with family caregivers of persons receiving care through the Hamilton-Wentworth Community Care Access Centre. Interviews were audio taped and transcribed. Data analysis included both qualitative and quantitative methods. Caregivers identified needs for socialization, support related to placement issues, information related to caregiving, and emotional support. Most participants said they would use a telephone support service provided by a professional (71%) or a volunteer/peer (59%) if it was available. However, most participants had difficulty responding to questions about telephone support as only a small percentage had ever used a such a service. This study was funded by the Hamilton Community Foundation.

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## PEER HELPER EXPERIENCES IN PROVIDING SOCIAL SUPPORT TO FAMILY CAREGIVERS OF SENIORS WITH CHRONIC CONDITIONS

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Family caregivers of older persons with chronic health conditions are often in need of accessible social support as they experience stressful, ongoing demands of caregiving. This paper reports findings of a RCT of accessible telephone support provided by experienced and trained family caregivers to new and vulnerable family caregivers of seniors with Alzheimer's disease or stroke. Peer helpers' experiences in providing social support are analyzed in terms of the perceived impacts of their telephone interventions offering information, affirmation, and emotional support to new family caregivers. Specific attention is directed to identifying and understanding characteristics of relationships between peer helpers and family caregivers that appear to influence the perceived confidence and competence of family caregivers, their loneliness and isolation, support needs and satisfaction, and use of health services for the ill senior. Qualitative data are drawn from transcribed, audio-taped teleconferences between peer helpers and family caregivers, and from audio-taped "check-in sessions" involving peer helpers and health professionals consulting with them. Experiences and issues that arise during the process of providing telephone support, and characteristics of peer helpers and their experiences that influence the outcomes of interest, are analyzed and discussed in view of implications for practice, policy, and research.

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## AGE, SOCIOECONOMIC STATUS AND MASTERY

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Several recent studies have shown that mastery or perceived sense of control declines across successively older age groups. The findings of this research are consistent with theories in social gerontology that view the process of aging in terms of personal loss. For example, declines in mastery with age have been linked to increasing health problems. In this paper, I argue that both theory and research in this area suffers from what Dannefer (1984) has called an "ontogenetic fallacy." Specifically, an implicit assumption in this body of work is that the relationship between age and mastery is the same for all individuals regardless of their position in the social structure. To test the hypothesis that socioeconomic status moderates the relationship between age and mastery, I use data from the 1994-95 National Population Health Survey. Results indicate that socioeconomic status (measures as income and education) interact with age to predict sense of personal control. The theoretical implications of the findings are discussed.

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## PERCEIVED CONTROL OVER FUTURE FUNCTIONAL ABILITY: WHO, HOW MUCH, AND WHY?

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Perceived control has important implications for older adults' future health and functional ability. The purpose of this paper is to explore geriatric day hospital patients' beliefs about control over their future functional ability (FFA). As part of a larger (Ph.D.) study, 106 patients attending four geriatric day hospitals in Winnipeg, Manitoba were asked "How much control do you believe that you have over your FFA; How much control do you believe doctors have over your FFA; How much control do you believe day hospital staff have over your FFA; and how much control or influence do you believe that luck or chance plays in your FFA?" All questions were answered using a five-point Likert scale (1=None at all, to 5=A great deal). Respondents believed that day hospital staff had the most control over their FFA (Mean=3.10, SD=1.04), followed by personal control over FFA (Mean=2.94, SD=.90), then doctor control over FFA (Mean=2.58, SD=1.02), and last, chance/luck control (Mean=2.08, SD =1.15). After each question, respondents were asked "Is there any reason why you say this?". Answers were recorded and then coded up to four responses. Results are discussed from the perspective of control theory and attribution theory.

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## INDIVIDUAL PERCEPTIONS OF CONTROL: GENDER DIFFERENCES IN PREDICTING SELF-CARE AMONG COMMUNITY DWELLING SENIORS

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The perceived ability to be efficacious in one's environment has been shown to promote health through cognitive and physical changes and by motivating lifestyle and self-care behaviours. Self-care is especially important for the independence of community-dwelling seniors. Overlapping sociological and psychological theories have been advanced to explain the effect of psychosocial factors on self-care behaviour. In particular, the implication of social support has been addressed. This study applies some of these theories to data from a sample of 661 seniors in the Capital Regional District of Vancouver Island, B.C. Three measures of social support and two measures reflecting health-specific perceived control and generalized mastery are utilized to explain the scope of self-care behaviour. Findings show that an internal locus of control is positively associated with self-care behaviours, but only among women. Other important factors predicting self-care among women are instrumental and personal ADL restrictions, and higher levels of stress and depression. For men, only restrictions in instrumental and personal ADLs have a significant effect on self-care. The theoretical and practical implications of these findings will be discussed, particularly in relation to understanding self-care among older women.

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### STABILITY AND CHANGE IN PERCEPTIONS OF CONTROL: IMPLICATIONS FOR USE OF HEALTH SERVICES AMONG OLDER ADULTS

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Among the elderly, differences in perceptions of control relate to differences in individuals' general health, survival status, and health care service use. Changes in perceptions of control also may have important health implications (Eizenman et al., 1997). In this study, we examined the relation between changes in perceived control (a decrease, no change, or an increase) and health service utilization (e.g., number of physician visits). A sample of 348 elderly individuals (mean age of 79.8 years) rated their perceptions of control twice during interviews three months apart in time. We also obtained these individuals' provincial health service records for two years before and two years after the interviews. We found that changes in perceptions of control (both increases and decreases) were associated with significantly greater health service utilization. Furthermore, several of these relations remained significant even after controlling for differences in mean perceptions of control. This data suggests that, among the elderly, changes in perceptions of control play an important role in health service utilization.

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### DISTANCE EDUCATION: EXAMINING THE TECHNOLOGICAL BARRIERS OF THE OLDER LEARNER

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With the rise of the information age, attention has been focused on the need to implement computers, and even more so, the Internet, into lifelong learning models. This paper examines computer use among distance education students, based on a Canadian survey of university students registered in four distance education programs: Accounting Diploma, Addictions, Police Studies and Employee Assistance Programs (n = 239). Regression analyses identified age, attitude and access as the key factors affecting computer usage. The results support the need to tailor distance education courses to the specific learning needs of older adults by addressing barriers to access and use.

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### MEDICAL COMORBIDITY AMONG GERIATRIC REHABILITATION PATIENTS: DEFINING THE NATURE AND SEVERITY CUMULATIVE ILLNESS

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Geriatric rehabilitation has as its goal maximizing the functional independence of elderly patients within the constraints imposed by disease, illness and injury. This patient population is composed of old elders who are typically frail and have lower functional status scores than other cohort rehabilitation populations. A further salient characteristic of geriatric rehabilitation patients is their complex medical comorbidity and the nature of cumulative illness which frequently exists concomitantly with the primary diagnosis which triggered the admission for rehabilitation. The purpose of this study is to measure and describe the nature and severity of cumulative illness and medical comorbidity among geriatric rehabilitation patients and investigate its relationship to rehabilitation treatment outcome. The Cumulative Illness Rating Scale (CIRS) was administered to a sample of 115 patients, admitted concurrently to the geriatric rehabilitation unit. Medical comorbidity was assessed across 13 dimensions, on a five-point Likert-type scale. Findings are discussed in terms of the clinical implications for treatment outcome.

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### IMPLEMENTATION AND EVALUATION OF THE CHRONIC DISEASE SELF-MANAGEMENT PROGRAM IN VANCOUVER AND RICHMOND

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The Chronic Disease Self-Management Program, a lay-led patient education initiative, gives people the knowledge, skills, motivation, and self-efficacy to manage chronic health conditions. A 15-member Community Advisory Committee worked for one year to plan implementation of this program in Vancouver and Richmond. Between April 2000 and March 2001, 90 seniors are being trained to lead the program to 450 seniors with chronic health conditions, family members and close friends.

The program is being evaluated for feasibility, viability, and effectiveness. Quantitative methods (pre- and four-month post-program questionnaires) are being used to gauge change in selected health measures.

Qualitative methods are being used to obtain participants' perceptions. If the program shows positive results, a strong case will be made to have it funded on a permanent basis.

This research was funded by a grant from the Vancouver/Richmond Health Board Community Health Initiative Program.

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### DEMYSTIFYING THE INTERDISCIPLINARY MANAGEMENT OF ADVANCED PARKINSON'S DISEASE: EXPERIENCES FROM PARKINSON'S PROGRAM SCO HEALTH SERVICES

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Advanced Parkinson's Disease provides many challenges to health care professionals. Within our complex continuing care facility patients with Parkinson's Disease had been identified as a group with complex care needs. It was felt that they would benefit from treatment of an interdisciplinary team with additional knowledge of advanced Parkinson's Disease.

A 10- bed unit was opened in 1994 with active involvement of a Neurologist and an interdisciplinary team with an interest in Parkinson's Disease management. The ultimate goal of the patients and family was to maintain mobility and maximize quality of life.

This requires complex management with frequent monitoring, reassessments and medication adjustments.

We have identified 3 subgroups of patients that benefit from different therapeutic interventions within our program. These are patients with Parkinson's Disease complicated by moderate to severe dementia, those with motor and non-motor fluctuations and those with incapacitating anxiety.

These therapeutic approaches will be outlined in this paper to simplify the treatment of advanced Parkinson's Disease.

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### UNDERSTANDING SENIORS MEDICATION TAKING PRACTICES THROUGH EMPOWERMENT EDUCATION

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The objectives of this study were to apply the 'dialogue phase' of an empowerment education process with seniors and their medications to demonstrate an empowerment education approach and to identify strategies that may improve seniors medication-taking practices. Six criteria of the empowerment education process were identified in the literature and used to demonstrate the application of an empowerment education process. Data analyses indicated that this process met the criteria of listening, dialoguing and creating strategies for action but did not meet the criteria of being participatory, empowering or being reflexive. Additionally, a video, or 'code', was used in conjunction with a five-stage questioning method so that the seniors could identify the social, psychological, economic, physical, cultural and political influences on seniors medication-taking practices. A determinants of health framework was used to systematize these interrelated influences to demonstrate the relationship between factors as well as to demonstrate the importance of intersectoral collaboration. This process was especially effective in identifying relationships between pharmaceutical policies and the varying influences on medication-taking. These influences were then used by the seniors to create health promoting strategies within the areas of developing personal skills, strengthening community action and building healthy public policy.

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### IDENTIFYING PREDICTORS OF SUCCESS, FAILURE AND ERROR RATES IN A GERIATRIC SELF-MEDICATION PROGRAM: A RETROSPECTIVE CHART REVIEW

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Institutional self-medication programs allocate the responsibility of medication administration to patients within a controlled and closely monitored setting. The overall objective of this project is to identify variables that predict (1) success or failure in a self-medication program and (2) the rate of errors made by subjects during the self-medication program. Significant predictor variables could be used by community providers such as pharmacists or home care nurses to screen patients for potential medication management problems and intervene appropriately, before problems arise. Examples of predictor variables that will be used include MMSE, FIM, age, gender, number of medications and medication regimen complexity. Charts of 300 older adults who participated in a self-medication program at the Glenrose Rehabilitation Hospital between September 1, 1996 and December 31, 1999 will be reviewed. The first part of the study will be a retrospective cohort in which logistic regression analysis will be used to identify medication use and demographic variables that predict success or failure on the program. The second part of the study will be causal-comparative and will use regression analysis to predict the error rate for the duration of the self-medication program and during the initial and final weeks while on the self-medication program.

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### RURAL - URBAN DIFFERENCES IN RECEIVING ASSISTANCE

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Despite knowing that the rural population has a higher proportion of persons aged 65 and older, limited Canadian research has examined the effect that living in a rural area has on caregiving issues. In this paper, data from the 1996 General Social Survey are analyzed to obtain a profile of caregiving in rural and urban contexts and to understand the effect of community context on receiving assistance. Findings suggest that the relative advantages of rural versus urban living depend upon which task is being given assistance, from whose perspective (caregiver or care receiver) and in which region of Canada. Predictors of the amount of assistance received by the elderly varied by whether they lived in urban or rural areas. Health status was the strongest predictor of assistance in both contexts. Living with someone was a stronger predictor of assistance for urban compared to rural elderly while age and number of children emerged as predictors of assistance for only the rural elderly. Findings suggest that family support may play a mitigating factor in the amount of help that the rural elderly receive. Implications of these rural-urban differences in receiving assistance will be discussed in terms of policy development and the need for further research.

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### THE SHIFT TO AMBULATORY CARE : WHO ASSUMES CARE WHEN THE PATIENT IS DISCHARGED?

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The shift to ambulatory care has meant decreased hospital stays even in the case of serious illness or accidents and increased reliance on care in the home. One of the purported implications of this shift has been a transfer of professional activities to patients and their families. The aim of the research on which this paper is based is to document the new division of care responsibilities between the public, the private-for-profit and the community sectors and patients and their families and its implications and consequences for the latter. Five sectors identified by the Quebec Health Ministry as having undergone significant reductions in hospital stay were chosen: hip fractures; chronic pulmonary disease, palliative care, strokes, and antibiotherapy by intravenous. Based on 120 qualitative interviews with patients and their caregivers, and fifteen focus groups with hospital and home care practitioners in five regions of Quebec, this paper will present the patients’ and caregivers’ perspectives on the organization of care in the home, including a description of the tasks assumed by family members, the difficulties this causes patients and caregivers, and the rationales underlying this division between the family and professionals.

## 206

### CREATING FLEXIBLE CLIENT-DRIVEN IN HOME CARE TO OPTIMIZE SENIORS’ INDEPENDENCE: CHALLENGES, OPPORTUNITIES AND STRATEGIES

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Changing societal values and expectations related to professional approaches to helping and to consumer rights and responsibilities for involvement in their own care create new pressures to evolve health services delivery in ways which foster a more equitable balance of knowledge, status, and authority in care partnerships. This paper will present an overview of an evidence-based model of flexible, client-driven in-home health service delivery designed in accordance with the theoretical premises of client-centredness and empowerment. The model is currently being evaluated to determine comparative costs and outcomes related to optimizing seniors’ independence. The presentation will provide insights into the factors undermining client-driven care and identify empirically tested strategies for improving client-driven care. The challenges and opportunities of implementing this approach to in-home service delivery will be discussed.

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### BUILDING RELATIONSHIPS BETWEEN NURSES AND FAMILY MEMBERS OF VETERANS IN LONG-TERM CARE: A CRITICAL ANALYSIS

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Over the past few years, there has been a significant movement toward “sharing” the care of the elderly between family members and health care professionals in hospitals, nursing homes and in the community. Although there is an abundance of literature in addressing the importance of and need for this collaborative approach to care, few are research studies. Guided by a critical ethnographic method, this qualitative study examined the relationships between nurses and family members of veterans in a long-term care facility (LTCF). Separate in-depth interviews of family members and nurses, and direct observations of the nurse-family member dyad were conducted. We were interested in understanding how formal and informal caregivers negotiate their relationship in the care of a veteran in a LTCF. Specifically this paper will address: 1) the different types of relationships that develop between family members and nurses; 2) the factors that influence the development of these relationships; and 3) the outcomes of each of the relationships. Important implications for long-term care practice and policy will also be discussed.

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### ENHANCED CASE MANAGEMENT IN THE COMOX VALLEY, B.C.: HIGHLIGHTS FROM AN EVALUATION

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The Enhanced Case Management Project of the Upper Island/Central Coast Community Health Services Society, on Vancouver Island, was designed to increase the amount, quality and co-ordination of support to community-dwelling persons with a dementia and their family caregivers.

Components of the project included: formal education sessions and guided practice sessions for Case Managers, Home Support Supervisors and Home Support Workers; information about dementias for family members; building relationships with families not yet receiving services; assisting families with the transition to facility care; and providing a part-time Case Manager to the local hospital to work with clients who have a dementia. Evaluation revealed that the project resulted in a dramatic increase in providers’ knowledge about, and confidence when dealing with, dementias, which in turn made them more efficient and effective in their work. Family caregivers’ became somewhat more confident in their role. Home Support Workers’ participation in care planning and team work increased. Overall, the project resulted in a more cohesive response to the needs of persons with dementia and their family caregivers.

The project was funded for one year by the Health Transition Fund of Health Canada.

## 209

### LINKING SOCIAL GERONTOLOGICAL RESEARCH WITH HEALTH SERVICE RESEARCH: AN INTEGRATED MODEL BASED ON CORNELL’S PATHWAYS TO LIFE QUALITY PROJECT

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Based on the longitudinal study of Pathways to Life Quality conducted in Tompkins County, New York, an integrated model is constructed to link Andersen and Newman’s behavioral systems approach with three key sociological concepts: social integration, social support and residential proximity. These variables are expected to impact on elders’ needs for care and enabling factors in the follow-up year, which will in turn affect their medical utilization patterns and out-of-pocket expenditures. The paper will discuss theoretical rationales for the integrated model, formulate specific hypotheses and examine measurement issues of operational variables. The potential policy implications for the U.S. health care system and general well-being of the elderly will also be discussed.

## 210

### STRATEGIES THAT PROMOTE THE RESEARCH TRANSFER AND UPTAKE OF FINDINGS OF A SYSTEMATIC RESEARCH OVERVIEW

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The Systematic Research Overview (SRO) Pilot Project had two objectives: 1) to synthesize research findings that address questions important to clinical practitioners; and 2) to facilitate the utilization of the findings in clinical practice. A research team that represented the Alberta Association of Registered Nurses (AARN) selected to conduct a SRO entitled Strategies to Manage the Behavioral Symptoms Associated with Alzheimer Disease. This presentation will describe the impact of research transfer and uptake strategies that facilitated use of the findings in practice. Five workshops were held across Alberta. Nurses (56%), aides (13%), therapists (13%), social workers (3%), and informal caregivers (3%) attended (N=314). Packages were provided to the participants that contained fact sheets on the strategies and a list of selected resources. During the workshops the SRO was presented, and expert clinicians and the participants shared strategies that they had found helpful in their particular settings. A follow-up questionnaire was mailed to all participants approximately one year later. A response rate of 28% (n=89) was achieved. Over half of the participants (53.0%, n=45) had shared what they had learned at the workshop with others and a third (34.2%, n=27) had been able to implement new strategies in your practice setting. Barriers to implementing research in practice were also revealed. Evaluating research transfer and uptake by clinicians is an essential component of applied research.

Funded by Alberta Heritage Foundation for Medical Research, Alberta Association of Registered Nurses, and Faculty of Nursing University of Alberta.

## 211

### DIVERSITY IN THE CANADIAN ASSOCIATION ON GERONTOLOGY: SOME EXPLORATORY FINDINGS ON JOURNAL PUBLICATIONS AND CONFERENCE PRESENTATIONS

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The elderly population in Canada is far from homogenous. Nevertheless, research findings on various diverse population groups are limited. As the leading professional association on aging, it is important for the CAG to take leadership that fosters research interests on diversity issues. This presentation will provide exploratory findings on the extent to which diversity has been addressed, as reflected through two avenues: journal articles published in the Canadian Journal on Aging and presentation sessions during the annual scientific meetings in the last decade. The results demonstrate that a relatively small amount of journal articles and conference presentations have centred their focus on issues faced by various diverse groups in the elderly population. The presenters raise the call for increased attention by researchers on diversity issues in the elderly population, as well as discuss suggestions for the CAG to take the leadership in promoting diversity.

## 212

### DEVELOPMENT OF THE EASTERN ONTARIO LONG TERM CARE RESEARCH CONSORTIUM

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In the fall of 1999, several eastern Ontario LTC facilities gathered to discuss their mutual interest in forming a research consortium. The purpose of the consortium was identified as providing facility networking to perform coordinated regional research activities to assess and improve the quality of services provided to seniors. A key motivating factor to creating the consortium was to pool the limited resources available to LTC for performing research projects and directing intervention programs. There was an overwhelming interest in coordinating inter-facility research initiatives. The presentation will include a review of the structure, mandate, and objectives developed by the consortium. In addition, the prioritized research projects (behavioural management, MDS feasibility study, falls and mobility, and infection control) and the underlying research questions within each area will be presented. The underlying objective of the consortium will be to formulate inter-facility assessment and intervention programs in key areas to provide much needed benchmarking standards. The issues and challenges to developing and continuing the consortium efforts will be highlighted.

## 213

### METHODS FOR EVALUATING CHANGES IN ENVIRONMENTS AND PROGRAMS FOR CONTINUING CARE CENTRE RESIDENTS WITH DEMENTIA

**Chair:** Doris L. Milke, Ph.D., Research Coordinator, The Capital Care Group, & Adjunct Professor, Department of Psychology, University of Alberta. 9113-144 Avenue, Edmonton, AB T5E 6K2 (alzrsch@compusmart.ab.ca) Ph: (780) 496-2579, Fax: (780) 472-6699

**Participants:** Connie Wark, R.N., Project Manager, The Capital Care Group, Edmonton & Doris L. Milke, PhD: *Benchmarks for Dementia Care: Scanning Both Centres and Literature.* (cwark@m1.capitalcare.net)
Olga W. Malott, PhD, Research Professor & Director, Murray Alzheimer Research and Education Program, University of Waterloo (owmalott@healthy.uwaterloo.ca). *Assessing Changes for Residents and Staff After A Dementia Unit Renovation.*
Lucia Gamroth, PhD, Associate Professor (lgamroth@uvic.ca) & Elaine Gallagher, Professor, University of Victoria School of Nursing: *Strengths and Challenges in a Purpose Built Environment: Perspectives of Residents, Family and Staff of Heritage Woods.*
Norma J. Stewart, Ph.D., Professor, College of Nursing, University of Saskatchewan (stewart@sask.usask.ca) & Debra G. Morgan, Ph.D., Assistant Professor, Centre for Agricultural Medicine, University of Saskatchewan. *Methods for Linking Environmental Sound Levels (Social and Nonsocial) to Behaviour Patterns of Residents with Dementia.*

With growing interest in dementia-specific centres and care units in Canada, critical examination of current settings are needed, as well as a better understanding of residents' needs. The four presenters in this symposium will discuss their approaches to evaluating dementia settings in Alberta, Ontario, British Columbia, and Saskatchewan. The presentations will cover: (1) examinations of policy and a search for benchmarks, (2) evaluating the impact of changing the interior design, (3) the initiation of an evaluation of a new centre, and (4) how to address specific environmental factors, such as the link between noise and behaviour using both inexpensive and expensive techniques.

### BENCHMARKS FOR DEMENTIA CARE: SCANNING BOTH CENTRES AND LITERATURE

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With the realization that the main business of continuing care has become dementia care, The Capital Care Group initiated a review of its dementia programs two years ago. The goal is to improve the quality of specialized care. The Capital Care Group developed its first special care unit more than 15 years ago. Now 80% of residents, in seven care centres, suffer some cognitive loss and the organization has two Alzheimer care centres, five secure units, two units for advanced dementia care, and four other units that serve various other dementia clients. Along with a one-year review of these 13 specialized units and centres, a task force began looking for benchmarks. This presentation will discuss the search for benchmarks, and the methods used for reaching consensus among administrators, care managers, and professionals in order to adopt appropriate goals for the ongoing improvement of programs, as well as the physical environment.

### ASSESSING CHANGES FOR RESIDENTS AND STAFF AFTER A DEMENTIA UNIT RENOVATION

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The influence of environment on behaviour has been acknowledged in the literature. As a result, new dementia specific care units in long-term care facilities are designed and built so as to provide the most supportive environment to residents with Alzheimer's disease or a related dementia. Research findings are also applicable to existing buildings for the modification of dementia care units even when major reconstruction is not possible. By changing the décor of a unit, that is wall colour, furniture style and arrangement and other interior design features, the ambience of a unit can be altered and resident behaviours influenced. This presentation will focus on the approach used by one facility in changing the interior décor of their dementia unit with the goal of improving the quality of life of residents. Planning for the change and involvement of staff were key elements of the approach, and the planning model will be highlighted. In addition, the assessment of the impact of unit décor on resident behaviour was acknowledged as important to the overall process. Tools and metrics for the measurement of resident behaviours prior to and after the re-decor will be discussed.

### STRENGTHS AND CHALLENGES IN A PURPOSE BUILT ENVIRONMENT: PERSPECTIVES OF RESIDENTS, FAMILY AND STAFF OF HERITAGE WOODS

Lucia Gamroth, PhD, Associate Professor, University of Victoria School of Nursing, Elaine Gallagher, PhD, Professor, University of Victoria School of Nursing, & Fiona Sudbury, MHSc, CNS Capital Health Region. Mail: P.O. Box 1700, Stn. CSC, Victoria, BC V8W 2Y2 (lgamroth@uvic.ca) Tel: (250) 721-7962, Fax: (250) 721-6231

Heritage Woods is a new, purpose-built dementia care facility with three innovative features: 1) small 12-13 unit cottages, 2) multi-skilled staff, 3) a computerized silent monitoring system. The two-year evaluation is designed as a participatory action research project to address two research goals. First, the documentation of the development and operation, so that planners, architects, care providers and others can benefit from the lessons learned. Second, to evaluate the innovative features and learn how they meet their objectives. The central research questions are: What were the principles, goals and values agreed upon by the planners of Heritage Woods and how were they operationalized? Were the intended benefits met for residents, families and staff members? A descriptive case study will address the first question. To answer the second question, both qualitative and quantitative data are being collected to address the following questions. What were the intended program goals and objectives for clients/families concerning the environment, staffing/programming and monitoring system? What design features and activities were implemented to meet those objectives? Did the program have the intended effects on residents? Data sources include focus groups (staff, family, volunteers and other stakeholders); residents' Revised Elderly Persons Disability Scale, Mini-Mental Status Examination and Global Deterioration Scale; person- and place-centered observations; resident file review to track critical incidents and determine the extent to which electronic monitoring was used for to care plans, and other impacts of the monitoring system. This presentation will include initial data from year one.

### METHODS FOR LINKING ENVIRONMENTAL SOUND LEVELS (SOCIAL AND NONSOCIAL) TO BEHAVIOUR PATTERNS OF RESIDENTS WITH DEMENTIA

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Clinicians suggest that there is a direct relationship between noise levels on a unit and disruptive behaviour of residents with dementia. The measurement of this linkage is challenging, but important, for the evaluation of the behavioural outcomes of environmental interventions to reduce noise. Quantitative methods to measure sound-behaviour linkages will be reviewed with a comparison of relative costs and benefits of computer-based versus checklist measures. An example of the computer approach will be provided based on a study with simultaneous measurement over time using a Noise Dosemeter and the Environment-Behaviour Interaction Code (EBIC). Comparison will be made with a less expensive, less sensitive linkage of checklists (observer ratings of sound and behaviour), focusing on the fit with a particular research question. Statistical analysis to link sound and behaviour is possible with either type of data collection using regression analyses based on the generalized estimating equation (GEE) for correlated observations over time. The GEE analysis allows for control of the resident's own noisy behaviour in the analysis of the impact of environmental sound levels on behaviour. These methods may help to improve the definition of optimal environments for dementia care.

### 214

## STEADY AS YOU GO: A FALLS PREVENTION PROGRAM FOR COMMUNITY SENIORS - IT'S DESIGN, EVALUATION AND DISSEMINATION (SAYGO I FOR THE HEALTHY AND SAYGO II FOR THE FRAIL)

**Chair:** Ellie Robson, MHEd, Health Strategy Researcher, Population Health and Research, Regional Public Health, Capital Health, Suite 300, 10216 - 124 Street, Edmonton, AB, T5N 4A3 (erobson@cha.ab.ca) Tel: (780) 413-7955, Fax: (780) 482-4194

**Participants:**
Joy Edwards, Ph.D., Public Health Research Scientist, Population Health and Research, Public Health, Capital Health. *SAYGO I It's Design and Evaluation Results*.
Jeanne Annett, Health Promotion Consultant, Aspen Health Services. *A Two-Way Model of Dissemination*.
Katherine Lechelt, MD (Geriatrician), Glenrose Rehabilitation Hospital, Edmonton, AB. *The Challenges and Hopes For SAYGO II*.
Mrs. Marion Small and Mrs. Bev Billett, Senior Facilitators of SAYGO. *The Personal Experience With SAYGO I & II*.

SAYGO I was developed based on the first successful falls research initiatives which began to emerge in the mid 90's. These interventions involved tailoring programs to seniors' individual risk factors for falls. Two seniors who have had central roles in both the design and delivery of this program will share their experiences. The significant evaluation findings, not previously released for the Phase I trial, will be presented.

The two-way communication model used in the dissemination of SAYGO I will be reviewed by a new user of the program. Issues associated with adapting the program to a new community while maintaining its integrity and building in its sustainability will be discussed.

Finally, addressing the needs of frail seniors in SAYGO II will be outlined. The more frail we are, the more unlike our neighbors we become. When it comes to preventing falls this means that health status as well as risks for falls must be assessed. The potential for this kind of intervention to reduce disability and increase function in addition to preventing falls will be discussed. This symposium will provide an example of how a community health need was addressed by researchers, seniors and practitioners working together, and how the program was successfully disseminated to over 300 communities (in 3 languages) across Canada.

### SAYGO I: ITS DESIGN, AND EVALUATION RESULTS

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*Steady As you Go I* was developed to translate successful falls research findings into a brief cognitive behavioural intervention for healthy, community dwelling seniors. Seniors assessed their personal risk factors for falls and in this way the program was tailored to their risk for falls.

Senior Facilitators were trained to deliver the program which involved having participants attend two 90 minute sessions, one month apart. The focus was on reduction of physical, behavioural and environmental risk factors for falls. The evaluation measured both reduction of these risk factors and reduction of actual falls. The results of the one year trial will be presented at the symposium. Two seniors who participated in the program will share their personal experiences.

### A TWO WAY MODEL OF DISSEMINATION

Jeanne Annett, Health Promotion Consultant, Aspen Health Services, Provincial Building, 10008 - 107 Street, Morinville, AB, T8R 1L3 (annett@oanet.com) Tel: (780) 939-3388, Fax: (780) 939-7126

The assumption has often been made that widespread dissemination and uptake of new programs occurs automatically. SAYGO originators used a four stage model to guide dissemination involving attention to: (1) Awareness; (2) Adoption; (3) Implementation; and (4) Sustainability of the program (in another community). A two way communication process between the program originator and new users was also adopted. Challenges faced by new users, including the need to find support for the program, tailoring the program for a new community, while maintaining program integrity and ensuring sustainability will be discussed.

### THE CHALLENGES AND HOPES FOR SAYGO

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*SAYGO II* is being designed with the input of an interdisciplinary health team and seniors. It will address the falls prevention needs of frail seniors who are still living independently in the community (10-15% of seniors population). The program will undergo focus testing and a one year community trial and its aim is to reduce the fall rate (estimated to be as high as 50%) of frail seniors. Secondary objectives include reduced disability and increased function and socialization. While the falls assessment will be delivered by a nurse, senior facilitators will be involved in follow-up with clients to encourage them to make necessary changes to reduce falls and to increase socialization. A contact will be made from the program to the client's physician in addition to other community services. In this presentation, the eligibility criteria for SAYGO II will be outlined, and the proposed intervention described.

### 215

## FOOD FOR THOUGHT: THE DINING EXPERIENCE IN TODAY'S NURSING HOME

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Is it really possible to dine with dignity? Are we simply feeding our residents or do we provide a homelike, dining experience? How well do we meet the nutritional, social and safety needs of our residents? At Central Park Lodges in Edmonton, we challenged our care team to address these questions. The answer for us was to develop a mealtime assistance program in our continued pursuit of excellence for our residents during meal times. The program was created to increase staff awareness of their role during mealtimes and to establish an interdisciplinary approach in meeting the needs of our residents.

In "Food For Thought", you will gain insight into our Mealtime Assistance Program, as we review the following content: associated problems affecting nutritional status; challenges in meeting Alzheimer's and Dementia residents nutritional needs; mealtime socialization and independence; mealtime safety; feeding techniques and proper positioning;

We will share our successes and struggles in the process of implementing the program. This presentation would interest all disciplines, especially nursing, dietary, and therapeutics.

### 216

## DRIVING PERFORMANCE AND THE ELDERLY: RESEARCH AND PRACTICE ISSUES

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Population demographics with respect to aging and mobility point to the expectation that an increasing number of older people will depend on being able to continue driving in the 70's, 80's, 90's and beyond. Yet, accident risk increases for older drivers, particularly when they are attempting to negotiate intersections and merge into oncoming traffic. As well, for some elderly people physical and/or cognitive impairment dictate restrictions in driving or loss of licensure. The purposes of this workshop are to a) summarize current knowledge of sensory, perceptual and cognitive age changes as related to the driving environment, b) discuss the relation between these changes and specific driving tasks and scenarios, c) elaborate research and educational trends on elder driver behavior and emerging technologies that enhance driving safety and d) discuss current and future practices in driver assessment for healthy and impaired elders.

### 217

## REMINISCENCE AS A WAY OF AGING WITH ATTITUDE: STORY -TELLING IN THE NEW MILLENNIUM

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Although *Reminiscence* has been described in much of the research literature as an effective component of the nursing care plan for residents in a long-term care setting, its current usage as an organized program component does not appear evident. Is this because it is not well understood by practitioners, or because it is not valued by them, or both? The purpose of this workshop is to (a) provide a brief background on salient process and outcome indicators identified in the research literature about its effectiveness and (b) to conduct an actual reminiscence workshop, including use of a reminiscence kit from Calgary's Glenbow Museum. The participants will have an opportunity to complete an evaluation form concerning outcome indicators of effectiveness, including the query about whether Reminiscence should be retitled.

### 218

## THE MANY FACES OF ELDER ABUSE

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Elder abuse is a rapidly growing issue that begs community involvement along with appropriate professional action. It is a complex problem that crosses many professional boundaries and issues. While elder abuse is not a new social issue and crime, there have been few initiatives that provide actual resources to address it. One recent initiative in Edmonton, the Elder Abuse Intervention Team, was established for this purpose. The Team is comprised of a social worker with Edmonton Community Services, a Detective with the Edmonton Police Services and a Seniors Resource Coordinator from Catholic Social Services. The Detective and Seniors Resource Coordinator primarily follow up on individual cases of elder abuse in Edmonton. The Social Worker is primarily involved in community development and public education initiatives.

This power point and interactive workshop will look at the many faces of elder abuse. This includes an overview of what elder abuse is and the barriers to disclosure. Our Team's unique approach to abate abuse will include strategies for interventions and opportunities for community involvement.

### 219

## THE NATIONAL FRAMEWORK ON AGING - THE CANADIAN EXPERIENCE

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The *National Framework on Aging* is a voluntary framework to assist in guiding current and future policy development related to seniors and aging issues. The Federal/Provincial/Territorial Ministers Responsible for Seniors requested the development of the Framework to assist them in responding to the needs of an aging population.

The Framework includes a vision statement and five principles developed in consultation with Canadian seniors and approved by Ministers. A Policy Guide has been developed to support these principles.

The newest component of the *National Framework on Aging* is the *Seniors Policies and Programs Database* which is an innovative, fully bilingual Database providing current information on a wide range of Federal/ Provincial/Territorial policies, programs, and services designed for seniors, in areas such as health, housing and income support. The Database allows individual policy analysts, program developers and researchers in every jurisdiction access to a resource that can help them review and develop policies and programs for seniors.

This workshop session will be a mechanism for providing a progress report on the development of the *NFA*, including its key elements: the *Policy Guide and the Database*. This session will explore how the tools of the *National Framework on Aging* can and have been used, from the perspectives of different jurisdictions, to move towards its vision. Canada, a society for all ages, promotes the well-being and contribution of older people in all aspects of life.

### 220

## AN EXAMINATION OF 9TH-GRADE STUDENTS' ATTITUDES AND KNOWLEDGE ON AGING: JOINING GENERATION

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The Education Task Force of the McGill Centre for the Studies in Aging developed an intergenerational project, funded by the Novartis Foundation for Gerontology, to gauge and promote positive attitudes toward aging and older adults. The project, which included an educational activity, also sought to expand awareness of what constitutes healthy aging, to discuss various models for caregiving and to introduce adolescents to exciting career opportunities in gerontology/geriatrics. This paper presents the evaluation component of the project. Study participants included Montreal-area grade 9 students (N=173) attending one of 5 high schools; three of the schools participated in the educational activity while two agreed to act as controls. Baseline data obtained through self-administered questionnaires revealed that the majority (63%) did not socialize with older adults and that 59% of students believed older adults experience emotional and physical hardship. The presentation include a comparison of data obtained before and after the educational activity. Data from a second follow-up questionnaire, to assess change in students' attitudes over time, and recommendations for project continuity will conclude the presentation.

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## THE DESIGN AND CONTENT EVALUATION OF AN INTERGENERATIONAL PROJECT: STRATEGIES FOR CHANGE

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Studies have shown that intergenerational programs are effective in counteracting negative and inaccurate stereotypes of the elderly. Studies offer ample documentation that children and adolescents who have limited contact with older adults, develop negative perceptions of aging and older adults. This presentation traces the development of an intergenerational program instituted in Montreal area high schools. Joining Generations is an educational activity that probes the adolescent's attitudes toward aging. Overall project objectives were to promote positive perceptions of aging and the aged, to expand the adolescent's awareness of what constitutes healthy aging, and to encourage caregiving as a normative rewarding activity within families and communities. Another objective was to introduce adolescents to new career opportunities in gerontology/geriatrics. The project offers grade 9 students in selected classes of three participating high schools a series of presentations/discussions spearheaded by professionals from a variety of fields. The basis on which different themes were identified, as well as content, will be described. Findings of the students' evaluation of content and process will conclude the presentation.

### 222

## LA BELLE FAMILLE: AGING STEPFAMILIES IN CANADA

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In Canada, very little attention has been given to the structure and dynamics of adult stepfamilies. This study utilized the GSS Cycle 10 to create a portrait of Canadian stepfamilies. Of the 10,000 adults in this cycle, 431 considered themselves in stepfamilies (280 stepparents; 131 stepchildren). As a means of evaluating adult stepfamily relations, stepparents and adult stepchildren were compared for frequency of contact and feelings of emotional closeness. In general, both groups reported positive relationships, although stepparents reported having higher levels of contact and emotional closeness with their parents than did adult stepchildren with their parents. These findings suggest that, despite negative social stereotypes, aging stepfamilies are functioning successfully, with any differences due more to age cohort and family generation than family form. We argue that researchers should shed their nuclear family bias and be more inclusive of relationships within other family forms. The conceptual framework of intergenerational solidarity shows promise as a means of moving this work forward.

### 223

## OLDER PARENTS' EXPERIENCES AND PERSPECTIVES ON THE ACTUAL AND FUTURE LIVING ARRANGEMENTS OF THEIR ADULT CHILDREN WITH DISABILITIES

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**Purposes of the study:** To better understand the experiences of older parents caring for adult children with lifelong disabilities; to explore the factors that mitigate parental readiness for future alternative living arrangements; to identify areas for policy development.

**Methodology:** Secondary qualitative analyses were conducted with data collected from focus groups including 55 respondents (aged 60 +) who had children with lifelong disabilities in six sites across Canada. Data were analysed via different analytical procedures, including pattern identification, clustering of conceptual groupings, identification of relationships between variables, and constant comparisons.

**Findings:** Parents were generally satisfied with their current living arrangements, concerned about the future, and prepared to varying degrees to make plans for future alternative living arrangements. The parents' preparedness was grounded in their distrust of living alternatives; a sense of political instability; the changing health status of parents and children; caregiving experiences; and the adult children's preferences.

**Conclusion:** Avenues to foster future planning for living arrangements will be discussed, along with the methodological limitations of the study.

## 224

### CHANGING A CARE DELIVERY SYSTEM IN LONG-TERM CARE TO FOCUS ON RELATIONSHIPS: RESULTS AND CHALLENGES

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Quality of life for residents in long-term care settings has been linked with meaningful and genuine relationships with people who care for them, that is, usually the health care aides (HCAs). As well, quality of care is associated with the ability of the supervisors of the HCAs to provide an environment conducize to excellence in care. A care delivery system that focused on relationships between care providers and residents and between care providers and their supervisors, i.e., the registered nurses and the unit manager, will be discussed. The intervention lasted 6 months and data were collected at baseline and at 4 months post intervention. A quasi-experimental comparison design was used to evaluate the intervention on 40 residents, 19 care providers, 11 registered nurses, and 2 unit managers, on 2 long-term care units. Results indicated that over time residents perceived positive changes in their relationships with their care providers (t=2.88, p=.008). No statistically significant changes were found in the relationship care providers perceived they had with the registered nurses who supervised them (t=-2.14, p=.06) or with their unit manager (t =.32, p =.75). Discussion will emphasize the challenges associated with implementing the care delivery system.

## 225

### IMPLEMENTING CHOICES IN CLIENT-CENTERED CARE: TWO PERSPECTIVES

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The ability to make meaningful choices enables seniors to express their individuality and preserve their identity. In residential continuing care settings, this ability is dependent in part, on formal and informal caregivers. The purpose of the project was to explore formal and informal caregivers' perspectives on factors that enhance and constrain their abilities to offer meaningful choices to residents. Ten focus groups were conducted with informal and formal caregivers from each of three types of residential continuing care programs-Adult Family Living, Assisted Living and Dementia Care. Informal caregivers were most involved in assisting residents in choosing where to live, whereas formal caregivers were most involved in supporting how residents live. While each group supported the philosophy of providing choices, they were often constrained in their abilities to behave congruently. Constraining factors occurred at the system, program, caregiver, and resident levels. Suggestions are made for enhancing the abilities of informal and formal caregivers to provide meaningful choices to residents by finding an environment that 'fits' residents' values and life history, and caregivers who are able to provide meaningful choices that support residents' everyday living. (Project funded by the Seniors Independence Research Program, Health Canada.)

## 226

### SATISFACTION OF FAMILY MEMBERS AND VETERANS RESIDING IN THE QE2 LONG TERM CARE FACILITY, VETERANS MEMORIAL BUILDING: RESULTS OF 1999 SURVEY AND SOME COMPARISONS WITH 1997 SURVEY RESULTS

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This paper reports results of the *Satisfaction Survey* conducted in 1999 of Veterans and their Family Members which covered the broadly defined Domains of Care, Facility/Environment, and Service Provision. Demographic information and Pre-admission issues were also surveyed. Opportunities for comments were provided for each section of the survey. Of the eligible participants (i.e., Vets who were able to communicate, were competent, and who voluntarily consented), 70 percent responded. All identified "next-of-kin" were sent questionnaires, with a 74 percent response rate. The results are presented in descriptive terms with significant differences between groups identified (i.e., Vets and Family members overall and each by floor; Vets by time in the VMB and Vets by age). Comparisons with results of the 1997 survey are discussed in terms of the impact the surveys have had on the functioning of the unit (e.g., dietary service changes) and perceived changes/improvements over time.

## 227

### IMPLEMENTATION OF A LEAST RESTRAINT PHILOSOPHY IN CONTINUING CARE

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Physical restraints are still widely used for elderly residents in continuing care. Caregivers view restraints as a safety measure; a way to prevent residents from climbing out of bed or a wheelchair and sustaining a serious fall. Staff decided when a resident was at risk and when to use a restraint. More recently this "wisdom" has been questioned. Current research indicates that restraints, in addition to restricting freedom, may actually cause physical and emotional harm.

In order to change practice to be least restraint, The Capital Care Group, the public provider of continuing care services in the Capital Health Region (Edmonton and area), undertook the development, application and evaluation of an expert intervention and education strategy to reduce the use of restraints, changing knowledge, attitudes and behaviors of staff, families and physicians. Investigation of the delivery and outcomes of this education program and practice change, has shown that restraint use has decreased and resident quality of life has increased. This presentation will give an overview of the education program, implementation strategies and early outcomes.

### 228

## RESIDENT GROUPINGS IMPROVE THE QUALITY OF LIFE IN CONTINUING CARE

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The Edmonton General Continuing Care Centre is one of the largest Continuing Care Centres in the Capital Health Region. Currently, we have 450 residents living in the facility. Over the years, a number of resident groupings have evolved, either based on medical diagnosis or social groupings, which improved the quality of life of these residents. These include the Hong Lok Unit (Chinese-Asian residents), Cognitively Well, Alzheimer's and Palliative Care. This presentation will further describe these groupings and provide evidence of how these groupings have changed the quality of life of these residents. Application of this concept may apply to other Continuing Care Centres.

### 229

## DISABILITY, DEPENDENCE, AND OLD AGE: PROBLEMATIC CONSTRUCTIONS

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The devaluing of old people who are ill and/or have disabilities is less a factor of attitudes towards old age and more a factor of attitudes towards people with disabilities. Accordingly, I argue that we're not going to see old people being treated as important members of society until we see a change in attitudes towards disability. Gerontologists would do well to take into account insights derived from a focus on the general population of people with disabilities-a population in which all age groups are well represented. The argument is developed with reference to an examination of statistics on the Canadian population of people with disabilities, and a consideration of the usual attitudes towards and treatment of people with disabilities. As currently conceived, disability is tragic: thought of as a state of dependency and non-productivity. This is a particularly unrealistic attitude towards disability, and the paper explains why there needs to be a reconceptualization of disability as part of the human experience. By reconceptualizing disability, the paper concludes, we will go a long way towards laying the groundwork for a reconceptualization of old people - regardless of their physical state - as integral members of society.

### 230

## MISCONCEPTIONS OF AGING AND BEING OLD

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Misconceptions and modern myths are identified that dominate and distort our perceptions of aging and being old. The presentation considers the traditional myths and folklore that have influenced personal experiences with aging and shaped social life, and describes the functions of myths in our culture. Current myths of aging are presented which can be found in the literature of gerontology and geriatrics. These are not myths as such but "straw man" statements that promote misconceptions, half truths and wrong information about aging as experienced by the vast majority of the elderly. The presentation outlines how these misconceptions of aging are perpetuated and suggests reasons they persist. This modern "mythmaking" about aging creates unfounded images and stereotypes of what it means to age and be old. The misconceptions of aging when labeled as myth neither educates the public about the challenges of aging nor effectively informs social policy for the elderly. They are inappropriately used as teaching devices in many educational gerontology programs and should be discarded!

### 231

## WOMEN, AGING AND DIFFERENCE

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When visible, in these fields, the 'older woman' is often positioned as an essentialized other and represented in intricate and interwoven discourses about 'her' or 'them'. Beginning with the visibility of 'older women' in sociogerontology & feminism (i.e.,1980), this paper explores published texts to expose the dominant notions about older women. Specifically, I will discuss four stereotypical categories of the little old lady, the old bag, wicked witch, the dependable grandmother, and expose the intricate connections with discourses of frailty, dependence, sexuality, body image. Further, these categories will provide the means to understand how these notions may impact the current representation and response to 'diverse older women'. Categorization as such does not intend to make light of these notions which have become commonplace in our society; instead, it intends to demonstrate in a blatant format the pervasiveness of these images, and the role that response to older women have played in maintaining these notions. Finally, it raises questions for sociogerontology and feminism, and opens space for including diversity along varying social locations, and the negotiation of dominant notions and expectations.

This work is made possible through a SSHRC doctoral fellowship.

### 232

## THE STRONG FACE OF AGE: HOW SENIORS IN ATLANTIC CANADA PROMOTE POSITIVE IMAGES OF AGING

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Problems with an aging society are more often based on negative attitudes than on the physical problems of aging. These attitudes affect how seniors see themselves , what they expect from society and the benefits seniors receive from society. Seniors in Atlantic Canada identified negative images of aging as a barrier to their ability to lead full and productive lives. They saw how society's attitudes on growing old impacted on the quality of the programs and services available to them and they set out to influence the attitudes and behaviours of policy makers and others. Throughout 1999/00 the Atlantic Seniors Health Promotion Network with funding from the Population Health Fund of Health Canada under took a variety of activities and actions to create a more positive image of aging throughout the region. Activities included a media watch, the creation of a video on aging, a paper on debunking the myths of aging and others. This paper will present highlights of the activities and actions undertaken by the seniors and the impact these activities had on policies and attitudes.

### 233

## STRATEGIES FOR MANAGING AGING AND CHRONIC ILLNESS: ARE THERE WAYS TO PROMOTE AGING WITH ATTITUDE AMONG PEOPLE WITH CHRONIC ILLNESS?

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This paper will describe a study focusing on how self-concept and the meanings of aging and chronic illness provide an understanding of the diversity of strategies older women with osteoporosis use to manage their aging and chronic illness on a day-to-day basis. Using Rosenberg's (1979) conceptualization of self-concept, a qualitative study was conducted with twenty-eight women who participated in in-depth interviews and completed a self-administered questionnaire. While there were various strategies used across three sub-groups of women, there was a predominant strategy which emerged as useful for each group. These strategies will be discussed relative to the self-concepts of each sub-group of women. An awareness of the diversity of meanings individuals may give to their aging and chronic illnesses and how these might be related to self-concept may be useful in understanding how people who are aging and acquire a chronic illness make decisions to seek care from health and social service providers. Suggestions for how to facilitate discussions that elicit ideas about self-concept and management strategies will be discussed.

### 234

## HEALTH OUTCOMES OF SENIORS FROM THE POPULATION HEALTH PERSPECTIVE

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Population health research has shown the strong association between prosperity and good health. People in richer countries typically contract fewer diseases and live longer. Richer people in the same country also have fewer illnesses and live longer. But recent information shows that there are anomalies which have been explained by public health expenditures and poverty. In other words, health outcomes seem to depend upon how the economic prosperity is used to improve national outcomes. This paper examines the health outcomes of seniors to see if these relationships hold for Canada and provinces. The results show that Canada does have good health outcomes as measured by life expectancy compared to other countries, when related to GNP per capita. The results for provinces is not clear because there is little variation between the life expectancy outcomes. The relationship of health expenditures to other health outcomes show that the differences are small. These results underline the value of universal health care for population health.

### 235

## DEFINING AND PREDICTING HEALTHY AGING

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A fuller understanding of people who grow old without experiencing significant morbidity will allow us to suggest ways to promote healthy aging: it will also indicate the potential for elderly people under more ideal conditions. This study had two objectives: to propose a working definition of successful aging, and to identify predictors of healthy aging. The sample consisted of 4873 elderly Canadian in the community sample of the Canadian Study of Health and Aging, Part 2. Our operational definition of successful aging included high cognitive and physical function, good mental and physical health, and engagement with life. Successful aging was strongly related to SES, and there was a clear gradient of effect: only 15% of people in the lowest income category were aging successfully while 35% of people in the highest income category were successful. There was an interaction between income and gender; females with low incomes had less chance of being successful. Longitudinal predictors of successful aging included SES, first language, physical exercise, and being a non-smoker.

### 236

## THE EXTENDED SELF: CONCEPTIONS OF DYSFUNCTION AND INDEPENDENCE AMONG OLDER MARRIED ARTHRITIS SUFFERERS

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A large epidemiological survey evaluating the extent of arthritis in the general population aged 55+ uncovered a discrepancy between medically assessed "need" and "demand" for treatment using total joint arthroplasty (tjr). In an attempt to understand this discrepancy, a qualitative study was undertaken to explore the experiences of arthritis among individuals with moderate-to-severe disease. Using in-depth interviews, the paper examines the impact of the quality of the marital relationship on everyday functioning among 17 married arthritis sufferers. Variations in the quality of marital relationships, including synchronous relationships, conflicted relationships and independence relationships, and their impact on the everyday life of the arthritis sufferer, are explored. Findings suggest that respondents may conceptualize functional declines in the context of their most intimate relationships so that it may not be the individual's functional capacity, but the married couple's capacity to function interdependently that determines an individual's health care decision-making. The notion of the "extended self" is used to convey the idea that for some individuals, micro-level social-interactional experiences determine both the meaning of illness for an individual and responses to it.

### 237

## GENDER AND HEALTH STATUS OF ELDERLY CANADIANS: FINDINGS FROM THE 1998/9 NATIONAL POPULATION HEALTH SURVEY

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This paper examines the influence of various factors on the self-reported health status of non-institutionalized elderly (60+) men and women in Canada, using data from the 1998/9 National Population Health Survey (NPHS). It is demonstrated that gender is a significant determinant of self-reported health status in later life, with women

reporting higher health status. A path analysis of health status, performed separately for older men and women, reveals striking gender differences in the factors determining perceived health status. It is also found that the impact of socio-economic and demographic factors on perceived health is mediated by social/psychological well-being variables and health-related understandings and practices; however, the process differs considerably by gender. Results are discussed in terms of their implications for health policy.

### 238

## AGING IN MANITOBA LONGITUDINAL STUDY: SELECTED FINDINGS, 1971 - 2000

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The Aging in Manitoba (AIM) Longitudinal Study is the longest continuous study of aging in Canada, and the only study in the world that combines comprehensive interview data with complete health utilization data. Cross-sectional surveys were conducted in 1971, 1976 and 1983, with panel surveys in 1983 (for the survivors of 1971 and 1976), 1990 and 1996. To date our database comprises over 1600 interview items and a potential of 400,000 entries for health use for each of nearly 9000 older Manitobans. Selected findings are presented from a variety of analyses representing nearly 300 journal articles, monographs, book chapters, and conference presentations. Examples of dissemination strategies are presented. Directions for future investigations related to the aging experience are explored, and potential crosswalks with existing surveys are suggested.

### 239

## CAUSE FOR CONCERN? GERONTOLOGICAL CONTENT IN BACCALAUREATE NURSING PROGRAMS

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Over the next several decades there will be a dramatic rise in the number of older Canadians. This shift will have implications on the demand for health care professionals, particularly nurses, who are sufficiently educated to work with an aging population. The purpose of this study was to assess the current status of gerontological content in Canadian undergraduate nursing curricula. More specifically, research questions focused on the scope and method of teaching gerontological content. The Survey of Gerontological Curricula in Canadian Baccalaureate Nursing Programs (Earthy, 1991) was adapted with permission and used to collect data from a convenience sample (response rate 50%) of Canadian Schools and Faculties of Nursing providing baccalaureate programs. Data were analyzed using descriptive and frequency statistics. Preliminary findings suggest that gerontological content was integrated throughout the majority of baccalaureate nursing programs. Over half (61.5%) of the schools offered a separate, required course in gerontological nursing. Despite the growing inclusion of gerontological content, only 8% of clinical hours were spent in geriatric settings and only 6.1% of students chose geriatrics for their final clinical experience prior to graduation. Implications of this study will be discussed, and recommendations, including future considerations for the development of gerontological content in undergraduate nursing curricula and the potential for interdisciplinary education in the health sciences, will be made.

### 240

## POPULATION CHANGE AND THE REQUIREMENTS FOR PHYSICIANS: THE CASE OF ONTARIO

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One hears frequently of the effects of population aging on the health care system but the timing and magnitude of the effects are often given little attention; discussion tends to be rather general, uninformed by quantitative analysis. In this paper we focus on one aspect of the issue Ð the effects on the requirements for physicians. We do so in the context of Ontario but the findings for other provinces are likely to be similar. We begin by examining the age profiles of utilization of different types of physician services, the changing size and age composition of the population in the past two decades, and the anticipated changes in the next two. We then develop and apply procedures for evaluating the overall effects of past and projected population change on physician requirements, and for distinguishing between the effects of population growth and population aging. Our aim is to introduce at least some "orders of magnitude" into discussions of population change and its effects on physician service requirements.

### 241

## VISITING GERIATRICIAN SERVICES TO NORTHERN COMMUNITIES

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**Introduction:** There are increasing number of aboriginal seniors, many of whom live in remote northern communities. Delivering care is often challenging, given the distances involved. We describe a programme of a visiting geriatrician.

**Methods:** Referral letters, charts, and administrative records were abstracted from geriatrician visits. Three communities have been visited: Norway House, Peguis, and Fisher River. Results: Between April 1998, and February 2000, seven visits were made to Norway House and seven visits were made to Peguis/Fisher River. Visits consisted of outpatient assessments, visits to nursing homes, and in-hospital consultations. In addition, telephone consultations are offered. In all, eighty-two consults have been done. The reasons for referral were: Cognitive assessment, mobility assessment/falls, incontinence, assessment of mood and behavior, and for advice on medical problems (especially diabetes and hypertension).

**Discussion:** Problems in delivering such a service include: The distance, and potential hazards involved in transportation, the scarcity of other therapy resources (such as physiotherapist and occupational therapists), less availability of diagnostic services (such as CT scans), and the burden of illness in these communities. Advantages include education of primary care physicians, interns, residents, nurses, and occupational therapists. As well, primary care physicians are more have better links to tertiary care centres.

### 242

## INFORMATION TECHNOLOGY AS A TOOL FOR CHRONIC DISEASE MANAGEMENT

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The Mission of the Health Informatics Unit of ARC (Alberta research Council) is "To advance the economy of the province and the health of Albertans by the creation and implementation of health informatics solutions. Within these parameters, ARC and the Calgary Regional Health Authority have engaged in a collaboraive project to develop a chronic disease information system. Chronic diseases frequently require interdisciplinary care which is often rendered less effective by difficulties in communication between health care providers. We will describe the anticipated benefits of a common electronic medical record accessible to care providers and patients, usinf diabetes as the example of a chronic disease. The preparatory work, feasibility and organisational requirements will be discussed as will issues of confidentiality, privacy and integration.

### 243

## CAPTURING ATTITUDES: USE OF FOCUS GROUPS IN AN EVALUATION FRAMEWORK

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Focus Groups have become a popular methodology for capturing qualitative data in program evaluations. We report here on the use of focus groups to obtain information regarding client and family perceptions about the user friendliness of a new service delivery model. The model, based on a Program Management format, was introduced into four sites owned and operated by Extendicare (Canada) Inc., in Southern Alberta. Focus group methodologies allow for direct input from people receiving the service.

When sampling elderly populations who are in facility based care, a number of pitfalls emerge. We will report here on the methodological considerations and the basic design parameters of using this tool to effectively capture information from this client group.

### 244

## RESEARCH ON WAITING FOR NURSING HOME PLACEMENTS: POTENTIAL CONTRIBUTIONS, PHENOMENOLOGICAL AND OCCUPATIONAL APPROACHES

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Although there is research on predictors of, decisions about, and adjustment to nursing home placement, we still know little about the experience of waiting for a nursing home bed. The objective of this paper is to review literature related to waiting and placement, and to explore the potential of phenomenological and occupational approaches to studying this issue.

To explore what waiting entails, it is important to learn "what it is like" to wait - that is, the elderly person and family's lived experience of waiting. A phenomenological approach focuses on the importance of experience, or living through an event , situation, or circumstance. It is also important to understand what people "do" to manage the wait for placement - that is, their occupations around waiting. Occupation in this context is defined as "chunks" or units of activity within the ongoing stream of human behaviour which are named in the lexicon of the culture, according to the purposes they serve in enabling people to meet environmental challenges successfully (Yerxa, 1990). Both approaches offer a process-focused, family-centred view of placement, rather than the event-focused view which is prevalent in the literature.

**Reference:** Yerxa, E., Clark, F., Jackson, J., Pierce, D., & Zemke, R. (1990). An introduction to occupational science, a foundation for occupational therapy in the 21st century. Occupational Therapy in Health Care, 6(4), 1-17.

### 245

## CAPTURING THE VOICE OF OLDER PEOPLE: A PHENOMENOLOGICAL METHODOLOGY

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This paper is the result of a Masters thesis directed toward the meaning of home for older rural people. This qualitative enquiry involved men and women, widowed and married, living in their home setting and "gave voice" to their understanding of home.

A phenomenological methodology was used to gain an understanding of home as it was perceived by the older participants. The use of photography along with semi structured interviews were the tools that assisted with the capturing of the voice of these older people.

This paper will explain the methodology and identify the population of participants. It will also discuss potential participants who might express their understanding of home in future research.

This paper will be useful to those concerned with both urban and rural research with older people using a phenomenological methodology.

### 246

## OBTAINING INFORMED CONSENT FROM CONTINUING CARE RESIDENTS: ISSUES AND RECOMMENDATIONS

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As the number of older adults residing in continuing care facilities increases, mental health professionals will provide more services and conduct more research in this setting. Mental health professionals working with continuing care residents will find themselves regularly challenged by ethical issues, particularly obtaining informed consent. Characteristics of the continuing care setting and residents make obtaining informed consent especially challenging. Mental health professionals must overcome these challenges in order to fulfill the following three requirements of informed consent: (1) the client is competent, (2) the client is provided with sufficient information, and (3) the client has not been coerced and/or the consent is voluntary. This presentation will examine the issues surrounding the fulfillment of these requirements in a continuing care facility, and will provide suggestions and guidelines that mental health professionals can utilize during the informed consent process.

### 247

## ETHICAL ISSUES AND PROCEDURES IN OBTAINING CONSENT AND ASSENT IN PERSONS EXPERIENCING DEMENTIA

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"Ethical considerations around research involving those who are not competent to give a free and informed consent on their own behalf must seek to balance (1) the vulnerability that arises from their incompetence with (2) the injustice that would arise from their exclusion," according to the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans (1998, p. 2.9). In developing guidelines to obtain consent for persons with dementia to participate in a research study on quality of life and cost of care, we encountered issues with respect to interpretation and implementation of these policy guidelines in a practical context. Through consultation and consideration of legal, moral, and ethical perspectives we have developed procedural guidelines for obtaining consent and assent. These guidelines have been applied in recruiting 180 persons experiencing middle to late stage dementia who are residing in home or long term care environments. Our paper will illustrate development of the guidelines and case examples of their application.

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## NO ENGLISH, NO PROBLEM? FRAUD IN ETHNOCULTURAL SENIORS' COMMUNITIES

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In Canada, fraud is an issue that is increasingly gaining attention with regards to the elderly. The majority of research and resources put into addressing this issue, however, has been focused on Canadian born and English speaking older adults. Relatively little attention has been paid to the experience of fraud in ethnocultural seniors' communities, particularly seniors with language and literacy barriers. Many believe that language and literacy barriers insulate these seniors from fraud. This paper reports on the findings from 12 focus groups with senior men, senior women and service providers from the Portuguese, Spanish, South Asian and Chinese communities in the Greater Toronto Area. Results show that seniors from ethnocultural communities are indeed the targets of fraud in Canada. This paper defines the scope and nature of fraudulent practices to which older adults from certain ethnocultural communities are exposed, identifies ethnocultural seniors' who are at greatest risk of being defrauded, reports on ethnocultural seniors' responses to exploitative practices and makes suggestions for prevention.

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## VALIDITY AND RELIABILITY OF THE 15-ITEM CHINESE GERIATRIC DEPRESSION SCALE

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As cultural diversity increases in the elderly population, mental health professionals begin to recognize the need for culturally valid and reliable instruments, useful in assessing mental health problems in ethnic minority groups. However, the development in gerontological research is failing to keep in step with the growing diversity. To bridge the knowledge gap, a research project purposed to test the reliability and validity of the Chinese Geriatric Depression Scale has been conducted. A Chinese version of the 15-item GDS was administered to a group of clinically depressed Chinese seniors and a comparison group of mentally healthy Chinese elderly. The Chinese version of the SF-36, the short Chinese version of the Zung Self-Rating Depression Scale, and the Chinese Mini Mental Status Examination (MMSE) were used as validation measures. The findings demonstrate that the Chinese GDS has a high degree of criterion and convergent validity. In addition, information on internal consistency and test-retest reliability of the instrument is provided. With the formal establishment of the validity and reliability of the Chinese GDS in the clinical setting, it is recommended to be used on a broader scale among the Chinese elderly as a sound and easy to administer assessment tool.

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## IMMIGRANT WOMEN CARING FOR ELDERS: CAREGIVING VALUES AND SUPPORT

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Immigrant women caring for family elders hold perspectives about family caring and use of community resources that may influence their access to formal and informal support. This analysis is part of a larger ethnographic study of the experience of support of Chinese and South Asian immigrant women family caregivers. In the current analysis we explored immigrant women's values about family caring and the related implications for support. Included was the experience of 6 Chinese and 7 South Asian women living in Alberta and caring for an older family member. Content analysis of transcribed interview and focus group data revealed that caregivers and their families gave priority to the value of family care for their elders. This predominant value, in conjunction with their cultural context, affected the role of the women as caregivers and their use of community resources or institutional sources of support. Consequences of this perspective included limited family role flexibility, mismatch between desired and available support, and vulnerability of the caregiver to inadequate support. Findings reinforce the importance of examining values about caring in research on family caregiver support. The findings have implications for delivery of health and social community services.

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## CHINESE IMMIGRANT WOMEN WHO CARE FOR AGING PARENTS

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The goal of this study is to explore the experience of a group of Chinese immigrant women and the elderly in Toronto. It attempts to explore what challenges these women face when they provide care to their elderly parents and/or in-laws, and how these women cope with their situations. This study also attempts to explore the experience of the care receivers on the other end; how they compare the care they receive in their homeland with that in Toronto, and how they cope with the relocation stress. This study may shed light on an issue which intersects gender, aging, and ethnicity.

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## NEW ATTITUDES IN DESIGNING PRODUCTS, ENVIRONMENTS AND TECHNOLOGY FOR AN AGING SOCIETY

**Chairperson:** Lili Liu, Ph.D., Faculty of Rehabilitation Medicine, 3-14 Corbett Hall, University of Alberta, Edmonton, AB, T6G 2G4 (lili.liu@ualberta.ca) Tel: (780) 492-5108, Fax: (780) 492-1216
**Discussion leaders:** Lili Liu, Ph.D., Member of the Strategic Advisory Group on Aging (SAGA), CSA International; Ian Brodie, Project Manager of SAGA, CSA International; James Dunsmuir, Chair of the Technical Committee on Design for Aging, CSA International

It is estimated that seniors (persons 65 years and older) will comprise nearly 23% of the Canadian population by the year 2041. This segment of the population is becoming the focus of designers, health care providers and seniors who participate in making products, environments and technology user-friendly for older adults. At the same time, aesthetics of these designs are taken into consideration so that the designs are inclusive and not exclusive. In doing so, these "universal" designs have appeal not only for seniors, but for the mass market. CSA International is developing guidelines for design for aging. A Technical Committee has been created to develop principles that should be incorporated in aging-friendly designs. Participants in this roundtable discussion will have the opportunity to view a draft of these principles and guidelines and discuss their relevance.

Specific objectives are to provide participants with an opportunity to:

1. Network with other designers, health care providers and policy makers who are working in the area of design for aging.
2. Examine our changing attitudes about design for aging; and discuss the concepts of Universal Design and related principles as they apply to products, environment and technology.
3. Share with each other creative design solutions that address the challenges faced by seniors.
4. Contribute to the development of a Canadian guideline for design for aging.

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## ACTIVE LIVING IS THE ATTITUDE: RE-DEFINING LEISURE FOR SENIORS

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RECREATING RECREATION FOR SENIORS IN THE NEW MILLENNIUM
Wendy Zelt, M.Sc. City of Edmonton Community Services

One of the biggest challenges of the new millennium will be keeping older adults mentally, socially, and physically active. Gone are the days of Bridge and Bingo... bring on Brain Gym and Fit For Your Life! Learn about some new and creative leisure and lifestyle programming.

ON THE FRONT LINES OF FITNESS: IT'S A NEW ATTITUDE!
June Hole, B.P.E., Fitness Leader and Fit For Your Life Instructor

Video material of June Hole's strength-training classes and commentary by seniors shows us how seniors at Northgate Lions Seniors Centre are aging with attitude. June will outline the essential structure and elements of a successful fitness class that insures optimal enjoyment and participation.

HEALTH CANADA'S GUIDE TO OLDER ADULT PHYSICAL ACTIVITY: IMPLICATIONS FOR SOCIAL POLICY AND COMMUNITY PLANNERS
Sandy O'Brien Cousins, Ed.D., University of Alberta

Active leisure pursuits are linked to health span. The main messages of the Guide suggest that walking is not enough, facilities and first-rate leadership must be affordable and convenient to older adults, and a variety of activities are important to advance health and wellness. New economic and policy directions will be proposed.

CHANGING IMAGES OF AGING AND ACTIVE LEISURE
Bevan Grant, Ph.D., University of Waikato, New Zealand

While the social benefits of seniors' supervised exercise programs are in vogue, active leisure in its most personalized and rewarding sense may be overlooked as an important route to healthy aging. Aging is being redefined, new images are emerging and so must our acknowledgement for the role of independent and unsupervised leisure pursuits that put "life" into daily living.

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## PROVINCIAL INITIATIVES IN RESPONSE TO THE AGING OF THE POPULATION

**Chair:** Vivien Lai, Senior Policy Advisor, Alberta Health and Wellness, 18th Floor, Telus Plaza North, 10025 Jasper Avenue, Edmonton, AB, T5J 2N3 (vivien.lai@health.gov.ab.ca) Tel: (780) 415-2850, Fax: (780) 427-2511

**Participants:** Karen Kryczka, MLA, Calgary-West,Chair, Government Wide Study on the Impact of the Aging Population, Alberta; Diane Johnston, Director, Continuing Care Renewal, Ministry of Health and Ministry Responsible for Seniors, British Columbia; Laura Pisko-Bezruchko, Director, Seniors' Secretariat, Ontario Seniors' Secretariat, Ontario; Vivien Lai, Senior Policy Advisor, and Project Leader, Long Term Care Review, Alberta

The aging population presents many challenges to provincial governments who are responsible for the delivery of health and social services for their population. The health status, lifestyle and preferences of the population are expected to change. This will lead to public pressures for different kinds of health care and continuing care services than are currently available. In addition, the increase in the number of elderly will also lead to a demand for increased volume for health care services for the elderly. It will be a challenge to most provincial governments and departments of health to respond to the higher expectations and increased demand.

This symposium presents how three provinces respond to this challenge: Alberta, Ontario and British Columbia.

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## CONSULTANT PHARMACIST INTERVENTIONS IN LONG TERM CARE FACILITIES

**Chairperson:** Diane E. Hindman, BScPhm, CGP, Vice-President, Healthcare Facilities, Shoppers Drug Mart, 243 Consumers Rd, North York, ON, M2J 4W8 (dhindman@shoppersdrugmart.ca) Tel: (416) 490-2865, Fax: (416) 493-1581

Presenter: **Rosemarie Pavlakovic, BScPhm, CGP, Clinical Co-ordinator, Healthcare Facilities, Shoppers Drug Mart, 243 Consumers Rd, North York, ON, M2J 4W8** (rpavlakovic@shoppersdrugmart.ca) Tel: (416) 493-1220 ext. 5991, Fax: (416) 493-1581

**Background:** The impact of medication-related problems in the elderly has been well documented. It is estimated that up to 30% of hospital admissions in the elderly are due to medication misadventures. This represents a significant cost to the healthcare system, and a negative impact on the long term care facility resident. The goal of the consultant pharmacist is to maximize positive health outcomes and to minimize adverse effects or negative outcomes related to medications. Bootman et al demonstrated a 47% decrease in cost of drug-related morbidity and mortality when consultant pharmacists were involved in the care of the elderly in long term care facilities, relative to no pharmacist involvement.

Our organization has developed a comprehensive program for education of consultant pharmacists in geriatric pharmacotherapy. The purpose of this program was to increase awareness of the physiological needs of the elderly, and of appropriate prescribing of medications for this population.

**Purpose:** To demonstrate the role of the consultant pharmacist in maximizing medication-related outcomes in long term care facilities. To illustrate how the pharmacist can work with the interdisciplinary team to meet the unique needs of the elderly with respect to medications.

**Objectives:**

1. To describe the importance of pharmacist training in geriatric pharmacotherapy.
2. To discuss how pharmacist interventions can improve quality of life for elderly long term care facility residents.
3. To demonstrate, using case examples, how pharmacist interventions can improve outcomes and reduce healthcare expenditures.

**Format:** A brief interactive session will be followed by a discussion of the role of the consultant pharmacist on the interdisciplinary team. Interactive case studies will highlight common problems in the institutionalized elderly (behavioural problems in dementia, falls, confusion and memory impairment, mood alterations, and nutritional difficulties) and illustrate how pharmacist interventions can prevent problems and improve outcomes.

# Notes