

Chinook Winds

Shaping the
landscape of aging



Canadian Association on Gerontology
36th Annual Scientific & Educational Meeting

Nov 1-3, 2007 Hyatt Regency, Calgary AB

The Canadian Research Forum on Aging

is sponsored by the

Institute of Aging

*The Canadian Institutes of Health
Research Institute of Aging (CIHR-IA)
is proud to present the following events
in association with the Canadian
Association on Gerontology
36th Annual Scientific &
Educational Meeting*



For more information about the CIHR-Institute
of Aging, please consult the Web site:
www.cihr-irsc.gc.ca

Thursday, November 1

CIHR-IA Pre-conference Symposium
Frailty: From Concept to Research to Practice
Chair: François Béland, Université de Montréal
08:30 – 17:00

Joint CAG/CIHR-IA Keynote Session
Preventive Strategies in the Frail Older Person: a
Double-edged Sword
Speaker: Mark Clarfield, Ben Gurion University
19:00 – 20:50

Presentation of CIHR-IA Recognition Prizes for
Research in Aging
20:50 – 21:00

Friday, November 2

CIHR-IA Student Poster Competition
10:00 – 16:00

Meet the CIHR-IA Scientific Director at the IA exhibit booth
10:00 – 10:30

Saturday, November 3

Invitational Breakfast Meeting for Directors of Canadian
Research on Aging Centres
07:30 – 08:30

Announcement of CIHR-IA Student Poster Competition Winners
09:50 – 10:00

Meet the CIHR-IA Scientific Director at the IA exhibit booth
10:00 – 10:30

CIHR-IA Student Lunch
12:00 – 13:00

T.E.A. (Training Excellence in Aging) with
Anne Martin-Matthews, CIHR-IA Scientific Director
Discussion of CIHR funding opportunities and tips on
submitting applications for salary awards
13:00 – 14:30

Joint PHAC/CIHR-IA Panel on Research-Policy Interface
Panelists: Kathy Belton, Margaret Gillis,
Janice Keefe, Faith Malach,
Anne Martin-Matthews, Robyn Tamblyn
16:30 – 17:30



Canadian Institutes
of Health Research Instituts de recherche
en santé du Canada

Canada

Aging Globally and Locally

Seeing the Forest and the Trees



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**Canadian
Association
on Gerontology**



**Association
canadienne
de g rontologie**

37th Annual Scientific & Educational Meeting
October 23 - 26, 2008
London, Ontario

The Forest City awaits you.

About the artist: Ingrid Arnet Connidis is a long time member of CAG, former Social Sciences Division Chair and Social Sciences Section Editor for the Canadian Journal on Aging. Painting provides a happy balance to her work. This painting, 'Family Trees', is an imagined composite of images based on her many walks in the woods with her yellow lab, Talbot, and reflects her ongoing personal and professional interest in family ties and aging.



PRIME MINISTER • PREMIER MINISTRE

It is with great pleasure that I offer my warmest welcome to everyone attending the Annual Scientific and Educational Conference, being hosted by the Canadian Association on Gerontology.

Today, there are more than 4, 000,000 seniors in Canada; they constitute a growing segment of our population. Responding to their needs and improving their quality of life are the main goals of the Canadian Association on Gerontology. This annual meeting, which brings together experts from across the country, offers a perfect forum for the exchange of information on advances in gerontological research, policy, practice and education.

I am certain that everyone in attendance will benefit from the information sessions planned for this event, and will make the most of this opportunity to network with fellow professionals.

I would like to offer my congratulations to the organizers for putting together a program that will advance the field of gerontology. You may take great pride in knowing that, through your coordinated efforts, you are helping older adults live more fulfilling, independent and healthy lives.

On behalf of the Government of Canada, please accept my best wishes for a most enjoyable and productive meeting.

A handwritten signature in black ink, appearing to read 'Stephen Harper'.

The Rt. Hon Stephen Harper, P.C., M.P.

OTTAWA
2007

Program Cover and Logo

The program cover and conference logo were designed by Paula Lutz. 250 385-4489 paulajoelle.com. The painting on the program cover, 'Calgary on the Bow', was painted by Calgary artist Elizabeth Dunn. Elizabeth's work may be viewed at ArtPoint Gallery & Studios in Calgary, located at 1139-11th Street S.E., Calgary, Alberta, T2G 3G1 (403) 265-6867 info@artpoint.ca <http://www.artpoint.ca>



GREETINGS FROM THE CONFERENCE CHAIR – PETER DONAHUE



On behalf of the Planning Committee, I would like to welcome you to Calgary for the 36th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology. This year the theme is, "Chinook Winds: Shaping the Landscape of Aging".

Mirroring this theme, the pre-conference workshops, keynote addresses, papers, posters, workshops and symposia are all illustrative of how our colleagues are shaping the landscape of aging in Canada. We hope that you will find this year's program educational, thought provoking and inspiring.

This year, the CAG has joined forces to host a national assembly of older adults with the Kerby Centre of Excellence (KCE) and CATALIST, a network of over 50 third age learning centers across Canada. We are providing access to a number of events for our respective delegates including paper sessions and symposia, a preconference workshop and the Jubilee Celebration on Friday night.

Peter Donahue, PhD, RSW

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PLANNING COMMITTEE

CIHR INSTITUTE OF AGING STUDENT POSTER COMPETITION ADJUDICATING COMMITTEE

Dr. Alex Clark, PhD, Faculty of Nursing, University of Alberta; CIHR-IA New Investigator Recognition Prize

Dr. Meghan Donaldson, Health Care and Epidemiology, University of British Columbia; CIHR-IA Fellowship Recognition Prize

Dr. Russell Hepple, PhD, Associate Professor, Faculty of Kinesiology, University of Calgary

Dr. Louise Forsyth, MD, Kerby Centre of Excellence, Calgary

Dr. Christopher Patterson, MD, Professor, Department of Medicine, McMaster University

Dr. Hélène Payette, PhD, Professor, Department of Community Health Sciences, University of Sherbrooke

Dr. Jeremy van Raamsdonk, PhD, Department of Biology, McGill University; CIHR-IA Fellowship Recognition Prize

Canadian Association on Gerontology  Association canadienne de gérontologie

Program Coordinator

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HOW TO USE THIS PROGRAM

Sessions in the program are numbered consecutively; the session number is the number preceding the session title.

The program consists of keynote and panel plenaries, symposia, workshops, paper and poster sessions. For a quick view of the daily programming, please refer to the PROGRAM-AT-A-GLANCE section found on page 9.

Abstracts for the symposia, workshops, papers and posters are numbered consecutively and appear in the order of presentation within each session.

To find abstracts in the program book, please note the abstract number in the program section starting on page 11 and refer to that number in the abstract section of the program book starting on page 50

Please check the Program Addendum inserted in your registration package for any changes, cancellations please refer to the PROGRAM-AT-A-GLANCE section found on page 9.

REGISTRATION INFORMATION

REGISTRATION FEES

The registration fee includes the opening ceremonies and reception, all keynote sessions, your choice of concurrent sessions, refreshment breaks, exhibits and one copy of the abstract book.

Registration does not include hotel accommodations, meals, or special social events.

Additional Program books are available at a cost of \$15.

CONFIRMATION

confirmation receipts were issued for payments received by September 21. Receipts for payments received after September 21 will be in each delegate's registration package.

CANCELLATION POLICY

Requests for refunds were only accepted if made in writing before September 21, 2007. There will be no refunds for pre-conference activities unless the event is cancelled.

REGISTRATION KITS

Your registration package should include the following:

- One program book
- Identification badge
- Event tickets for which you have registered
- Promotional materials

IDENTIFICATION BADGES

Your identification badge is included in your registration package.

You must wear your badge at all times for admission to the scientific program, luncheons and exhibits. Replacement badges will be available at the registration desk for \$12.

ON-SITE REGISTRATION / INFORMATION DESK

General information and tickets for special events are available on a first-come first-served basis at the Conference Registration Desk located in the Foyer, 3rd floor. The hours of operation are as follows:

Thursday, November 1	07:30-19:30
Friday, November 2	07:30-17:30
Saturday, November 3	07:30-14:00

SPECIAL EVENTS

OPENING CEREMONIES AND RECEPTION

Thursday, November 1 – 19:00-23:00

Locations: Opening Ceremonies, Imperial Ballroom 4, 6, 8
Reception, Grand Foyer 1

The opening ceremonies will set the tone for the con-

ference theme, "Chinook Winds: Shaping the Landscape of Aging". After brief welcoming comments from dignitaries, there will be the presentation of the CAG Awards for 2007. The Keynote address will be delivered by Dr. Mark Clarfield - *Preventive strategies in the frail older person: A double-edged sword*. The CIHR Institute of Aging Recognition Prize recipients will be announced following the Keynote Session.

Entertainment will be provided by the Princeton Katzenjammer Singers, Jazz 3 as well as an art exhibit by senior Calgary artists.

STUDENT CONNECTION - CONNEXION ETUDIANTE (SC-CE)

Friday, November 2 - 07:30- 08:30 -
18:00-20:00 and Saturday,
November 3 - 12:00-13:00

Students get connected and involved in your network! Plan to attend the SC-CÉ annual general meeting on the morning of Friday, November 2 and the CIHR institute of aging student lunch on Saturday, November 3. Please join your fellow students for a night out on the town on Friday, November 2

(more information on this is available at http://www.ucalgary.ca/~ccvictor/SC_Centre.htm).

CIHR INSTITUTE OF AGING STUDENT POSTER COMPETITION

Friday, November 2 – 10:00-16:00

The CIHR Institute of Aging Student Poster Competition is financed by the CIHR Institute of Aging and the winners selected in partnership with CAG. A \$500 prize will be awarded by the Institute of Aging in the Masters, PhD and Fellow categories. The winners will be announced at 9:50 on Saturday morning after the Keynote Session.

A list of all posters in the competition is enclosed on a separate sheet.

DIVISIONAL LUNCHEONS

Friday, November 2 – 12:15-13:45

A perfect opportunity to meet the Division Chair and your fellow members to discuss pertinent issues and

concerns (ticket required). We encourage members to sponsor and bring a student to the luncheon.

GROUP MEETINGS

Friday, November 2 - 07:30-08:30

- Directors of Programs in Gerontology/Aging
- Council of Associated Organizations (CAO)
- Canadian Gerontological Nursing Association (CGNA)
- NICE – National Initiative for the Care of the Elderly and other interest groups will gather to discuss topics of mutual interest

MEET CIHR INSTITUTE OF AGING SCIENTIFIC DIRECTOR

Friday, November 2 and Saturday,
November 3 – 10:00-10:30

Dr Anne Martin-Matthews will be at the CIHR-IA Exhibit booth during each morning networking break on Friday and Saturday, to talk about the research that is funded by the Institute of Aging and IA funding opportunities.

MEET THE CJA EDITORS

Friday, November 2 – 15:30-16:00
Location: Imperial Ballroom 1

The Editor-in-Chief, Dr. Mark Rosenberg, and section Editors of the Canadian Journal on Aging, will be available to answer questions concerning the Journal and its review process, and to informally discuss plans for the coming year.

MEET THE FACULTY AND THE SC-CÉ REPRESENTATIVES

Friday, November 2 – 16:00-16:30

Location: The Event Centre

Are you a Faculty or Student Representative interested in sharing ideas with fellow Representatives from across the continent? Would you like to learn more about becoming a Faculty or Student Representative at your institution? Join us for this informal gathering of individuals dedicated to promoting the CAG-ACG and SC-CÉ locally.

ANNUAL GENERAL MEETING

Friday, November 2 – 16:30-17:30

Location: Imperial Ballroom 4, 6, 8

Please join us for the Annual General Meeting. All delegates are encouraged to attend but please note that only CAG members can vote.

DIRECTORS OF CANADIAN RESEARCH ON AGING CENTRES

Saturday, November 3 - 07:30-08:30

Location: The Event Centre

The Scientific Director of the CIHR Institute of Aging, Dr. Anne Martin-Matthews, is pleased to host a Breakfast Meeting for the Directors of Canadian Research on Aging Centres. Advance sign-up for the breakfast is required.

CIHR INSTITUTE OF AGING RECOGNITION PRIZES

Thursday, November 1 – 20:50–21:00

As part of the Canadian Research Forum on Aging sponsored by the CIHR Institute of Aging, the CIHR Institute of Aging Recognition Prize in Research on Aging is offered to the top-ranked applicant in the 2006-07 CIHR open competitions for trainees in the field of research on aging at different stages in their career development: Doctoral, Postdoctoral and New Investigator. The Prize recipients will be announced following the Thursday evening Keynote Session.

T.E.A (TRAINING EXCELLENCE IN AGING) WITH DR. ANNE MARTIN-MATTHEWS, CIHR-IA SCIENTIFIC DIRECTOR

Saturday, November 3 – 13:00-14:30

Location: The Gallery

As part of the Canadian Research Forum on Aging, this

session for graduate students, postdoctoral fellows and new investigators presented by Annik Pilon, CIHR Research Capacity Development Branch, will involve discussion of CIHR funding opportunities and tips on submitting applications for salary awards.

JOINT CIHR INSTITUTE OF AGING/PUBLIC HEALTH AGENCY OF CANADA CLOSING PANEL

Saturday, November 3 - 16:30–17:30

This session is a collaboration of the CIHR Institute of Aging and the Division of Aging and Seniors, Public Health Agency of Canada, as part of the Canadian Research Forum on Aging.

JUBILEE CELEBRATION

Friday, November 2 - 18:30-22:00

Location: Jubilee Auditorium (accessible by C-Train)

Plan to attend this exciting event showcasing older adults and their accomplishments. The film, “Do Not Go Gently” about imagination and creativity in aging will be premiered. Also enjoy the Active Aging photo exhibit by older Canadian photographers, an art exhibit, music by a local jazz trio and a buffet dinner and cash bar.

THURSDAY, NOVEMBER 1, 2007

PRE-CONFERENCE WORKSHOPS**TRANSLATING RESEARCH INTO ACTION: CREATIVE PARTICIPATORY DISSEMINATION WITH OLDER ADULTS**

Duration: 13:00 – 16:30

Location: Doll Room

Description

If we want our research to have a significant impact on the lives of research participants, academics and community members, as well as policy making systems, then we need creative strategies to transfer and mobi-

lize knowledge. Creative Participatory Dissemination (CPD), grounded in Participatory Action Research (PAR) methodology, translates research into social action and fosters authentic partnerships between academics, service providers and the research participants who “live the findings.” This interactive workshop will first review models of Creative Participatory Dissemination and explore the challenges and rewards of CPD projects using a selection of case studies. The second half of the workshop will focus on experiential learning involving one mode of creative dissemination: collage and paint design of a research poster/postcard based on participants’ research interests.

Presenters

Laura Cleghorn and **Julia Janes** are Research Associates at the Institute for Life Course and Aging at the University of Toronto. At the Institute, both have assisted with a number of research projects on homelessness, housing and older adults, and are currently coordinating CPD/PAR projects with two groups of older adults: a formerly homeless working group and a community group investigating aging in place in changing neighbourhoods. Laura obtained a Master of Arts degree in Sociology and Equity Studies from the University of Toronto. Julia's academic background is primarily in the disciplines of psychology and social work.

MOVING IN PARTNERSHIP WITH AGING ADULTS

Duration: 14:00-16:00

Location: Kerby Centre of Excellence
(accessible by C-Train)

Description

This workshop presents a new perspective on research with and for seniors. Workshops by older adults interested in research, service and education, along with professionals and academics interested in expanding their partnerships with seniors. Topics will include focus group methods for seniors, health literacy, elder abuse programs, aboriginal grandmothers as caregivers, seniors' led housing options.

Host

Co-sponsored by Kerby Centre of Excellence, CATALIST network of third age learning, and the University of Calgary.

FRAILITY: CONCEPT TO RESEARCH TO PRACTICE

Duration: 08:30 - 17:00

Location: Bannerman/Walker Rooms

Description

The overall aim of the workshop, hosted by the CIHR Institute of Aging, is to examine FRAILITY as a useful concept in the understanding of health policies, public health and clinical issues concerning elderly persons?

The specific objectives of the workshop are:

1. To discuss the usefulness of the concept of frailty in the clinical, public health and health policies domains;
2. To identify how biological, social and epidemiological perspectives can help in the study frailty at the individual and population-level;
3. How frailty can be useful in clinical and prevention interventions; and
4. To discuss research programs aimed on frailty.

Presenters

François Béland, PhD, Professor, Department of Health Administration, Faculty of Medicine, Université de Montréal. Co-Director SOLIDAGE Research Group, Jewish General Hospital

Dr. Mark Clarfield, a geriatrician from Ben Gurion University Israel, involved in clinical research, teaching and policy making, and former head of geriatrics at the Jewish general hospital in Montréal.

MONTESSORI-BASED DEMENTIA PROGRAMMING®: AN INNOVATIVE INTERVENTION FOR DEMENTIA

Duration: 13:00 - 18:00

Location: Stephen Rooms A & B

Description

This half day program will focus on MONTESSORI-BASED DEMENTIA PROGRAMMING® (MBDP), an innovative method of working with older adults living with cognitive impairments. MBDP® is based on the educational philosophies of famed childhood educator Dr. Maria Montessori. The researcher behind MBDP® is Dr. Cameron Camp, Research Scientist & Director of the Myers Research Institute, Cleveland, OH. Research has provided clear evidence of increased levels of engagement and participation in activities when MBDP® approaches are implemented with persons with dementia.

Objectives

1. Provide examples of Montessori-Based programming strategies that have proven to be effective with persons with dementia.
2. Describe the Montessori-Based Dementia Programming® method and explain why it is a use-

ful technique for those working with individuals with dementia.

3. Describe the basic principles of Montessori-Based Dementia Programming®.
4. Develop activities based on Montessori-Based Dementia Programming® principles.

THURSDAY, NOVEMBER 1

OPENING SESSION – Simultaneous interpretation is provided

Joint CAG/CIHR-IA Opening Keynote Session

19:30–20:50 - Imperial Ballroom 4, 6, 8



Preventive Strategies in the Frail Older Person: a Double-edged Sword

Mark Clarfield, Ben Gurion University

This session is sponsored by the CIHR Institute of Aging as part of the Canadian Research Forum on Aging.

Preventative Medicine has come a long way over the last century: through cleaner water, better nutrition, universal vaccination policies, etc. the Canadian population is now in better health than ever with life expectancies higher than at any time in recorded history. Furthermore, there are any number of screening tests and preventative manoeuvres offered at various ages. Particularly for the elderly, one finds rec-

PRESENTER

Gail M. Elliot, BSc, MA

Assistant Director, McMaster Centre for Gerontological Studies, McMaster University

ommendations such as screening for colon cancer and prostate cancer, stress testing for heart disease, the administration of flu and pneumovax vaccines, recommendations to stop smoking, to increase exercise and improve diet, etc. Some of these manoeuvres are useful, some unproven and some may even be harmful - especially to the frail elderly person. Ironically, there are in fact instances where preventative medicine can "go wrong", especially in older people where overall we may do more harm than good.

Preventative measures can be effective in older people. Some examples will be presented as well as some situations described where it would be better to leave well enough alone or to put another way, make haste, but slowly.

Dr. Mark Clarfield, a geriatrician from Ben Gurion University Israel, is involved in clinical research, teaching and policy making, and former head of geriatrics at the Jewish general hospital in Montréal.

FRIDAY, NOVEMBER 2

KEYNOTE SESSION – Simultaneous interpretation is provided

08:45 – 10:00 - Imperial Ballroom 4, 6, 8



Generational Shifts: Health Paradoxes of Aging Baby Boomers

Andrew V. Wister, Ph.D

Amidst considerable conjecture and popular myths, a burgeoning question is whether baby boomers are healthier than previous generations? This has enormous implications for the future of the health care system and society, given the size and movement of the boomers up the age escalator. In response to these burning issues, the author will critically examine dimensions of health embedded within several streams of research for

the purpose of revealing a number of health paradoxes. One of these is the apparent contradiction of rising life expectancy amid increases in the incidence and prevalence of many chronic illnesses. A second is the concurrent trends of increasing exercise levels and a significant rise in obesity over the last few decades. A third is the confounded link between health status transitions and health care utilization. In order to shed light on these conundrums, major health surveys in Canada stemming from the late 1970s until the early 2000s will be examined using cohort analysis. It will be revealed that the health of our population is fundamentally shaped by the experiences of generations and cohorts as they form unique health and illness trajectories connected to their

size, composition, earlier life experiences, and exposure to differing historical and structural events. Scenarios of the health of elderly baby boomers and their impact on health care will be shown to be a good news – bad news picture – one that emphasizes a more highly complex and changing health and health care landscape.

Andrew Wister received his doctorate in Social Demography from the University of Western Ontario in 1985. Dr. Wister came to the Gerontology Program at

Simon Fraser University in 1991 where he holds the titles of Professor and Chair (since 2004) of the Department of Gerontology. He is also one of the Co-leaders of the British Columbia Network for Aging Research (BCNAR), which is one of the eight population health networks funded by the Michael Smith Foundation for Health Research. His most recent book is entitled *Baby Boomer Health Dynamics: How Are We Aging?* which has been published in 2005 by University of Toronto Press.

SATURDAY, NOVEMBER 3, 2007

KEYNOTE SESSION – Simultaneous interpretation is provided

08:30 – 9:50 - Imperial Ballroom 4, 6, 8



Through the Looking Glass: Networks and Knowledge Transfer from the Inside Out
Lynn McDonald, PhD

Networking and knowledge transfer is currently in vogue in Canada but is it as easy as it sounds? Is networking and knowledge transfer good for gerontology? In this keynote address the challenges of knowledge transfer and networking will be addressed using the National Initiative for the Care of the Elderly (NICE) as an example. The NICE network is a national and international collaboration of researchers and practitioners involved in the care of older adults through interdisciplinary teams. The overarching goal of NICE is to improve the quality of care for older adults across Canada. While there are number of ways

NICE achieves this goal, the central tenet of the NICE is the transfer of research about evidence-based practice from faculties of medicine, nursing and social work to community teams in health agencies and institutions caring for older adults. In return, practitioners are to use and evaluate the knowledge and provide information to universities about 'best practices' that require further research to develop a national research agenda in gerontology/geriatrics based on clinical practice.

Dr. McDonald is a professor in the Faculty of Social Work and Director of the Institute for Life Course and Aging at the University of Toronto. In 2002 she was awarded the Governor General's Golden Jubilee medal for her contributions to Canadian gerontology. Dr. McDonald is currently the Scientific Director of one of only five Networks of Centres of Excellence – New Initiatives that is concerned with the care of older adults.

CLOSING PANEL – Simultaneous interpretation is provided

16:30 – 17:30

Location: Imperial Ballroom 4, 6, 8

THE RESEARCH - POLICY INTERFACE

On the 10th anniversary of the joint publication of the Canadian Journal on Aging and the Canadian Public Policy Journal, a retrospective of progress made and lessons learned will form the backdrop for experts from both domains to explore today's issues in the research-policy interface.

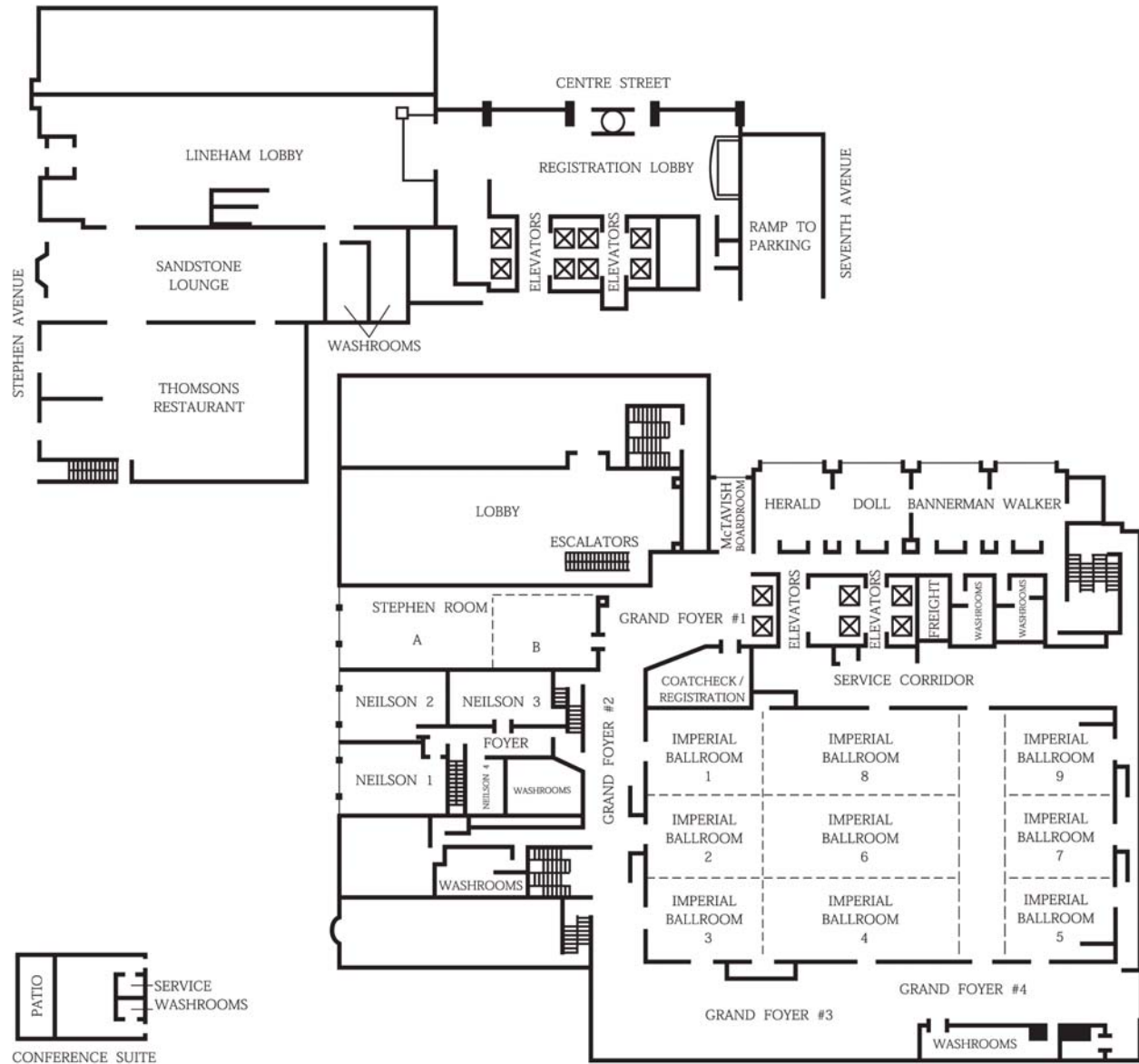
This session is a collaboration of the CIHR Institute of Aging and the Division of Aging and Seniors, Public Health Agency of Canada, as part of the Canadian Research Forum on Aging.

Panelists:

- Anne Martin-Matthews, PhD, Scientific Director, CIHR-Institute of Aging
- Margaret Gillis, Director, Division of Aging and Seniors, Public Health Agency of Canada
- Kathy Belton, MEd, Co-Director, Alberta Centre for Injury Control and Research, University of Alberta
- Janice Keefe, PhD, Professor and Canada Research Chair in Aging & Caregiving Policy, Mount St. Vincent University
- Faith Malach, Executive Director, Canadian Coalition for Seniors' Mental Health
- Robyn Tamblyn, PhD, Professor, Medicine and Department of Epidemiology, Biostatistics, and Occupational Health, McGill University

FLOOR PLANS

FLOOR PLANS



PROGRAM AT-A-GLANCE

THURSDAY AT-A-GLANCE

Time	Session
07:30-19:30	Registration
08:30-17:00	Preconference Workshops
08:30-17:00	<ul style="list-style-type: none"> CIHR-IA Symposium on Frailty: From Concept to Research to Practice
14:00-16:00	<ul style="list-style-type: none"> Moving in Partnership with Aging Adults
13:00-16:30	<ul style="list-style-type: none"> Translating Research into Action: Creative Participatory Dissemination with Older Adults
13:00-18:00	<ul style="list-style-type: none"> Montessori-Based Dementia Programming: An Innovative Intervention for Dementia
19:00-21:00	Opening Ceremonies Presentation of CAG Awards Keynote: Dr. Mark Clarfield - <i>Preventive strategies in the frail older person: A double-edged sword.</i> Presentation of CIHR-IA Recognition Prizes
21:00-23:00	Opening Reception & Exhibits

FRIDAY AT-A-GLANCE

Time	Session
07:30-17:30	Registration
07:30-08:30	SC-CÉ Annual General Meeting & Breakfast
07:30-08:30	Interest Group Meetings
08:45-10:00	Keynote: Dr. Andrew V. Wister <i>Generational Shifts: Health Paradoxes of Aging Baby Boomers</i>
10:00-10:30	Networking Break & Exhibits
10:00-10:30	Meet the CIHR-IA Scientific Director at IA booth
10:00-12:00	CIHR-IA Student Poster Competition I
10:30-12:00	Concurrent Sessions I
12:15-13:45	Divisional Luncheons

14:00-15:30	Concurrent Sessions II
14:00-16:00	CIHR-IA Student Poster Competition II
15:30-16:00	Networking Break & Exhibits
15:30-16:00	Meet the CJA Editors
16:00-16:30	Meet the Faculty and the SC-CÉ Representatives
16:30-17:30	Annual General Meeting
18:00-20:00	SC-CÉ Night Out
18:30-22:00	Jubilee Celebration

SATURDAY AT-A-GLANCE

Time	Session
07:30-08:30	Breakfast Meeting for Directors of Canadian Research on Aging Centres
07:30-14:00	Registration
08:30-09:50	Keynote: Dr. Lynn McDonald <i>Through the Looking Glass: Networks and Knowledge Transfer from the Inside Out</i>
09:50-10:00	Announcement of CIHR-IA Student Poster Competition Winner
10:00-10:30	Networking Break & Exhibits
10:00-10:30	Meet the CIHR-IA Scientific Director at IA booth
10:30-12:00	Concurrent Sessions III
12:00-13:00	Lunch on Own
12:00-13:00	SC-CÉ Networking Lunch
13:00-14:30	Concurrent Sessions IV
13:00-14:30	TEA (Training Excellence in Aging) with Dr. Anne Martin-Matthews, IA Scientific Director: CIHR Awards Crafting Workshop
14:30-15:00	Networking Break & Exhibits
15:00-16:30	Concurrent Sessions V
16:30-17:30	Panel Discussion: The Research-Policy Interface

THURSDAY, NOVEMBER 1, 2007

CAG ASEM PROGRAM - THURSDAY

PROGRAM | THURSDAY

07:30-19:30	Registration Pre-Conference Workshops	
08:30-17:00	CIHR-IA Symposium on Frailty: From Concept to Research to Practice Speakers: François Béland and Dr. Mark Clarfield	Bannerman/Walker Rooms, 3 rd fl
13:00-16:30	Translating Research into Action: Creative Participatory Dissemination with Older Adults Speakers: Laura Cleghorn and Julia Janes	Doll Room, 3 rd fl
13:00-18:00	Montessori-Based Dementia Programing: An Innovative Intervention for Dementia Speaker: Gail M. Elliot	Stephen Rooms A & B, 3 rd fl
14:00-16:00	Moving in Partnership with Aging Adults Co-Sponsored by: Kerby Centre of Excellence, CATALIST Network of Third Age Learning and the University of Calgary	Kerby Centre of Excellence
19:00-21:00	Opening Ceremonies Keynote: Dr. Mark Clarfield Preventive Strategies in the Frail Older Person: a Double-Edged Sword	Imperial Ballroom 4, 6, 8, 3 rd fl
21:00-23:00	Opening Reception & Exhibits	Grand Foyer 1, 3 rd fl

FRIDAY, NOVEMBER 2, 2007

CAG ASEM PROGRAM - FRIDAY

07:30-17:30	Registration	Foyer, 3 rd fl
07:30-08:30	SC-CÉ Annual General Meeting & Breakfast	The Gallery, 2 nd fl
07:30-08:30	Interest Group Meetings Canadian Gerontological Nursing Association (CGNA) National Initiative for the Care of the Elderly (NICE)	Bannerman Room, 3 rd fl Imperial Ballroom 1, 3 rd fl
08:45-10:00	Keynote Session – Generational Shifts: Health Paradoxes of Aging Baby Boomers <i>Dr. Andrew V. Wister</i>	Imperial Ballroom 4, 6, 8, 3 rd fl
10:00-10:30	Networking Break & Exhibits	
10:00-12:00	CIHR-IA Student Poster Competition Session I	Grand Foyer
10:30-12:00	Concurrent Sessions I	

FRIDAY, NOVEMBER 2, 10:30 - 12:00

PAPER SESSION I		FRIDAY 10:30-12:00
Friday 10:30-12:00	Theme: Information Exchange with Older Adults Chair: Jenny Ploeg	Bannerman Room, 3 rd fl
001	Promoting Knowledge Translation to Shape the Landscape of In-Home Care <i>Carol McWilliam, Catherine Ward-Griffin, Dorothy Forbes, Mary Lou King, Marita Kloseck, Anita Kothari</i>	
002	Older Adults Access to Information: The Importance of Social Supports <i>Jean Lillie, Joseph Tindale, Margaret Denton, Jenny Ploeg</i>	
003	Older Adults' Knowledge and Awareness of Community Support Services <i>Jenny Ploeg, Margaret Denton, Joseph Tindale, Jean Lillie, Brian Hutchison, Kevin Brazil</i>	
004	Improving Senior's Safety - Development of Seniors Falls Investigation Methodology (SFIM) Training Program and Implementation Across Health Care Settings (pilot project) <i>Aleksandra Zecevic, John Lewko</i>	
005	Improving the Vision Health of Canadian Seniors: Public Health Information through the CNIB Vision Health Guide <i>Deborah Gold, Terri Hulett, Morgan Ineson</i>	
Friday 10:30-12:00	Theme: Victimization Chair: Charmaine Spencer	Walker Room, 3 rd fl
006	Abuse, capacity and the material exploitation of vulnerable older adults: initiative to develop a multi-disciplinary evaluation of approaches in law and equity <i>Margaret Hall</i>	

007	L'insécurité liée à la victimisation criminelle chez les aînés : preliminary results from a symbolic interactionist approach <i>Mario Paris, Marie Beaulieu</i>	
008	Inter-generational Drama and Elder Abuse Awareness in Thunder Bay, Ontario <i>Lee Stones, Wendy Kirkpatrick, Michael Stones</i>	
009	Housing Discrimination in Later Life <i>Charmaine Spencer</i>	
Friday 10:30-12:00	Theme: Gerontological Education Chair: Katherine McGilton	Neilson 3 Room, 3 rd fl
010	Establishing core gerontological competencies for students in nursing, medicine and social work. <i>Katherine McGilton, Lynn McCleary, Lorna Guse, Martha Donnelly, Dorothy Forbes, Deborah O'Connor</i>	
011	BETWEEN THE CLASSROOM AND THE CLINIC: DOES THE CanMEDS FRAME- WORK ADEQUATELY REFLECT PATIENTS' EXPECTATIONS OF PHYSICIAN ROLES? <i>Laura Diachun, Michelle Durst, Andrea C Dumbrell</i>	
012	Examining invisibility: A co-operative inquiry approach <i>Marianne Rogerson</i>	
013	Higher Education Experiences: non-traditional students at Lakehead University <i>John MacKenzie</i>	
014	Resilience research: medical, psychosocial and aging studies perspectives and methodologies <i>Nancy Marlett</i>	
Friday 10:30-12:00	Theme: Women and Aging Chair: Kyle Whitfield	Neilson 1 Room, 3 rd fl
015	WOMEN OVER 40: WHAT INFLUENCES BODY IMAGE? <i>Ashli Watt, Candace Konnert</i>	
016	Women Using Physical Activity as a Treatment for Knee Osteoarthritis <i>Janis Sauvé</i>	
017	Women with Dementia as Advocacy-Based Leaders: Implications for a Model of Inclusion <i>Kyle Whitfield</i>	
018	"Age of Beauty:" Photography for Flood Relief by Older Women <i>Carole Roy</i>	
019	Aboriginal Grandmothers Caring for Grandchildren Support Network <i>Nancy Marlett, Kerrie Strathy, Betty McKenna</i>	
Friday 10:30-12:00	Theme: Emerging Populations and Issues Chair: Martin Cooke	Doll Room, 3 rd fl
020	Aging Families of Adults with an Intellectual Disability: Perceptions of Family Quality of Life <i>Nancy Jokinen</i>	

021	At Risk? Older Women, Sexuality, and HIV/AIDS <i>Pamela Ross, Áine Humble, Ilya Blum</i>
022	Older Aboriginal Peoples and the Life Course <i>Martin Cooke</i>
023	Unmet Needs for Aids, Devices and Supports in People with Agility and Mobility Disabilities <i>Lori Letts, Julie Richardson, Robert Wilton, Debra Stewart, Mary Law, Dayle McCauley</i>
024	Driving as an Everyday Competence: A New Model of Older Driver Competence and Performance <i>Wendy Lindstrom-Forneri, Holly Tuokko, Douglas Garrett, Frank Molnar</i>

Friday 10:30-12:00	Theme: Volunteerism Chair: Robert Stebbins	Stephen B Room, 3 rd fl
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025	Seniors and the 2010 Olympic Games: Exploring creative and meaningful ways to involve seniors in the Games <i>Tessa Graham</i>
026	Lean on Me: An initiative to build capacity among volunteers working in seniors' centres <i>Bev Regan, Ryan DeForge</i>
027	Baby Boomers and the World of Senior Volunteering <i>Robert Stebbins, Claudia Emes</i>
028	Long-Term Care Volunteers: Self-efficacy & training in relation to role satisfaction and commitment. <i>Kristine Theurer, Gloria Puurveen, Anne Paxton, Norm O'Rourke</i>

POSTERS SESSION I - GRAND FOYER	FRIDAY 10:30-12:00
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029	The Reality Beyond Appearances: Elders on Growing Old <i>Trudy Medcalf</i>
030	CLINICAL TRIALS IN DEMENTIA: POPULATIONS SERVED BY CONSORTIUM OF CANADIAN CENTRES FOR CLINICAL COGNITIVE RESEARCH (C5R) SITES <i>Sarah Woolmore-Goodwin, Michael Borrie, Iris Gutmanis, Trish Purcell</i>
031	DOES A PRESSURE ULCER TEAM DECREASE PRESSURE ULCERS AMONG OLDER PEOPLE IN A NURSING HOME? <i>Penelope de Nobrega, Wendy Young, Winston Issac, Peter Anderson, Wei Wu, Paula Rochon</i>
032	Seniors' Contributions to Manitoba <i>Shari Fournier, Verena Menec</i>
033	COMPARING PERCEPTIONS OF ELDER CARE AMONG HOSPITAL NURSES IN THREE DIFFERENT SETTINGS <i>Audrey Blandford, Verena Menec, Jo-Ann McKenzie</i>

- 034 DEVELOPING A RESEARCH PROGRAM ON ACCESS TO CARE FOR ETHNIC MINORITY SENIORS
Sharon Koehn, Neena Chappell

- 035 Evaluation of the Eldercare Clerkship: Year 1 Results.
Laura Diachun, L VanBussel, K.T. Hansen, Andrea c Dumbrell, M.J. Rieder

**STUDENT POSTERS COMPETITION SESSION I
GRAND FOYER**

FRIDAY 10:00-12:00

- 036 IDENTIFYING CHARACTERISTICS OF RESIDENTIAL FACILITIES FOR OLDER PEOPLE TO SUPPORT THE PLACEMENT PROCESS
Catherine Lestage, Nicole Dubuc, Gina Bravo

- 037 Factors influencing the validity of proxy information to assess social participation after stroke
Valérie Poulin, Johanne Desrosiers

- 038 IDENTIFYING FRAILTY USING THE ICF: PROOF OF CONCEPT
Caryn Nash, Nancy Mayo, Isabelle Gelinis, Carolina Moriello

- 039 The Social Creation of Dependency in Old Age: A Review
Tiana Rust, Sheree Kwong See

- 040 The Performance and Feasibility of Brief Alcohol Screening Tools in a Geriatric Outreach Population
Bonnie Purcell, M. Cella Olmstead, Duncan Day

- 041 Sustainability of the Stay On Your Feet fall prevention program
Heather Hanson, Alan Salmoni

- 042 A Cross-Cultural Examination of Physician's Perspectives regarding the Ethical Dilemma of Euthanasia for older adults, and the influence of their Ethical Training and Professional Code of Ethics.
Brenda Collacott

- 043 PLEASURE IN THE DAILY LIVES OF PEOPLE LIVING WITH ADVANCED DEMENTIA IN A LONG-TERM CARE FACILITY: A MULTIPLE CASE STUDY APPROACH
Malini Persaud

SYMPOSIUMS SESSION I

FRIDAY 10:30-12:00

- 044 Building Caring Communities for Seniors at the End of Life Imperial Ballroom 1, 3rd fl

Pierre Allard, Keith Wilson, Susan Brajtman, Frances Legault, Sharon Kaasalainen, Mary Lou Kelley, Kevin Brazil, Marg McKee

1. Facing death from cancer at different ages

*Keith Wilson, PhD, The Rehabilitation Centre, Ottawa, ON (presenter)
Christine McPherson, RN, PhD, University of Ottawa, Ottawa, ON Mary Lou Kelley, MSW, PhD, Lakehead University, Thunder Bay, ON Harvey Chochinov, MD, PhD, FRCP(C), University of Manitoba, Winnipeg, MB Katerine LeMay,*

BA, PhD(c), University of Ottawa, Ottawa, ON Pierre Allard, MD, PhD, FRCP(C), University of Ottawa, Ottawa, ON

2. Improving the care of palliative care patients with delirium: A pilot study to develop an interprofessional educational intervention for health care professionals

Susan Brajtman RN, PhD, University of Ottawa, Ottawa, ON (presenter) Pippa Hall, MD, MEd, SCO Health Service, Ottawa, ON. Lynda Weaver, MEd, SCO Health Service, Ottawa, ON. Kathryn Higuchi, RN, PhD, University of Ottawa, Ottawa, ON. Pierre Allard, MD, PhD, FRCP(C); SCO Health Service, Ottawa, ON Dawn Mullins, RN, MSc, Élisabeth Bruyère Research Institute, Ottawa, ON

3. Rural hospice volunteers: How do they contribute to end-of-life care for elderly people?

Mary Lou Kelley, MSW, PhD, Lakehead University, Thunder Bay, ON. (presenter) Marg McKee, PhD, Lakehead University, Thunder Bay, ON (presenter) Manal Guirguis-Younger, PhD, Saint Paul University, Ottawa, ON. Michael MacLean, PhD, University of Regina, Regina, SK.

4. The development of a pain protocol for long-term care

Sharon Kaasalainen, RN, PhD, McMaster University, Hamilton, ON. (presenter) Kevin Brazil, PhD, St. Joseph's Health System Research Network & Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, ON. (presenter) Tim Burns, Director, Long-Term Care Facilities Branch, Ontario MoHLTC, Toronto, ON. Lisa Dolovich, BScPhm, PharmD, MSc, Department of Family Medicine, McMaster University, Hamilton, ON. Alexandra Papaioannou, BScN, MSc, MD, FRCPC, Department of Medicine, McMaster University, Hamilton, ON. Alba DiCenso, RN, PhD, McMaster University, Hamilton, ON. Jenny Ploeg, RN, PhD, McMaster University, Hamilton, ON. Esther Coker, RN, MScN, MSc, St. Peter's Hospital, Hamilton, ON. Faith Donald, RN(EC), PhD, Ryerson University, Toronto, ON. Thomas Hadjistavropoulos, Ph.D., R.D. Psych, University of Regina, Regina, SK. Ruth Martin-Misener, RN, PhD, Dalhousie University, Halifax, NS. Noori Aktar-Danesh, PhD, McMaster University, Hamilton, ON. Anna Emili, MD, CCFP, Department of Family Medicine, McMaster University, Hamilton, ON.

5. Continuity of care: Palliative home care for seniors and their caregivers

Frances Legault, RN, PhD, University of Ottawa, Ottawa, ON (presenter) Kevin Brazil, PhD, St. Joseph's Health System Research Network & Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, ON. Sheila Bauer, RN, MHA, Champlain Community Care Access Centre, Ottawa, ON. Pippa Hall, MD, MEd, SCO Health Service, Ottawa, ON. Lillian Locke, RN, MPA, SCO Health Service, Ottawa, ON. Lynda Weaver, MEd, SCO Health Service, Ottawa, ON. Barbara Cameron, RN, BScN, Champlain Community Care Access Centre, Ottawa,

045

Are Canadian Universities ready for Aging Studies?:
Lessons learned from Disability Studies and Women's Studies
Claudia Emes, Fiona Nelson, Carla Harmanses

Stephen A Room, 3rd fl

1. When a Program's Time has Come: Lessons from Women's Studies
Fiona Nelson

2. Lessons Learned from Disability Studies

WORKSHOPS SESSION I**FRIDAY 10:30-12:00**

046	Advance Care Planning and Health Care Consent – The Challenge to do it Right <i>Judith Wahl</i>	Neilson 2 Room, 3 rd fl
047	Implementing Dementia Care Mapping in a Long Term Care Facility <i>Louise Stern, Karen Cherrington, Edy Govorchin, Mimi Woolner</i>	Neilson 4 Room, 3 rd fl
048	Spiritual and Pastoral Care Within an Assisted Living Facility Ellen Nielsen-Raitt, Robert Hankinson, Giselle Wichern, Wilbert Frey, Evelyn Frey, Karin Welch	Herald Room, 3 rd fl
12:15-13:45	Divisional Luncheons 1. Educational 2. Health and Biological 3. Psychology 4. Social Sciences 5. Social Policy and Practice	The Gallery, 2 nd fl Imperial Ballroom 3, 3 rd fl Imperial Ballroom 1, 3 rd fl Event Centre, 3 rd fl Imperial Ballroom 2, 3 rd fl
14:00-16:00	CIHR-IA Student Poster Competition Session II	Grand Foyer
14:00-15:30	Concurrent Session II	

FRIDAY, NOVEMBER 2, 2:00 - 3:30

PAPERS SESSION II**FRIDAY 2:00-3:30**

Friday 2:00-3:30	Theme: Dementia Care Interventions Chair: Bob Heller	Bannerman Room, 3 rd fl
049	Facilitating Social Engagement: An Intervention for Hospitalized Individuals with Dementia <i>Jocelyn Wilkie, Dorrie McCaffrey, Melissa Jones, Jackie Comeau</i>	
050	Assessing the Effectiveness of Doll Therapy on Decreasing Agitation, Aggression and PRN Use in Individuals with Dementia <i>Therese Thompson, Sharon Warren</i>	
051	Relating well with Persons with Dementia <i>Katherine McGilton, Souraya Souraya Sidani, Sepali Guruge, Veronique Boscart, Maryanne Brown</i>	
052	FAMILY MEMBERS AND PERSONAL SUPPORT WORKERS UNDERSTANDING OF PLEASURE AMONG RESIDENTS WHO HAVE ADVANCED DEMENTIA <i>Malini Persaud</i>	
053	VIDEO PROGRAMMING FOR INDIVIDUALS WITH ALZHEIMER DISEASE: ASSESSING COGNITIVE CONGRUENCE <i>Bob Heller, Bonnie Dobbs, Laurel Strain</i>	

- 054 The Effects of Snoezelen Intervention on Agitated Behaviour Among Patients with Dementia
Allie Peckham

Friday 2:00-3:30	Theme: Care in the Community Chair: Shanthi Johnson	Neilson 3 Room, 3 rd fl
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- 055 Cost Effectiveness of a Community Based Program for the Frail Older Population
Bruce Wright, Jennie Hollings, Diane Turner

- 056 Impact of Preventive Home Visits to High Risk Older Adults
Jenny Ploeg, Kevin Brazil, Brian Hutchison, Janusz Kaczoroski, Dawn Dalby, Charles H. Goldsmith

- 057 Researching the Added Value of Occupational Therapy Home Visits for Discharge Planning for Seniors
Linda Kurytnik, Rene Taylor

- 058 Elderly Clients' Experience of Home Support: My Home, Your Work, Our Relationship.
Anne Martin-Matthews, Joanie Sims-Gould

- 059 The Adequacy of Nutrient Intake Among the Elderly Receiving Home Care
Shanthi Johnson, Monirun Begum

- 060 Elder Care for Home Care: A Pilot Project
Robin Hurst, Jodi Phillips

Friday 2:00-3:30	Theme: Measurement Issues in Research Chair: Michael Stones	Neilson 1 Room, 3 rd fl
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- 061 Factor Structure of the Center for Epidemiologic Studies-Depression Scale (CES-D) Among Two Age Cohort Groups of Caregivers of Persons with Dementia
Sienna Boothman

- 062 Planning Algorithm for Continuing Care 1.0 (PACC 1.0)
Michael Stones, Barbara Nytko, Trevor Smith, Peter Brink

- 063 PREDICTING REHABILITATION POTENTIAL USING MACHINE LEARNING ALGORITHMS
Paul Stolee, Zhanyang Zhang, Wenhong Chen, John Hirdes, Mu Zhu

- 064 Search for the best strategy for establishing a representative population-based elderly cohort: The NuAge Study
Hélène Payette, Katherine Gray-Donald, Cécile Trochet, Pierrette Gaudreau, José A Morais, Bryna Shatenstein

- 065 Measuring Attitude Change in Long Term Care (LTC) Staff: Further Development of an Instrument.
Maureen Gorman, Jennifer Stapleton

- 066 Evaluation of a multidimensional measure of continuity of care in inpatient geriatric rehabilitation
Kerry Byrne, Ryan DeForge, Paul Stolee

Friday 2:00-3:30	Theme: Engagement and Learning in Later Life Chair: Nancy Marlett	Doll Room, 3 rd fl
067	Watch Us! An Elder Co-Researcher Team Uses Film to Teach About Growing Old <i>Trudy Medcalf</i>	
068	GIFTS: Generations Interacting, Filming Teens and Seniors <i>Susan Sader</i>	
069	The advantages and challenges of using narrative methods with seniors <i>Nancy Marlett</i>	
070	GROUP TRANSIT TRAINING FOR OLDER ADULTS <i>Janet Stepaniuk, Holly Tuokko, Phyllis McGee</i>	
071	Coming to art in later life: Art/ learning as life structure <i>Pamela Brett-MacLean</i>	
072	The Role of Creativity in Later Life: Reflections from the Arts, Health and Seniors Project <i>Juan Gabriel Solorzano</i>	
Friday 2:00-3:30	Theme: Caregiving Chair: Norman Carpentier	Stephen B Room, 3 rd fl
073	Assessing Self and Other: The interpretive dynamics of filial responsibility <i>Laura Funk</i>	
074	Family responsibilities for providing care: The context and transformation of social norms among caregivers <i>Normand Carpentier, Danielle Groleau, Paul Bernard, Marie-Jeanne Kergoat, Nancy Guberman</i>	
075	Negotiating Paid Work -- Family Balance: Inter- and Intra-generational Comparisons <i>Catherine Gordon, Ingrid Connidis</i>	
076	Wanting to Stay Employed but Not Able: Retirement Congruency in Caregivers <i>Aine Humble, Greg Auton, Janice Keefe, Jill McSweeney</i>	
077	Contribution of personal rewards perceived by family caregivers in the dementia care context to psychological well-being <i>Bryan Smale, Sherry Dupuis</i>	
Friday 2:00-3:30	Theme: Rural Issues Chair: Christina Lengyel	Stephen A Room, 3 rd fl
078	Dementia Care for Residents in Rural Nursing Homes: An Evaluation of the Enhancing Care Program <i>Anita Bergen, Debra Morgan, Kathryn Green, Norma Stewart, Sandy Normand</i>	
079	Nutrition Services for Older Adults in Rural Manitoba. <i>Christina Lengyel, Pamela Hawranik</i>	
080	How can we help you?: An analysis of referrals to a rural and remote memory clinic from the perspectives of rural family physicians and patients/caregivers <i>Debra Morgan, Margaret Crossley, Jenny Basran, Norma Stewart, Carl D'Arcy, Vanina Dal Bello-Haas</i>	

081 Using Photovoice to Map the Visual Landscape of Aging and Health in a Northern Ontario Community
Mary Lou Kelley, Pamela Wakewich, Matt Simmons, Bev Leipert

082 Understanding the relationship between a rural hospice volunteer and older client
Serena Snow, Mary Lou Kelley, Marg McKee

POSTERS SESSION II - GRAND FOYER

FRIDAY 2:00-3:30

083 Rubbing Shoulders to Advance and Guide Research: Evaluating a Continuing Care National Demonstration Project
Suzanne Maisey, Doris Milke, Cynthia Johnson, Corinne Schalm, Kellie Zdebiak, Edythe Andison

084 A "Map" of Aging in Place in a Changing Neighbourhood
Lynn McDonald, Julia Janes, Laura Cleghorn

085 PREDICTORS OF PERSISTENT GOOD HEALTH OVER TIME
Pascal Lambert, Barbara Payne, Madelyn Hall

086 Optimizing Palliative Care for Seniors
Pierre Allard, Keith Wilson, Mary Lou Kelley, Kevin Brazil, Manal Guirguis-Younger, Frances Legault

087 Very High Intensity Caregiving: The Additional Commitment
Kelly Cranswick, Donna Dosman

088 Interprofessional Education in Geriatric Care
Ruby Grymonpre, Cornelia van Ineveld, Elizabeth Boustcha, Michelle Nelson, Ann Booth, Amy De Jaeger

089 Programme d'autogestion pour aînés arthritiques en perte d'autonomie : Déterminants de rétention dans le programme.
Hassane Lankoande, Sophie Laforest, Kareen Nour, Manon Parisien

STUDENT POSTERS COMPETITION SESSION II GRAND FOYER

FRIDAY 2:00-4:00

090 COPING STRATEGIES FOLLOWING A LOWER LIMB AMPUTATION: THE HOSPITALIZATION PHASE
Mélanie Couture, Johanne Desrosiers, Chantal Caron

091 Nursing Processes of Providing Palliative Care to Long-Term Care Residents with Dementia
Sharon Kaasalainen, Kevin Brazil, Jenny Ploeg, Lori Schindel Martin

092 Negotiating Care: Power relationships within families providing home-based dementia care
Abram Oudshoorn, Oona St Amant, Kristie Clark, Catherine Ward-Griffin

093 INFLUENCING FACTORS OF EFFICACY OF AN ADAPTED LEISURE PROGRAM FOR CAREGIVERS
Hélène Carbonneau, Chantal Caron, Johanne Desrosiers

094	Time of Day and Age Effects on Executive Functioning: Inhibition, Updating and Shifting. <i>Sander Hitzig, Janice Johnson, Juan Pascual-Leone, Alejandra Calvo</i>
095	Personhood of Seniors with Dementia and Impact to Provision of Care <i>Maureen Coulthard, David Malloy, Thomas Hadjistavropoulos, B. Krishnan, J. Mafukidze, M Jeyaraj</i>
096	Social Engagement and the Presence of Mild Cognitive Impairment <i>Sarah Feltmate, Roger Dixon</i>
097	The contributory role of meals to the evolution of nutritional status in hospitalized geriatric patients <i>Danielle St-Arnaud McKenzie, Marie-Jeanne Kergoat, Laurette Dube, Guylaine Ferland</i>
098	Food Intake Among Older Adults Residing in Long-Term Care Facilities <i>Alanna Larsen, Habib Chaudhury</i>
099	Investigating Language Barriers for Older Adult Patients in Geriatric Day Hospitals <i>Teresa D'Elia</i>

SYMPOSIUMS SESSION II**FRIDAY 2:00-3:30**

100	Representation of older adults in various media – challenging the stereotypes <i>Julia Rozanova, Melissa Godoy, Ralph Miller</i>	Imperial Ballroom 3, 3 rd fl
	1. Health and successful aging: polarized ageism in print media <i>Julia Rozanova Department of Sociology, HM Tory Building, University of Alberta, Edmonton, AB, T6G 2H4 (jrozanova@ualberta.ca)</i> Fax: (780) 492-7196	
	2. Do Not Go Gently: the film maker about the power of imagination in aging <i>Melissa Godoy and Eileen Littig Director/Producer of independent film and programming; American Public Television 55 Summer Street Boston MA 02110 (melissagodoy@mac.com)</i>	
101	Translating Research in Elder Care (TREC) <i>Carole Estabrooks, Peter Norton, Kathy GermAnn, Anne Sales, Malcolm Smith, Judy Birdsell, Debra Morgan, Brenda Huband</i>	Imperial Ballroom 2, 3 rd fl
	1. BUILDING CONTEXT – AN ORGANIZATIONAL MONITORING SYSTEM IN LONG-TERM CARE <i>Peter Norton, MD, CCFP, FCFP, Professor and Academic Head, Department of Family Medicine, University of Calgary, Calgary, Alberta</i>	
	2. BUILDING CONTEXT – A CASE STUDY PROGRAM IN LONG-TERM CARE <i>Debra Morgan, Associate Professor and Chair in Rural Health Delivery, University of Saskatchewan, Saskatoon, Saskatchewan Kathy GermAnn, PhD, Research Associate, Faculty of Nursing, University of Alberta, Edmonton, Alberta</i>	
	3. AN ENHANCED AUDIT AND FEEDBACK INTERVENTION IN LONG-TERM CARE <i>Anne Sales, PhD, Associate Professor and Canada Research Chair in Interdisciplinary Healthcare Teams, Faculty of Nursing, University of Alberta, Edmonton, Alberta</i>	

4. INNOVATIVE KNOWLEDGE TRANSLATION PILOTS IN LONG-TERM CARE
Malcolm Smith, PhD, Associate Professor, Asper School of Business, University of Manitoba, Winnipeg, Manitoba
5. BUILDING RELATIONSHIPS BETWEEN DECISION MAKERS AND RESEARCHERS IN LONG-TERM CARE
Judy Birdsell, PhD, Adjunct Associate Professor, Haskayne School of Business, University of Calgary, Calgary, Alberta Brenda Huband, Vice-President, SE Community Portfolio of Calgary Health Region, Calgary, Alberta

102	Aging Well: Learning in our later years <i>Kerrie Strathy,Carolynn Raufman, Snadra Kerr, Gratien Allaire, Marjorie Wood, Nancy Marlett</i>	The Event Centre, 3 rd fl
	1. Retirement demographics and trends related to education of seniors <i>Carolynn Rafman, McGill Institute for Learning in Retirement</i>	
	2. Multicultural third age education. <i>Sandra Kerr, Ryerson University Seniors' Education Programs</i>	
	3. Understandings of Third Age within Quebec. <i>Gratien Allaire, Laurentian University Institut franco-ontarien</i>	
	4. Education for Retirement. <i>Marjorie Wood, Creative Retirement Manitoba</i>	
	5. Building community Capacity <i>Kerrie Strathy, University of Regina Seniors Education Centre</i>	

WORKSHOPS SESSION II

FRIDAY 2:00-3:30

103	NICE Network and End of Life Issues – What to expect at the end of life <i>Laura Watts, Judith Wahl, Michael Gordon</i>	Neilson 2 Room, 3 rd fl
104	From Knowledge to Practice - A Practical Planning Framework for Dementia <i>Beth Gorchynski, Rosemary Rawnsley, Kathleen Friesen, Elisabeth Antifeau, Debbie Lee</i>	Neilson 4 Room, 3 rd fl
105	Supporting the Mental Health of Seniors with Cancer: A Consultation <i>Penny MacCourt, Faith Malach, Margaret Fitch</i>	Herald Room, 3 rd fl
15:30-16:00	Networking Breaks and Exhibits	
15:30-16:00	Meet the CJA Editors	Imperial Ballroom 1, 3 rd fl
16:00-16:30	Meet the Faculty and the SC-CÉ Representatives	The Event Centre, 3 rd fl
16:30-17:30	Annual General Meeting	Imperial Ballroom 4, 6, 8, 3 rd fl
18:00-20:00	SC-CÉ Night Out	

SATURDAY, NOVEMBER 3, 2007

CAG ASEM PROGRAM - SATURDAY

07:30-14:00	Registration	Foyer, 3 rd fl
07:30-08:30	Breakfast Meeting for Directors of Canadian Research on Aging Centres	The Event Centre, 3 rd fl
08:30-9:50	Keynote Session	Imperial Ballroom 4, 6, 8
09:50-10:00	Announcement of CIHR-IA Student Poster Competition Winner	Imperial Ballroom 4, 6, 8
10:00-10:30	Networking Breaks and Exhibits	
10:30-12:00	Concurrent Session III	

SATURDAY, NOVEMBER 3, 10:30 - 12:00

PAPERS SESSION III

SATURDAY 10:30-12:00

Saturday 10:30-12:00	Theme: Theory Chair: John Cairney	Bannerman Room, 3 rd fl
106	Intersubjectivity and Treatment Adherence: An Application of Habermas' Theory of Communicative Action <i>Behnam Behnia, Faranak Aminzadeh</i>	
107	What can a cultural studies/media studies approach add to current research on ageing and media? <i>Darren Blakeborough</i>	
108	Understanding the Paradoxical Association between Age and Psychological Distress and Disorder: A Salutogenic Approach <i>John Cairney, Laurie Corna, Scott Veldhuizen, David Streiner</i>	
109	Age 'Tools' in the Performance of Cosmetic Surgery <i>Jessica Gish</i>	
110	Exploring the Construct of Social Isolation <i>Denise Cloutier-Fisher, Karen Kobayashi</i>	

Saturday 10:30-12:00	Theme: Aging and Place Chair: Anne Sarte	Walker Room, 3 rd fl
111	Community Partnerships: Creating a Model of Senior Wellness in Winnipeg <i>Eleanor Stelmack, Maria Wasylkewycz</i>	
112	Aging and Place <i>Paula Gardner</i>	
113	Neighbourhood Correlates of Social Participation in a Sample of Older Adults Living in an Urban Environment <i>Lucie Richard, Lise Gauvin, Céline Gosselin, Sophie Laforest</i>	
114	How does neighbourhood environment affect physical activity in later life? An exploratory study <i>Ann Sarte</i>	
115	Atlantic Seniors' Long-Term Health Conditions and Feelings about Housing Options <i>Kathleen Cruttenden</i>	
Saturday 10:30-12:00	Theme: Policy Issues Chair: Maureen Gorman	Neilson 3 Room, 3 rd fl
116	Economic impact of policies and services on caregivers to older adults: A case study <i>Robin Stadnyk, Gita Sud, Kendra Bradford</i>	
117	Screening for Psychosocial Needs on Admission to LTC Facilities: Practice and Policy Outcomes <i>Maureen Gorman, Jennifer Haley, Katherine Aucoin</i>	
118	Caregivers in Policies: Always Invisible? Lessons from France <i>Monique Lanoix</i>	
119	DementiaNET Proposed International Cohort Research Program: Potential Contributions to a Life-Course Approach to Public Policy Analysis <i>Sophie Sapergia, Susan Slaughter, Jean-Francois Kozak, Frank Molnar, Nick Pimlott, James Silvius</i>	
120	Cost Comparison between Clinically Homogeneous Long-term Facility-based Residents and Community-based Clients in Alberta's Senior Population, Phase II <i>Thuy Nguyen, Daniel Friesen, Arto Ohinmaa, Habib Fatoo, Vivien Lai</i>	
121	The Divided Canadian Welfare State: An Examination of the Emergence of Earnings Related Pension in Canada. <i>Kristina Babich</i>	

Saturday 10:30-12:00	Theme: Issues in Institutional Care Chair: Penny MacCourt	Neilson 1 Room, 3 rd fl
122	ÉVOLUTION SUR 4 ANS DES INCAPACITÉS DANS UNE COHORTE DE PERSONNES ÂGÉES VIVANT À DOMICILE <i>Michel Raïche, Réjean Hébert, Nicole Dubuc, Marie-France Dubois, NDeye Rokhaya Gueye</i>	
123	Institutional Factors Associated with Risk of Malnutrition in Long-Term Care <i>Denise Ouellet, Natalie Carrier, Gale West</i>	
124	Determinants of safe discharge of seniors from the emergency department <i>Jane McCusker, D Roberge, A Vadeboncoeur, Antonio Ciampi, Monica Cepoiu, Eric Belzile</i>	
125	Transitioning from Providing Complex Care to Tertiary Mental Health Care: Staff's Experience <i>Penny MacCourt, Holly Tuokko, Alice Jean Raffan</i>	
Saturday 10:30-12:00	Theme: Ethnocultural Diversity Chair: Daniel Lai Sponsored by Wing Kei Care Centre	Doll Room, 3 rd fl
126	ROLE OF CULTURE AND SERVICE BARRIERS IN THE AGING SOUTH ASIANS <i>Shireen Surood, Daniel Lai</i>	
127	Chinese Seniors and Services: A Collaborative Project Conducive to Knowledge Transfer and Exchange <i>Sing Mei Chan, Anne Kloppenberg, Miu Chung Yan, Baldwin Wong</i>	
128	Reaching Out to Aging Newcomers to Canada through Narrative Research <i>Svetlana Shklarov</i>	
129	Foreign-Born Older Residents in Government-Subsidized Housing in North America: Potential Risk Factors for Nursing Home Placement <i>Eunju Hwang, Jon Gutzmann, Thomas Tam</i>	
130	Pathways to Diagnosis: Cross-Cultural Experiences of the Pre-Diagnosis Period of Dementia <i>Neil Drummond, Juli Finlay, Linda Garcia, Carole Cohen, Sharon Koehn, Lynn McLeary</i>	
131	Family and Paid Care at the Interface; 'Nanny' Care for Older Adults in Shanghai <i>Neena Chappell</i>	
Saturday 10:30-12:00	Theme: Discrimination and Aging Chair: Natalya Timoshkina	Stephen B Room, 3 rd fl
132	Beauty Work and the Negotiation of Ageism <i>Laura Hurd Clarke, Meridith Griffin</i>	
133	Pathologizing Behaviour: The Role of Long-Term Care <i>Sherry Dupuis, Elaine Wiersma</i>	

134	Facing Ageism: Older Adults Looking for Work after Caregiving <i>Natalya Timoshkina, Lynn McDonald</i>
135	Discrimination through omission: Sexual orientation and residential care regulations <i>Charmaine Spencer, Angela Johnston</i>
136	Energizer Bunny ages well: representation of older adults in print media <i>Julia Rozanova</i>

POSTERS SESSION III - GRAND FOYER

SATURDAY 10:30-12:00

137	STAYING WELL IN LATER LIFE: PATTERNS AND PREDICTORS OF PERSISTENT GOOD HEALTH <i>Barbara Payne, Pascal Lambert, Madelyn Hall</i>
138	A MULTI-SITE STUDY OF GOAL ATTAINMENT SCALING IN GERIATRIC DAY HOSPITALS <i>Paul Stolee, Kerry Byrne, Ryan DeForge, Susan Clements, Marlene Awad</i>
139	The Rewards and Challenges of Caring for a Family Member with Dementia <i>Shelley Peacock, Dorothy Forbes, Debra Morgan, Maureen Markle-Reid, Pamela Hawranik, Beverley Leipert</i>
140	Men Negotiating the Maze of Care for a Relative with Dementia <i>Anne Neufeld, Kaysi Eastlick Kushner, Gwen Rempel</i>
141	Development of a Screening Tool to Identify Older Patients in Emergency Departments at Risk of Falls <i>Taitu Hailu, Jane McCusker</i>
142	Perceptions, beliefs and attitudes towards sources of health information among potential participants in a longitudinal study on aging <i>Geoff Strople, Susan Kirkland, Camille Angus, Parminder Raina, Christina Wolfson, Steven Dukeshire</i>

SYMPOSIUMS SESSION III

SATURDAY 10:30-12:00

143	Shaping the landscape of nursing care of older persons: Researcher-research user partnerships building evidence about implementing best practice guidelines <i>Lynn McCleary, Tazim Virani, Katherine McGilton, Debra McAuslan, Dawn Prentice, Linda Ritchie, Jacquie Logan-Stephens, Jackie Crandall</i>	Imperial Ballroom 4, 3 rd fl
	1. Stimulating research in measurement of impact following implementation of best practice guidelines <i>Tazim Virani RN MScN PhD(c)</i>	
	2. Using a theory driven approach to evaluate practice changes <i>Katherine McGilton RN PhD</i>	
	3. Evaluation of the nursing best practice guideline: Assessment and Management of Foot Ulcers in Diabetic Patients	

Jackie Crandall RN MScN, Lori Harwood RN MSc, Julie Ann Lawrence-Murphy RN(EC) MScN, Debra McAuslan RN MScN, Dawn Prentice RN PhD, Jane Ridley RN MScN, Linda Ritchie RN PhD, Judy Tigert RN MScN, Barb Wilson RN MScN

4. When the rubber hits the road: Evaluating real life implementation of the Client Centred Care Nursing Best Practice Guideline in community hospital settings
Lynn McCleary RN PhD, Jacquie Logan-Stephens RN MHS, Jackie Andrew RN MSc

144	Mental Health Issues for Older Adults in Emergencies and Disasters: Addressing Vulnerabilities and Fostering Resilience <i>Gloria Gutman, Maggie Gibson, Helen H. R. Meier, Michael Gordon, Sandra Hirst</i>	Stephen A Room, 3 rd fl
	<ol style="list-style-type: none"> 1. Mental Health Issues for Older Persons in Times of Disaster <i>Gloria M. Gutman, Gerontology Research Centre, Simon Fraser University</i> 2. Emergency Preparedness and Mental Health: What Can We Learn from Veterans? <i>Maggie Gibson, Psychologist, Veterans Care Program, Parkwood Hospital, St. Joseph's Health Care, London ON; Associate Scientist, Aging, Rehabilitation and Geriatric Care Program, Lawson Health Research Institute & Adjunct Clinical Faculty, Dept. of Psychology, University of Western Ontario.</i> 3. Becoming Prepared: Mental Health Issues in Culturally Competent Disaster Relief <i>Helen R. M. Meier, Director, Psychogeriatric Services, Mental Health and Addiction Program, St Joseph's Health Centre, Toronto and Assistant Professor, Psychiatry & Public Health Sciences, Faculty of Medicine, University of Toronto</i> 4. Emergency Preparedness in LTC: A Focus on Mental Health. Baycrest Geriatric Health Care System, Toronto, ON <i>Michael Gordon, Medical Program Director Palliative Care, Baycrest Geriatric Health Care System and Professor of Medicine, University of Toronto.</i> 5. Natural Disasters that Reveal Cracks in Gerontological Nursing Practice <i>Sandra P. Hirst, Associate Professor, Faculty of Nursing, University of Calgary</i> 	

WORKSHOPS SESSION III

SATURDAY 10:30-12:00

145	The 3 C's: Critical Skills, Curriculum, and Credentialing <i>Birgit Pianosi, Lorraine Mercer, Jo-Anne Palkovits</i>	Neilson 2 Room, 3 rd fl
146	International cohort study of care for people with dementia <i>Neil Drummond, Susan Slaughter, Jean-Francois Kozak, William Dalziel, Lynn McCleary, Katherine McGilton</i>	Neilson 4 Room, 3 rd fl
147	Interest in gerontology: Securing the next generation of caregivers? <i>Veronique Boscart, Paula David</i>	Herald Room, 3 rd fl
12 :00-13 :00	Lunch (on own)	
12 :00-13 :00	SC-CÉ Networking Lunch	The Event Centre, 3 rd fl
13:00-14:30	Concurrent Sessions IV	

PAPERS SESSION IV		SATURDAY 1:00-2:30
Saturday 1:00-2:30	Theme: Emerging Issues in Aging Research Chair: Maggie Gibson	Bannerman Room, 3 rd fl
148	The Development of Care Standards and the Peer Audit Process <i>Donnie McIntosh, Edythe Andison, Donnie McIntosh</i>	
149	Application of interRAI Data to Gender Issues in Vulnerable Populations: Developing Capacity <i>Maggie Gibson, John Hirdes, Pat Erickson, Dorothy Forbes, Patty Montague</i>	
150	Developing Quality Indicators For Nursing Homes And Defining QI Determinants <i>Malcolm Doupe, Marni Brownell, Anita Kozyrskyj, Carolyn DeCoster, Natalia Dik, Charles Burchill</i>	
151	Listening to the voices of the vulnerable: Research participation by people with dementia who are unable to provide informed consent <i>Susan Slaughter</i>	
152	Return of individual clinical results in observational research: Practices in population-based studies <i>Camille Angus, Susan Kirkland, Geoff Strople, Parminder Raina, Christina Wolfson, CLSA Research Team</i>	
Saturday 1:00-2:30	Theme: Experiences with Cognitive Impairment Chair: Gloria Gutman	Walker Room, 3 rd fl
153	Cognitive Status and the Psychological Well-Being of Long Term Care Residents Over Time <i>Gloria Gutman, Norm O'Rourke, Kristine Theurer, Michele Cook, Pat Kaspro, Yaacov Bachner</i>	
154	THE BODY IN CARE: EXPERIENCES OF RESIDENTS WITH DEMENTIA IN AN EXTENDED CARE HOME <i>Sharon Koehn</i>	
155	Sustaining Healthy Aging in Dementia: The Role of Activity <i>Elaine Moody, Alison Phinney, Habib Chaudhury, Deborah O'Connor</i>	
156	Reconstructing Hope: the Hope Experience of Family Members Caring for Person with Dementia <i>Wendy Duggleby, Karen Wright, Allison Williams, Lesley Degner, Sue Bollinger</i>	

Saturday 1:00-2:30	Theme: Workplace Issues Chair: Sean Keays	Neilson 3 Room, 3 rd fl
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157	Characteristics of Administrators and Quality of Care in Ontario Care Facilities <i>Sean Keays, Andrew Wister, Gloria Gutman</i>
158	Role of Medical Directors in Long Term Care (LTC) <i>Sherin Rahim-Jamal, Taj Bhaloo, Patrick Quail</i>
159	Against all Odds: How do nurse supervisors in long-term care manage to get through their day? <i>Katherine McGilton, Barbara Bowers, Barbara McKenzie-Green, Veronique Boscart</i>
160	Spirit at Work, Workplace Empowerment and Resonant Leadership <i>Joan Wagner, Sharon Warren, Greta Cummings</i>

Saturday 1:00-2:30	Theme: Depression in Later Life Chair: Johanne Desrosiers	Neilson 1 Room, 3 rd fl
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161	SHORT-TERM CHANGES IN AND PREDICTORS OF PARTICIPATION AFTER STROKE FOLLOWING ACUTE CARE OR REHABILITATION <i>Johanne Desrosiers, Louise Demers, Line Robichaud, Claude Vincent, Sylvie Belleville, Bernadette Ska</i>
162	ACCULTURATION AND DEPRESSIVE SYMPTOMS OF AGING SOUTH ASIAN IMMIGRANTS IN CANADA <i>Daniel Lai, Shireen Surood</i>
163	THE NATURE OF INFORMAL CAREGIVING AMONG OLDER MEDICAL INPATIENTS WITH AND WITHOUT DEPRESSION <i>Jane McCusker, Eric Latimer, Martin Cole, Antonio Ciampi, Maida Sewitch, Eric Belzile</i>
164	RECOGNITION AND TREATMENT OF LATE LIFE DEPRESSION IN AMBULATORY CARE SETTINGS <i>Jane McCusker, Martin Cole, Eric Latimer, Maida Sewitch, Monica Cepoiu, Antonio Ciampi</i>
165	The Effect of Social Support and Physical Activity on Depression among EnhanceWellness Participants <i>Gillian Marshall, B Williams, E.A. Phelan, J.P. LoGerfo</i>

Saturday 1:00-2:30	Theme: Family Matters Chair: Lori Campbell	Doll Room, 3 rd fl
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166	"It Totally Tore the Family Apart": Exploring Inheritance-Related Conflict in Multigenerational Families <i>Candace Kemp, Carolyn Rosenthal, Lori Campbell, Jenny Ploeg</i>
167	Gender, Culture, and the Empty Nest: An Exploration of Changing Mid/Later Life Parental Roles and Practices in Canadian Families <i>Barbara Mitchell, Silke Frischmuth, Heather Conover</i>

168	The Unwritten 'Rules' Guiding Inheritance Decisions <i>Jenny Ploeg, Lori Campbell, Candace Kemp, Carolyn Rosenthal, Lorna de Witt</i>
169	Who Gets Grandma's Silver Tea Service?: The Passing on of Cherished Family Possessions <i>Lori Campbell, Jenny Ploeg, Candace Kemp, Carolyn Rosenthal</i>
170	Aging Families of Adults with an Intellectual Disability: Perceptions of Health <i>Nancy Jokinen</i>
171	"Strengthening the Ties that Bind Us": The You and Your Adult Child Group <i>Maria Wasylkewycz</i>

Saturday 1:00-2:30	Theme: End of Life Chair: Paula David	Stephen B Room, 3 rd fl
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172	Exploring Nursing Practice Patterns in Home-Based Palliative Care: <i>Catherine Ward-Griffin, Carol McWilliam, Abram Oudshoorn, Elizabeth Krestick</i>
173	WHAT IS A "GOOD" RURAL DEATH? FINDINGS FROM AN ETHNOGRAPHY STUDY IN ALBERTA <i>Donna Wilson, Param Bhardwaj, Roger Thomas, Lise Fillion, Christopher Justice</i>
174	Improving care of the dying in long term care facilities <i>Kevin Brazil, Paul Krueger, Michel Bedard, Mary Lou Kelley, Carrie McAiney, Alan Taniguchi</i>
175	Hospital Use at the End of Life Among Nursing Home Residents and Home Care Clients <i>Verena Menec, Scott Nowicki, Audrey Blandford</i>
176	La participation des bénévoles aux soins palliatifs offerts aux aînés vivant à domicile <i>Andrée Sévigny, André Tourigny, Mireille Fortier</i>
177	End of Life Issues for Aging Holocaust Survivors and their Adult Children <i>Paula David</i>

POSTERS SESSION IV - GRAND FOYER	SATURDAY 1:00-2:30
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178	Older adults' perceptions of community accessibility and community participation <i>Candace Bordignon, Lori Letts, Mary Edwards</i>
179	Understanding the effect of variables that may influence the decision of older adults not to participate in adult education and training and their literacy skills. <i>Yvon Joseph Cloutier</i>
180	The development of an expectations assessment instrument for patients with Alzheimer's disease and their caregivers <i>Karen Leung, James Silvius, Susan Slaughter, William Dalziel, Neil Drummond</i>

181	Profile of Physical Activity in Older Adults <i>Jennifer Copeland, Dale W. Eslinger</i>	
182	Participation and satisfaction of older adults with disabilities: Are they related? <i>Valérie Poulin, Johanne Desrosiers</i>	
SYMPOSIUMS SESSION IV		SATURDAY 1:00-2:30
183	From Research into Policy Action: The Steps to Building Age-Friendly Communities – Perspectives Across Canada <i>John Cox, Jim Hamilton, Tessa Graham</i>	Stephen A Room, 3 rd fl
	1. Age-Friendly Cities Project and Age-Friendly Rural/Remote Communities Initiative –An Overview <i>John Cox, Division of Aging and Seniors, Public Health Agency of Canada</i>	
	2. Creating Supportive Environments: A Shared Responsibility <i>Jim Hamilton, Executive Director of the Manitoba Seniors and Healthy Aging Secretariat</i>	
	3. How Can the Provinces and Local Governments Create Supportive Environments for Seniors? <i>Tessa Graham, Executive Director, Healthy Children, Women and Seniors, British Columbia Ministry of Health</i>	
184	Gerontology: Moving it to the Forefront of Nursing Academia <i>Sandra Hirst, Belinda Parke, Carole Lynn LeNavenec</i>	Imperial Ballroom 4, 3 rd fl
	1. Needed: A Cultural Change in Nursing Academia <i>Sandra P. Hirst RN, PhD, GNC(C)</i>	
	2. Continuing on the path: Moving Nursing Education ahead in Academia <i>Belinda Parke RN, PhD, GNC(C)</i>	
	3. Adding Gerontological Content to Graduate Nursing Degree Programs <i>Carole Lynne LeNavenec RN, PhD</i>	
185	Assessing the Impact of Environmental Change on Veteran Residents, Staff and Families Relocated from a Traditional Long Term Care Centre to a Purpose-Built Residential Care Environment: A Post Occupa <i>Suzanne Maisey, Lili Liu, Doris Milke, Deanna Van Soest</i>	Herald Room, 3 rd fl
	1. Relocation from a traditional continuing care centre to a purpose-built centre for veterans: how do perceptions of residents, family and staff compare? <i>Dr Lili Liu PhD Dr Gill Chard PhD Ms Suzanne Maisey MA</i>	
	2. Direct observation tells whether residents have the spaces they need for their activities <i>Dr Doris Milke PhD Ms Alana Knopp Ms Suzanne Maisey MA</i>	
	3. Assessing the Impact of Relocation from a Traditional Continuing Care Centre to a Purpose-Built Veterans Centre: What changed and what do people think? <i>Ms Suzanne Maisey MA Ms Connie Wark RN Ms Tara Walsh BA</i>	

4. The Effects of Relocation Stress on Food and Fluid Intake
Ms Deanna Van Soest BSc HEc RD Ms Alana Knopp Dr Doris Milke PhD
Mr Stuart Cleary PhD candidate Ms Suzanne Maisey MA

WORKSHOPS SESSION IV		SATURDAY 1:00-2:30
186	Screening and Treatment of Dysphagia in the Elderly <i>Thérèse Dufresne, Nada Houjaij</i>	Neilson 2 Room, 3 rd fl
187	Reshaping the Landscape: Addressing Older Adults' Mental Health and Addictions Through Cross-Sectoral Networking <i>Randi Fine</i>	Neilson 4 Room, 3 rd fl
13:00-14:30	TEA (Training Excellence in Aging) CIHR Awards Crafting Workshop with Dr. Anne Martin-Matthews, IA Scientific Director:	The Gallery, 2 nd fl
14:30-15:00	Networking Breaks and Exhibits	
15:00-16:30	Concurrent Sessions V	

SATURDAY, NOVEMBER 3, 3:00 - 4:30

PAPERS SESSION V		SATURDAY 3:00-4:30
Saturday 3:00-4:30	Theme: Therapeutic interventions with Older Adults Chair: Charmaine Spencer	Bannerman Room, 3 rd fl
188	LIFE HISTORY EVALUATIONS BY 20TH CENTURY SENIORS: IS HAPPY ENDING AN ELUSION? <i>Muriel Montbriand</i>	
189	Trust Development With Older Clients: A Conceptual Discussion <i>Behnam Behnia</i>	
190	"Going to the Dogs": The Paws With a Cause Program <i>Maria Wasylkewycz, Michelle Ranville</i>	
191	Alcohol Problem Prevention in Later Life <i>Charmaine Spencer</i>	
Saturday 3:00-4:30	Theme: Knowledge Transfer Chair: Lynn McCleary	Walker Room, 3 rd fl
192	Creating a Culture of Evidence Informed Decision Making in Continuing Care Organizations <i>Corinne Schalm, Edythe Andison, Cynthia Johnson, Lynne Mansell, Doris Milke, Suzanne Maisey</i>	

193	Councils on Aging, A Critical Bridge across Seniors' Issues - Indicators for Success <i>Al Loney</i>	
194	A Community of Practice for Seniors with Responsive Behaviours <i>Robin Hurst, Karen Ray</i>	
Saturday 3:00-4:30	Theme: Long Term Care Chair: Veronique Boscart	Neilson 3 Room, 3 rd fl
195	Family Satisfaction with Nursing Home Care <i>Heather Cooke</i>	
196	Humanistic Nurse-Patient Relationships in Chronic Care <i>Veronique Boscart, Dorothy Pringle, Katherine McGilton, Elizabeth Peter , Francine Wynn</i>	
197	Management of social work services: identification of indicators and clinical tools for long term care <i>Nathalie Delli-Colli, Nicole Dubuc, Réjean Hébert, Catherine Lestage</i>	
198	Improving resident quality of life by modifying dining experiences and foodservices in long term care <i>Gale West, Natalie Carrier, Denise Ouellet</i>	
Saturday 3:00-4:30	Theme: Mental Health Chair: Faith Malach	Neilson 1 Room, 3 rd fl
199	L'évolution de l'estime de soi après 60 ans: Impact des problèmes de santé et de dépendance <i>Enguerran Macia, Marie Beaulieu, Nicole Chapuis-Lucciani</i>	
200	Evaluation of the P.I.E. Project (prevention, intervention, education) <i>Kareen Nour, Brita Brown, Nona Moscovitz, Alan Regensteif</i>	
201	DETERMINANTS OF SOCIAL FUNCTIONING IN A COMMUNITY POPULATION OF ELDERLY PEOPLE. <i>Nicole Dubuc, Johanne Desrosiers, Nathalie Delli-Colli, Lise Trottier, Réjean Hébert</i>	
202	A Canadian Perspective on the Epidemiology of Psychiatric Disorder in Later Life <i>Laurie Corna, John Cairney, Laura McCabe, David Streiner</i>	
203	The Role of Stress in Age-related Decline in Personal Control <i>John Cairney, Neal Krause</i>	
204	The Canadian Coalition for Seniors' Mental Health (CCSMH): Connecting People, Ideas & Resources <i>Faith Malach</i>	

Saturday 3:00-4:30	Theme: Healthy Aging Chair: Donna Wilson	Doll Room, 3 rd fl
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| 205 | Physical Activity of Seniors: Barriers, Facilitators and Life Course Influences
<i>Lori Weeks, Sheila Profit, Barbara Campbell, Hope Graham, Andrea Chircop, Debbie Shepphard-LeMoine</i> |
| 206 | HEALTH PROMOTION AT RETIREMENT: BUILDING ON A SYSTEMATIC REVIEW OF RESEARCH LITERATURE
<i>Donna Wilson, Pedro Palha</i> |
| 207 | The CAMH Healthy Aging Project: New Resources, Promising Results in Addressing Mental Health, Substance Use and Gambling Problems in Older Adults
<i>Jennifer Barr</i> |
| 208 | HOW OLD DO YOU FEEL?: DOES BODY IMAGE MAKE A DIFFERENCE?
<i>Ashli Watt, Candace Konnert</i> |
| 209 | The Family That Plays Together Stays Together: Understanding the Experience of Intergenerational Family Leisure
<i>Shannon Hebblethwaite, Joan Norris</i> |
| 210 | Determinants of 1-year weight loss in the healthy community-dwelling elderly: Preliminary results from the NuAge study
<i>Danielle St-Arnaud McKenzie, Katherine Gray-Donald, Rokhaya N'Deye Gueye, Hélène Payette</i> |

Saturday 3:00-4:30	Theme: Dealing with Dementia Chair: Sharon Kaasalainen	Stephen B Room, 3 rd fl
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| 211 | LIVING ON THE THRESHOLD: LIVING ALONE WITH DEMENTIA
<i>Lorna de Witt, Jenny Ploeg</i> |
| 212 | Medication Management for Community-Dwelling Older Adults with Dementia
<i>Sharon Kaasalainen, Jenny Ploeg, Lisa Dolovich, Alexandra Papaioannou, Anne Holbrook, Elaine Lau</i> |
| 213 | HOW ARE WE DOING IN MEETING THE NEEDS OF PERSONS WITH DEMENTIA AND THEIR UNPAID CAREGIVERS?
<i>Shelley Peacock, Dorothy Forbes, Maureen Markle-Reid, Pamela Hawranik, Dawn Kingston, Debra Morgan</i> |
| 214 | Investigating Intentional Medication Misuse in Individuals Diagnosed with Dementia
<i>Stacey Stewart</i> |
| 215 | Continuity and change in everyday activity: Perceptions of people with recently diagnosed dementia.
<i>Elizabeth Kelson, Alison Phinney, Deborah O'Connor, Habib Chaudhury</i> |

POSTERS SESSION V - GRAND FOYER**SATURDAY 3:00-4:30**

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| 216 | Disclosing a Diagnosis of Dementia: A Review of Evidence on Older Persons Perspectives and Reactions
<i>Faranak Aminzadeh, Anna Byszewski, Frank Molnar</i> |
| 217 | The "All-in-One" 2-hour Support Group for Patients in Early Stages of Alzheimer's Disease (and their Family Members): Program Development and Evaluation
<i>Maureen Gorman, Cathy Burton</i> |
| 218 | Differentiating between the constructs of hope and expectation: The development of a conceptual model
<i>Karen Leung, James Silvius, Susan Slaughter, William Dalziel, Neil Drummond</i> |
| 219 | A psycho-educational intervention for oral buccal care guided by self-efficacy theory
<i>Krystyna B. Kouri, Charnel Francois-Aimé, Sylvie Potvin</i> |
| 220 | Challenges in Recruiting Elderly Home Care Clients: The Experience of the Nexus Project
<i>Andrea Cosentino, Sarah Quelch, Joanie Sims-Gould, Anne Martin-Matthews</i> |
| 221 | Characteristics and Outcomes of Older Adults on a Restorative Care Unit
<i>Kathleen MacPherson, Heather MacLeod</i> |

SYMPOSIUMS SESSION V**SATURDAY 3:00-4:30**

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| 222 | Age-Friendly Cities and Remote and Rural Communities
<i>Elaine Gallagher, Verena Menec, Janice Keefe, Holly Tuokko, Denise Cloutier Fisher, Dawn Nickel, Bonnie Hallman</i> | Stephen A Room, 3 rd fl |
| | 1. Age-Friendly Cities Project: A Comparison of Younger and Older Seniors Perspectives of Age-Friendliness.
<i>Elaine M. Gallagher, Holly Tuokko and Dawn Nickel</i> | |
| | 2. Age-Friendly Communities/Cities Project: A Comparison of Perspectives in Rural/Remote Communities versus Urban Centres
<i>Verena H. Menec, Denise Cloutier-Fisher, & Bonnie Hallman</i> | |
| | 3. Age-Friendly Cities Project: A Comparison of Canadian Cities - Similarities and Differences
<i>Janice Keefe</i> | |
| 223 | Supporting Relationships between Family and the Healthcare Team in Traditional Continuing Care Settings
<i>Wendy Austin, Agnes Mitchell, Helen Lantz, Gillian Lemermeier, Vicki Strang, Linda Balt, Elizabeth Thompson</i> | Neilson 2 Room, 3 rd fl |
| | 1. Supporting Relationships between Family and the Healthcare Team: The Participatory Action Research Process
<i>Vicki Strang RN, PhD, Wendy Austin, RN, PhD</i> | |

2. Supporting Relationships between Family and the Healthcare Team: The Context of Continuing Care in Alberta
Gillian Lemermeier, RN, BScN
3. Supporting Relationships between Family and the Healthcare Team: Results
Agnes Mitchell, RN, BScN, MN, GNC(c)
4. Supporting Relationships between Family and the Healthcare Team: Recommendations for Change
Elizabeth Thompson RN, BScN; G. Helen Lantz, RN, BScN, MHSA

WORKSHOPS SESSION V		SATURDAY 3:00-4:30
224	Careers in Gerontology: Many Paths to Success <i>Sean Keays, Anthony Kupferschmidt, Susan Jurczak, Maggie Gibson, Gloria Gutman, Sandi Hirst, Corrine Schalm, Laura Watts</i>	The Events Centre, 3 rd fl
225	Interdisciplinary collaboration in research on aging and care: challenges, charms and choices for successful teams <i>Satomi Yoshino, Emily Bruusgaard, Paula Pinto, Jennifer Swindle, Jacquie Eales</i>	Herald Room, 3 rd fl
16:30-17:30	Panel Discussion: The Research-Policy Interface	Imperial Ballroom 4, 6, 8, 3 rd fl

EXHIBITORS

EXPOSANTS

THURSDAY, NOVEMBER 1, 21 :00-23 :00

JEUDI LE 1ER NOVEMBRE, 21H00-23H00

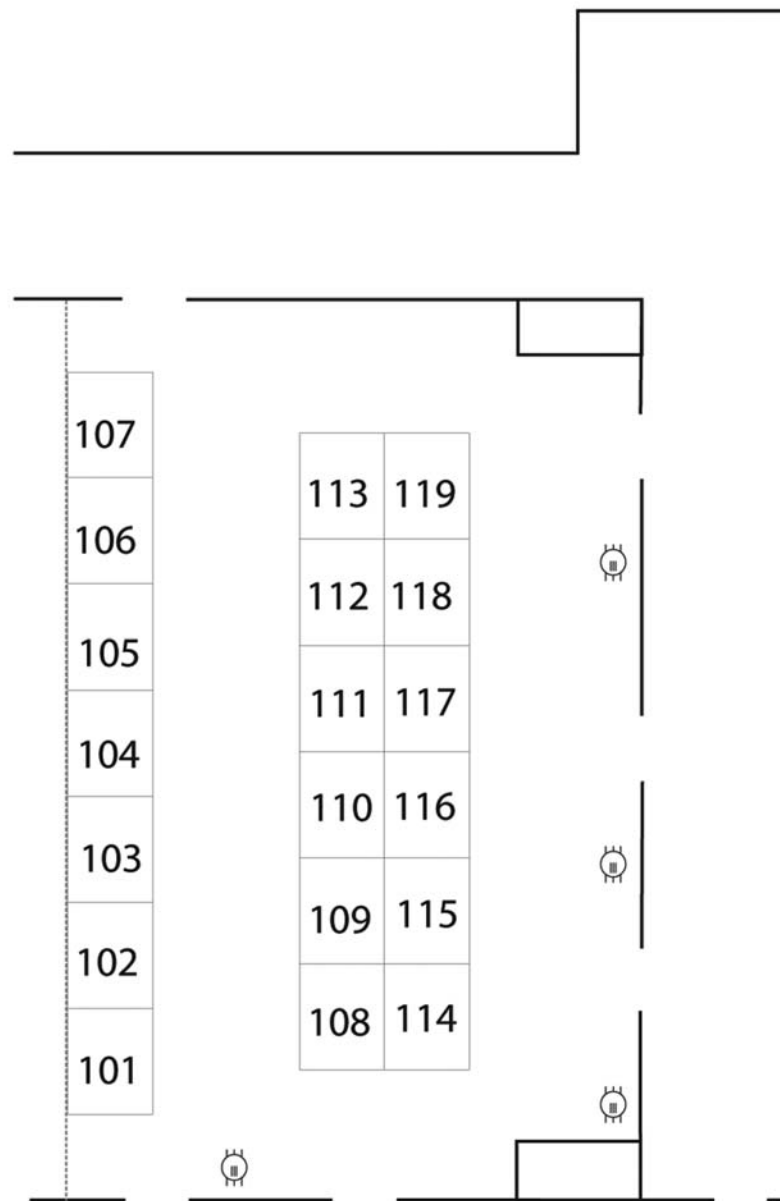
FRIDAY, NOVEMBER 2, 10 :00-16 :00

VENDREDI LE 2 NOVEMBRE, 10H00-16H00

SATURDAY, NOVEMBER 3, 10:00-15:00

SAMEDI LE 3 NOVEMBRE, 10H00-15H00

EXHIBITORS/EXPOSANTS



EXHIBITORS (Listing by Booth Number)

Exhibitors	Booth/Stand
Canadian Institutes of Health Research (CIHR) Institute of Aging	101
National Initiative for the Care of the Elderly (NICE)	102
Faculty of Social Work, University of Calgary	103
BC Network for Aging Research (BCNAR)	104
Glenrose Rehabilitation Hospital	105
Alzheimer Society of Canada	106
Manitoba Centre on Aging	107
Canadian Association on Gerontology	108
Centre of Aging, University of Victoria	109
Faculty of Nursing, University of Calgary	110
Mount Royal College	111
Alberta Centre on Aging	112
Huntington University	113
Priority Communications Systems Ltd	114
City of Calgary, Seniors Services Division	115
Department of Gerontology, Simon Fraser University	116
Alberta Association on Gerontology	117
Schlegel-UW Research Institute for Aging	118
CNIB	119

Display Tables

Canadian Health Network
Student Connexion/Connexion Étudiante

EXHIBITORS (Listed Alphabetically)

Exhibitors	Booth/Stand
Alberta Association on Gerontology	117
Alberta Centre on Aging	112
Alzheimer Society of Canada	106
BC Network for Aging Research (BCNAR)	104
Canadian Institute of Health Research (CIHR) Institute of Aging	101
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Priority Communications Systems Ltd	114
Schlegel-UW Research Institute for Aging	118



Booth 101

Canadian Institutes of Health Research-Institute of Aging Institut du vieillissement des Instituts de recherche en santé du Canada

The fundamental goal of the Institute of Aging is the advancement of knowledge in the field of aging to improve the quality of life and the health of older Canadians. The Institute of Aging supports research on the aging process (biological, psychological, sociological), age-related diseases and disabilities, conditions associated with aging, emerging needs of people as they age, and health services to the elderly population.

Le but fondamental de l'Institut du vieillissement est de faire progresser les connaissances sur le vieillissement afin d'améliorer la qualité de vie et la santé des Canadiens âgés. L'Institut du vieillissement appuie la recherche relative au processus du vieillissement (biologique, psychologique et sociologique), aux maladies et aux incapacités liées à l'âge, aux conditions associées au vieillissement, aux nouveaux besoins des personnes vieillissantes et aux services de santé pour les personnes âgées.



Booth 102

National Initiative for the Care of the Elderly (NICE) Initiative nationale pour le soin des personnes âgées (INSPA)

NICE is a network of researchers and practitioners specializing in the care of older adults. Members represent diverse specialties, including geriatric medicine, nursing and social work, and other allied health professions. Key NICE objectives include the dissemination of evidence-based research in the care of the elderly, connecting research with practice; enhancing student interest and training in the field; and advocating for policy changes in the care of Canada's older population. Learn more at www.nicenet.ca.

L'INSPA (NICE, en anglais) est un réseau de chercheurs et de praticiens qui se spécialisent dans les soins aux aînés. Le réseau compte des membres de spécialités diverses, notamment, la gériatrie, les soins infirmiers gériatriques et le travail social, ainsi que des professionnels de domaines connexes. Les grands objectifs de l'INSPA sont de diffuser les résultats de recherches factuelles sur les soins aux aînés, de lier la recherche à la pratique, de stimuler l'intérêt des étudiants et d'accroître le nombre de personnes formées dans ce domaine et, enfin, de réclamer des modifications aux politiques visant les soins dispensés aux Canadiens âgés. Visitez le site www.nicenet.ca pour en savoir davantage.



Booth 103

Faculty of Social Work, University of Calgary

The University of Calgary is the only provincially-mandated institution in Alberta to offer degrees in social work. The Faculty of Social Work provides undergraduate, graduate and doctoral programs, along with an innovative joint MBA/MSW program and a post-master's diploma. Its nationally-accredited MSW and BSW programs are delivered on campus, online and through multiple locations across the province, including rural, remote and aboriginal communities.

Gerontology has been identified as one of its priorities, and the Faculty is proud of its internationally-recognized gerontologists. Their applied research provides the field with best practices for working with seniors and their families, while their teaching expertise educates social workers who will work closely with elders, their families and communities. The Faculty also offers an innovative Gerontology concentration in its MSW program, which can be taken with either the Leadership in Human Services or the Clinical Practice specialization



Booth 104

BC Network for Aging Research (BCNAR)

The BC Network for Aging Research (BCNAR) brings together researchers from different disciplines, research streams, academic institutions, community based organizations, and health regions. Our goals are two fold: to provide opportunities for researchers to collaborate in generating innovative aging research; and to leverage funding for aging research in the province of BC and beyond. BCNAR facilitates the development of new aging research by providing access to shared resources, hosting workshops and conferences, supporting the design of new research strategies, and disseminating research information. Visit our website: www.bcnar.ca

Booth 105



Glenrose Rehabilitation Hospital

Opened in 1964, the 244 bed facility has developed an international reputation for excellence in key areas of complex rehabilitation and specialized geriatrics.

The Glenrose improves the health, well-being and abilities of our patients through cooperation with our partners - the community, family and caregivers, health care providers, educators and researchers - and offers highly specialized assessment, treatment, consultation and technology services, as well as education for patients and families through more than 120 clinics and services. In addition to rehabilitation services for all age groups, areas of focus also include mental health



and psychiatric services for children and seniors, as well as cardiac rehabilitation for adults. Specialized technology enhances patient care in programs such as the Syncrude Centre for Motion and Balance; I CAN Centre for Assistive Technology, Alberta Caregiver College®, Cochlear Implant Service, Telehealth, Seating Service, Prosthetics and Orthotics, and Scoliosis Clinic. The Glenrose participates in academic training programs for physicians and allied health professionals and offers an extensive array of continuing education courses in rehabilitation and geriatrics.

Booth 106

the Alzheimer Society of Canada

The Alzheimer Society works nationwide to improve the quality of life for Canadians affected by Alzheimer's disease, and to advance the search for treatment, prevention and a cure. It develops and provides support and educational programs for people with the disease, their families, caregivers, and members of the health care team. The Society is a leading funder of Alzheimer research and training in Canada.



Booth 107

Centre on Aging - University of Manitoba

338 Isbister Building, Winnipeg, Manitoba R3T 2N2

Phone/Tél.: (204) 474-8754 - Fax/Téléc.: (204) 474-7576

E-Mail/Courriel: aging@umanitoba.ca

Web Site/Site Web: <http://www.umanitoba.ca/centres/aging>

The Centre on Aging, University of Manitoba, is an university-wide research centre. Established in 1982, its mandate is to serve as a focal point for the conduct and integration of research on aging at the University and in the province, and to encourage faculty and students into the field of aging. Research projects range from social science surveys which measure people's beliefs and behaviours in a variety of areas to increase knowledge, to evaluation research used by government and other organizations to assess their programs.

Le centre d'étude sur le vieillissement de l'université du Manitoba est un centre de recherche qui s'étend à toute l'université. Établi en 1982, son mandat est de servir de point de mire à la conduite et à l'intégration de la recherche sur le vieillissement à l'université et dans la province et d'encourager la faculté et les étudiants à s'orienter vers le domaine du vieillissement. Les projets de recherche vont des sondages de science sociale visant à avoir une meilleure idée de la pensée et du comportement des gens dans un certain nombre de domaines pour améliorer les connaissances, à la recherche d'évaluation qu'utilisent le gouvernement et d'autres organismes pour évaluer leurs programmes.

Booth 108

Aging Globally and Locally: Seeing the Forest and the Trees

Visit our booth for information about the Canadian Association on Gerontology's 38th Annual Scientific & Educational Meeting to be held at the Hilton Hotel in London, Ontario, October 23rd to 26th 2008. Come and learn about the exciting initiatives in aging research that are going on in London and pick up some information about London tourism and the Hilton Hotel.

Visitez notre stand pour obtenir de l'information sur la 38^e Réunion scientifique et éducative annuelle de l'Association canadienne de gérontologie qui se tiendra à l'hôtel Hilton à London, Ontario, du 23 au 26 octobre 2008. Venez vous informer des nouvelles initiatives dans la recherche sur le vieillissement qui sont en cours à London et par la même occasion, profitez-en pour prendre des brochures sur le tourisme à London et l'hôtel Hilton.



Booth 109

The Centre of Aging – University of Victoria

The Centre on Aging – a multidisciplinary research centre at the University of Victoria, with a satellite office in Ladner – contributes to the body of knowledge in aging. We conduct research in partnership with seniors and their families, community organizations, health care providers, and various levels of government. We also disseminate knowledge about aging and provide impetus and direction to the University's aging related activities.



Booth 110

Faculty of Nursing University of Calgary

The Faculty of Nursing at the University of Calgary: Nursing leadership in health and wellness through a culture of collaborative inquiry, learning and service.



Booth 111

Gerontology Certificate Programs, Mount Royal College Calgary, Alberta, Canada

If you work with older adults, want to understand changing demographics or are interested in promoting healthy aging, Mount Royal's **Gerontology Certificate Program** will be of interest to you. Offered by distance education, the program takes an in-depth approach to meeting the multi-faceted needs of older adults. There are two available program streams: (1) Studies in Aging and (2) Business and Entrepreneurship. The Studies in Aging stream is 6 courses including a field project/practicum for those wishing to expand their knowledge of aging and skills in working with older adults. The Business and Entrepreneurship stream combines courses in gerontology and business.

For more information visit our website: www.mtroyal.ca/gerontology or call 1-800-240-6891.



Booth 112

Alberta Centre on Aging, University of Alberta

305 Campus Tower, 8625 112 St, Edmonton Alberta T6G 1K8

Tel/Tél : (780)492-3207 – Fax/Télé : (780) 492-3190

E-mail/Courriel: aging@ualberta.ca

www.ualberta.ca/aging

The **Alberta Centre on Aging** is an interdisciplinary research and education centre dedicated to the understanding of aging as a process. The Centre's goals are to facilitate, co-ordinate, and conduct interdisciplinary research in aging; to develop and promote aging-related education and training; and to serve as a resource for the community and ensure broad dissemination of aging-related research findings. The Centre also promotes the graduate-level Specializations in Aging offered at the University of Alberta.



Booth 113

Huntington University

Huntington University was established in 1962 as a liberal arts college, federated with Laurentian University in Sudbury, Ontario, and affiliated with the United Church of Canada. Huntington administers academic programs in conjunction with Laurentian University in Humanities, Social Sciences and Professional Schools, as well as graduate programs.

The Gerontology program at Huntington University equips undergraduate students with a foundation of specialized knowledge of working with older persons enabling them to pursue applied practice or further studies in the field of Gerontology. It also provides college graduates and professionals working in human and community services with the ability to enhance their educational and professional standing.



Booth 114

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Booth 115

City of Calgary, Seniors Services Division

The City of Calgary, Seniors Services Division, partners with seniors in the community, with community agencies and with other City of Calgary staff to meet the needs of Calgary seniors. They assist seniors in a variety of ways that include helping them to identify seniors' needs in the community, assisting seniors in advocating for their own needs, by bring seniors and/or community agencies together to talk about issues and services and by working with seniors in planning projects and events that promote the well-being of seniors in community life.



Booth 116

Department of Gerontology & Gerontology Research Centre Simon Fraser University

Established in 1983, SFU's Department of Gerontology offers multi-disciplinary programs in aging including a Post-Baccalaureate Diploma, and a Master of Arts in Gerontology. A PhD program will be launched in the Fall 2008 semester. Courses take place at the downtown Vancouver campus and include areas such as aging and the built environment, aging and mental health, technology and aging, and the sociology of aging. Associated with the Department of Gerontology is the Gerontology Research Centre, a focal point for applied research about aging and built environment, the prevention of victimization and exploitation of older persons, and health promotion and aging. The GRC provides information services to scholars and the community, public lectures and conferences, and varied collaborative research with community partners.



Booth 117

Alberta Association on Gerontology

The Alberta Association on Gerontology (AAG) is a province-wide interdisciplinary organization that seeks to enhance the lives of the aging population through support of persons involved in and concerned with gerontology.

AAG seeks to provide for networking among individuals and organizations interested in gerontology in Alberta and to stimulate the development of opportunities that enhance the in knowledge and practice of people interested in gerontology in Alberta.



Booth 118

Schlegel-UW Research Institute of Aging

The RIA focuses on practice-relevant research as a driving force behind innovation and quality care. Through partnerships with the University of Waterloo and Conestoga College, the RIA attracts research projects to "living research environments" within long term care and retirement communities, with a view to immediate translation of research to practical training application for caregivers. The "living research environments" include eight Winston-Oakwood facilities offering a continuum of care. These facilities range in size (95 – 192 long term care beds), ethnicity (cultural, language, faith), and specialized care populations (e.g., dementia, behaviour management, advanced physical, young adult, etc.) Materials and information generated through our research-to-practice initiatives are shared with other LTC facilities and system networks to promote research-informed quality care.

For more information contact Josie d'Avernas, Associate Director, 519-571-1873 x127, davernas@ria.uwaterloo.ca.



Booth 119

CNIB

CNIB is a nationwide, community-based, registered charity committed to research, public education and vision health for all Canadians. CNIB provides the services and support necessary for people to enjoy a good quality of life while living with vision loss.

INCA est un organisme caritatif communautaire national et enregistré qui se consacre à l'éducation du public, à la recherche et à la santé visuelle de tous les Canadiens. INCA fournit aux personnes vivant avec une perte de vision les services et le soutien nécessaires à une qualité de vie.

www.canadian-health-network.ca
www.reseau-canadien-sante.ca

Display Tables

Canadian Health Network

If your patients have health questions, the Canadian Health Network has answers! The Canadian Health Network at www.canadian-health-network.ca is a national, non-profit, bilingual website that offers credible and up-to-date information on a variety of health topics. Led by the Public Health Agency of Canada and leading Canadian health organizations, there's no better source than www.canadian-health-network.ca. Please visit our display table and take a brochure for more information.

Si vos patients ont des questions de santé, le Réseau canadien de la santé (RCS) a des réponses! Le RCS (www.reseau-canadien-sante.ca) est un site Internet national et bilingue, à but non lucratif, qui fournit des informations fiables et actuelles sur diverses questions de santé. Dirigé par l'Agence de santé publique du Canada et des organismes canadiens du secteur de la santé, www.reseau-canadien-sante.ca est un incontournable! Pour de plus amples informations, visitez notre table d'exposition et prenez une brochure.



The Student Connection - Connexion Étudiante (SC-CÉ)

The Student Connection (SC) is a national network for students interested in aging issues. The SC-CÉ is organized by student members of the Canadian Association on Gerontology (CAG). The SC Book Display invites delegates at the annual CAG conference to purchase tickets in order to be eligible for a chance to win one of the books being displayed. The funds raised directly support the SC and its members.

La Connexion Étudiante (CÉ) est un réseau national pour les étudiants intéressés à l'étude des personnes âgées. La CÉ est organisée par des membres étudiants de l'Association canadienne de gérontologie (ACG). L'exposition de livres invite les délégués à la conférence annuelle de l'ACG à acheter des billets pour être éligible à gagner un des livres en montre. Les profits iront directement à la CÉ et ses membres.

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Canadian Association on Gerontology
36th Annual Scientific & Educational Meeting

Nov 1-3, 2007 Hyatt Regency, Calgary AB

Abstracts / Resume

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Theme: Information Exchange with Older Adults

1

PROMOTING KNOWLEDGE TRANSLATION TO SHAPE THE LANDSCAPE OF IN-HOME CARE

Carol McWilliam, MScN, EdD, Catherine Ward-Griffin, PhD, Dorothy Forbes, PhD, Mary Lou King, PhD, Marita Kloseck, PhD, Anita Kothari, PhD, Health Sciences, School of Nursing, HSA, University of Western Ontario, Health Sciences Addition, Rm H25 University of Western Ontario, London ON N6A 5C1 Canada (cmcwill@uwo.ca) Tel: (519) 661-2111 ext 82221

To promote knowledge translation (KT) for evidence-based home care, participatory action research methods were adapted to create process-oriented on-the job KT. In-home policy personnel, decision-makers and providers were engaged in two cycles of: critical reflection on the research evidence and related KT challenges/opportunities; creating, implementing and assessing evidence-based practice strategies; and institutionalizing and diffusing these. In Cycle 1, 33 participants worked through five 2-hour sessions and three months of self-directed strategy implementation. Interpretive template analysis of audiotaped data revealed attitudinal, policy and behavioural barriers/facilitators to KT, process outcomes and recommendations for promoting KT. Participants presented these findings at a 1-day workshop to an expanded network of 203 colleagues. Through 20 focus groups, this expanded network identified 12 KT action strategies for implementation and testing over the next year, prioritizing refinements in front-line practice, communication/coordination, policies/procedures and continuing education. Cycle 1 measures revealed gains in perceptions of a supportive work context ($p = .001$) and self-motivated learning orientation ($p = .001$), and positive trends in team functioning and job motivation. An eight-month self-directed implementation of Cycle 2 activities, now in progress, will provide further information about the utility of this KT strategy for shaping the landscape of evidence-based in-home care. (CIHR-funded)

2

OLDER ADULTS ACCESS TO INFORMATION: THE IMPORTANCE OF SOCIAL SUPPORTS

Jean Lillie, Ph.D.candidate, Joseph Tindale, Ph.D., Margaret Denton, Ph.D., Jenny Ploeg, Ph.D., University of Guelph, 277 Parkway Drive, Milton ON L9T 1A7 Canada (lillie@sympatico.ca) Tel: (905) 875-4443

Older Adults Access to Information: The Importance of Support Networks

Jean Lillie*, Joseph Tindale, Margaret Denton, Jenny Ploeg,

*Department of Family Relations and Applied Nutrition, University of Guelph; jlillie@uoguelph.ca

Researchers examining informal supports to older community living persons acknowledge the importance of informational support. Research differs on factors related to knowledge of community services. Most studies found that age, gender and education were related; however results for social support are less clear. Using the concept of support and care networks as separate units of analysis, this study examined whether the provision and receipt of care and support are factors related to knowledge of community support services.

A telephone survey was employed to collect responses from 1152 people aged 50 and older in Hamilton, Ontario. Respondents were presented with vignettes of problems faced by seniors and asked what they would do in this situation. Social support was indicated by receiving unpaid help from family and friends, network size, composition and frequency of contact. Knowledge was the number of agencies named.

Preliminary results show that providing, but not receiving, social support is significantly related to knowledge of community support services. Factors explaining level of knowledge were perceived social support, income, education and use of community support services. Knowledge difference between support providers and care providers is less clear. Results underscore the importance of support networks in providing informational support to individuals.

Funded by CIHR and United Way of Burlington and Greater Hamilton.

OLDER ADULTS' KNOWLEDGE AND AWARENESS OF COMMUNITY SUPPORT SERVICES

Jenny Ploeg, PhD, Margaret Denton, PhD, Joseph Tindale, PhD, Jean Lillie, MSc, Brian Hutchison, MD, Kevin Brazil, PhD, School of Nursing, McMaster University, Room HSc3N28G 1200 Main Street West, Hamilton ON L8N 3Z5 Canada (ploegj@mcmaster.ca) Tel: (905) 525-9140 ext 22294 Fax: (905)521-8834

The purpose of this study was to assess older persons' awareness of available community support services and their sources of information about such services. We conducted telephone interviews, using random digit dialing, of 1152 adults aged 50 and over in the city of Hamilton. Respondents were presented with four of 12 vignettes describing a social or health issue for which community support services would be appropriate.

The percentage of participants able to name a community support service ranged from 2.9% to 42.2% for each vignette. The most frequently named community support services varied by vignette. Findings suggest that respondents with higher levels of income were more likely to identify a community support service and respondents who were male and those who were separated or divorced were less likely to name a community support service. When asked where they would find sources of information about community support services, the most frequent responses were physician offices, the telephone book, internet, and newspapers.

Results suggest there are significant gaps in knowledge among older adults related to available community support services and their knowledge is associated with income, gender and marital status.

Funded by CIHR and United Way of Burlington and Greater Hamilton

4

IMPROVING SENIOR'S SAFETY - DEVELOPMENT OF SENIORS FALLS INVESTIGATION METHODOLOGY (SFIM) TRAINING PROGRAM AND IMPLEMENTATION ACROSS HEALTH CARE SETTINGS (PILOT PROJECT)

Aleksandra Zecevic, PhD, John Lewko, PhD, Physical Therapy, University of Western Ontario, Elborn College, London ON N6G 1H1 Canada (azecevi3@uwo.ca) Tel: (519) 661-2111 x 80455

The purpose of an accident investigation is to learn from failure and advance safety. Accidents, such as falls,

are the result of multiple causes rooted in underlined safety deficiencies. Consequently, a broader system approach to the investigation of falls is needed. In 2005, an innovative methodological approach named Seniors Falls Investigation Methodology (SFIM), was successfully employed to investigate falls in community dwelling seniors. The SFIM utilized a qualitative case study design to collect comprehensive datasets of causes and contributing factors to fall occurrences. Its application demonstrated the potential to advance seniors' safety by providing clear root causes, identifying safety deficiencies, and offering recommendations for safety action. The purpose of the current pilot project is to design, implement and evaluate a training program for education of SFIM investigators. The first SFIM workshop is scheduled for June 2007 where participants from four different sites (two hospitals, a rehabilitation centre and a LTC facility) will be trained and continuously mentored over four months as they investigate falls. In this presentation, we will report results relating to SFIM's applicability in different health care settings and its success in the identification of systemic safety deficiencies. We will also report on effectiveness of the training program.

5

IMPROVING THE VISION HEALTH OF CANADIAN SENIORS: PUBLIC HEALTH INFORMATION THROUGH THE CNIB VISION HEALTH GUIDE

Deborah Gold, PhD, Terri Hulett, Morgan Ineson, Research, CNIB, 1929 Bayview Avenue, Toronto ON M4G 3E8 Canada (morgan.ineson@cnib.ca) Tel: (416) 486-2500 ext 7657

The purpose of the "Age-Related Vision Loss" project is to enable seniors to better manage their own vision health by creating public education and awareness tools about vision loss and vision rehabilitation. There are approximately 300,000 seniors in Canada who have seeing disabilities (Statistics Canada, 2001), and 82% of CNIB new clients are over the age of 64. Therefore, there was an identified need to create awareness about vision health preservation, treatment, and rehabilitation options.

The goals of the project are:

1. To provide seniors in Canada with accurate information to better manage their overall vision health.
2. To produce the Vision Health Guide: "You and Your Vision Health: Yes! Something More Can Be Done"

3. To create a network of vision health professionals and consumers nationwide.

This session will discuss the development of content for a public information guide through focus groups, professional consultation and literature review. The session will also discuss the next “next steps” of knowledge transfer and exchange. CNIB is embarking on a year of workshops to reach out to seniors across the country in communities large and small, to expand awareness on vision loss prevention and the benefits of early referral. We will also focus on what caregivers need to know to best assist seniors to make proactive decisions about their vision health.

Theme: Victimization

6

ABUSE, CAPACITY AND THE MATERIAL EXPLOITATION OF VULNERABLE OLDER ADULTS: INITIATIVE TO DEVELOP A MULTI-DISCIPLINARY EVALUATION OF APPROACHES IN LAW AND EQUITY

Margaret Hall, LL.M., Law, University of British Columbia, Faculty of Law, University of British Columbia 1822 East Mall, Vancouver BC V6T 1Z1 Canada (hall@law.ubc.ca) Tel: (604) 822-1849 Fax: (604)822-8108

The material exploitation of vulnerable older adults is generally considered in terms of protection from abuse and/or in terms of capacity. Each approach has significant conceptual inadequacies. Unless a very narrow definition of ‘abuse’ is used (essentially replicating the criminal offence) adult protection legislation may be regarded as overly paternalistic; a finding of incapacity would resolve the problem by simply re-categorising the vulnerable individual as incapable. An alternative approach to protecting the interests of vulnerable older adults would focus on the consent based model of “equitable fraud,” in particular the legal doctrines of “undue influence” and “unconscionability,” which describe how relationship context impacts choice where the decision maker is vulnerable although capable (with capacity). This paper described an interdisciplinary project being undertaken by Margaret Hall together with Dr. Deborah O’Connor, of the Faculty of

Social Work and Family Studies at the University of British Columbia. The objective of the project is to develop a methodology for testing this legal theory of human interaction, developed by the Courts, as an accurate description of reality. It is anticipated that this project will provide an important new model for legal research (developing a model for “testing” legal theory), and suggest new approaches to the difficult problem of material exploitation.

7

L’INSÉCURITÉ LIÉE À LA VICTIMISATION CRIMINELLE CHEZ LES AÎNÉS : PRELIMINARY RESULTS FROM A SYMBOLIC INTERACTIONIST APPROACH

Mario Paris, M. Sc., *Marie Beaulieu*, Ph. D., Gérontologie, Université de Sherbrooke, 1025 Perry, app. 3, Sherbrooke QC J1H 3Z5 Canada (Mario.Paris@usherbrooke.ca) Tel: (819) 569-7819

La compréhension de l’insécurité liée à la victimisation criminelle dans la vie des aînés s’est grandement complexifiée, notamment par les composantes cognitives, émotives et comportementales. Research shows that the complexity of the problematic can’t be fully understood by quantitative research.

This presentation is focused on our qualitative work on the insecurity of the elderly, more precisely on fear of crime they experience. Notre cadre théorique est tiré de l’interactionnisme symbolique. S’inscrivant dans la deuxième phase d’une étude à devis mixte, notre étude traite de l’expérience de l’insécurité dans les interactions quotidiennes chez des aînés pour lesquels nous avons une mesure objective (par questionnaire validé) de l’inquiétude face à la victimisation criminelle.

Qualitative interviews were conducted with older men (n=9) and women (n=9) aged from 60 to 90 years old living in Sherbrooke, Montréal or Trois-Rivières (in Québec). L’analyse thématique des données saisies dans N’Vivo a permis de cerner les significations quotidiennes de l’insécurité liée à la victimisation criminelle. In this paper, we will insist on the elderly’ point of view on crime and the place it occupies in their daily life. Nous traiterons de l’insécurité à la fois dans sa subjectivité mais aussi dans ses impacts sur la vie quotidienne.

INTER-GENERATIONAL DRAMA AND ELDER ABUSE AWARENESS IN THUNDER BAY, ONTARIO

Lee Stones, , Wendy Kirkpatrick, , Michael Stones, ONPEA, Pottery House 955 Oliver Road, Thunder Bay ON P7B5E1 Canada (healthy@lakeheadu.ca) Tel: (807) 343-8563

This paper discusses a project, funded by Crime Prevention Canada, where a group of amateur actors - aged 11 to 76 – used drama as a means of educating the community about the much under-reported issue of elder abuse. The paper will give the details of how it was accomplished and discuss the value of resources developed within this project; it will also address the unique educational benefits of having a project done with individuals across such a broad age range.

In Thunder Bay, using the World Health Organization definition of Elder Abuse, with a 5% prevalency rate, it was determined that approximately 820 senior citizens are experiencing some form of abuse. It is the aim of this on-going project to reach all ages within our region in order to create awareness - which will hopefully lead to a lessening of abuse to older adults. The drama used a play entitled Elder Abuse – The One Abuse Nobody Sees and consists of three vignettes covering psychological abuse, financial abuse and physical abuse. The play has been filmed and copies of it and of the script will be available upon request.

HOUSING DISCRIMINATION IN LATER LIFE

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Appropriate housing is pivotal for the health and security of individuals throughout the lifespan. Provincial human rights law prohibits public and private bodies from discriminating when providing services, facilities and accommodation “ordinarily available to the public” across several protected categories (e.g. disability, age, gender, family status). The concept of discrimination focuses on the negative effect, not the intention of the actor.

Older adults may experience significant “challenges” in

being able to access housing and maintain tenure across the range of privately and publicly operated housing. This is particularly the case for the “older seniors” (Page, 1997). Drawing on case reports and an exploratory sample of service providers in Western Canada, this paper highlights some of the common areas where discrimination occurs in “mainstream” and “seniors” housing along with the factors potentially underlying discrimination.

Findings: Housing discrimination against seniors is commonplace and can occur in many areas, including the screening process, contract terms, exit policies, house/condo rules, etc. Apparently “neutral” housing management practices can effectively discriminate. Tight housing environments, lack of knowledge of rights and responsibilities, lack of effective remedies increase the likelihood of housing discrimination in later life. Policy implications including the duty to “reasonably accommodate” are discussed.

Theme: Gerontological Education

ESTABLISHING CORE GERONTOLOGICAL COMPETENCIES FOR STUDENTS IN NURSING, MEDICINE AND SOCIAL WORK.

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There is growing recognition of the importance of infusing into professional curriculum a focus on aging. However, what core competencies in this area should be across different disciplines, and how best to accomplish the goal of insuring competent health professionals in the field of aging upon graduation, is more open to question. As part of the National Initiative for Care of the Elderly (NICE), a Curriculum Sub-Committee is responsible for identifying and designing educational initiatives for university programs in medicine, nursing and social work, based on best available evidence. The key responsibilities of the committee are to: i) develop core gerontological competencies for undergraduates in

nursing, medicine and social work in Canada; ii) promote educational initiatives for university programs; iii) identify and advise members and the academic community of curriculum resources; iv) produce curriculum material in tool kit and web forms; and v) identify interdisciplinary learning approaches. The purpose of this workshop will be to discuss and obtain feedback about core-competencies identified through a review of the literature and professional accrediting bodies. Ideas regarding how to implement these competencies into professional programs will be explored. Workshop participants will provide input into next steps for this work.

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BETWEEN THE CLASSROOM AND THE CLINIC: DOES THE CANMEDS FRAMEWORK ADEQUATELY REFLECT PATIENTS' EXPECTATIONS OF PHYSICIAN ROLES?

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The Royal College of Physicians and Surgeons Canada (RCPSC)'s CanMEDS Roles framework defines essential physician competencies: Medical Expert (central), Communicator, Collaborator, Health Advocate, Manager, Scholar, and Professional. It remains unclear whether this framework coincides with patients' expectations of medical professionals.

In March 2006, 150 medical students and seniors attended an "Intergenerational Gala" in London, ON. Participants' attitudes towards aging, care of the elderly, and health care professional (HCP) training were evaluated prior to and following the event. Seniors were asked "What personal characteristics do you think HCPs need to effectively care for older adults?" and responses were organized by recurring themes.

Seniors' responses prioritized Communicator, Health Advocate, and Professional as essential physician competencies, to the near exclusion of CanMEDS' central role, Medical Expert.

The observation that older persons may place greater value on "peripheral" CanMEDS Roles raises a variety of possible avenues for future investigation. Does the current emphasis on exam-oriented curricula, and the realities of clinical training environments limit the execution and role modeling of the CanMEDS Roles frame-

work for medical trainees? The schism between patients' and physicians' valued "roles" suggests that the medical community must consider the gap between current philosophies and patient expectations.

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EXAMINING INVISIBILITY: A CO-OPERATIVE INQUIRY APPROACH

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Identifying the factors that influence physical activity participation among older adults presents a complex challenge to fitness and health care providers. One barrier that affects older adults' participation in physical activity is the concept of invisibility. While considerable research has addressed environmental, psychological and social barriers from the perspective of older adults, few studies have addressed the level of comprehension of a barrier from the perspective of future practitioners. Through a co-operative inquiry process, this study examines student's awareness of the social issue of invisibility. Twenty-one students enrolled in an undergraduate Kinesiology aging course at the University of Calgary participated in the inquiry. Co-operative inquiry is an innovative approach since it permits students to act as participants and co-investigators within the same project. Through a process of journaling, discussion groups and emails, students examined their understanding of the concept of invisibility. Preliminary findings suggest students have a limited understanding of the significance of invisibility and the degree to which invisibility affects older adult's participation in physical activity. Students advocate the co-operative inquiry method as an effective way to gain an in-depth understanding of social issues such as invisibility. Students appreciate an opportunity to explore issues from an applied perspective. Finally, students appreciated the opportunity to provide a list of recommendations to enhance the understanding of invisibility for future aging studies students.

HIGHER EDUCATION EXPERIENCES: NON-TRADITIONAL STUDENTS AT LAKEHEAD UNIVERSITY

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ABSTRACT: The educational experience of mature non-traditional students over age 40 is profoundly different than that of traditional students. Whereas traditional undergraduates seamlessly transition to higher education, non-traditional students return to school in varying ways. For many a return to school is a planned and welcomed activity, part of a commitment to lifelong learning. Unfortunately, for some aging non-traditional students, especially retraining injured workers, the return is unanticipated, unplanned, unwelcome and traumatic. The paper reports on research for my 2007 Master of Education with Specialization in Gerontology degree. It explores the educational histories and current educational experiences of non-traditional undergraduate students attending Lakehead University. Findings from a narrative analysis of in-depth, semi-structured interviews of purposefully selected participants provide an enriched understanding of the educational experiences of non-traditional students. The life course perspective and concepts of transition, developmental trajectories, social pathways, social convoys and turning points (Crosnoe and Elder, 2002), critically examine the students' return to school experiences. Findings assist Lakehead University to fulfill its mission to meet the needs of students "at all stages of life."

Crosnoe, R., and Elder, G. H. Jr. (2002) 'Successful adaptation in the later years: A life

course approach to aging', *Social Psychology Quarterly*, 65(4), 309-328

RESILIENCE RESEARCH: MEDICAL, PSYCHOSOCIAL AND AGING STUDIES PERSPECTIVES AND METHOLOGIES

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Resilience has become a popular topic for study since it can be studied from many perspectives: physical deter-

minants, personality attributes, character of social environments. In this paper resilience and aging will provide a backdrop to explore different foundations, methods and agendas as exemplified in the research conducted within medical, psychosocial and aging studies frameworks. The paper first outlines the traditions within geriatrics and gerontology as a way to highlight the differences that an aging studies perspective brings to research. The medical research will then focus on biologic and psychologic basis of resilience to stress and the search to find the biochemistry, neurochemistry and genetics that underlie resilience. The psychosocial research component will look at attempts to measure the attributes of resilience as a way of increasing resilience skills among older adults particularly studies that have included aging adults. The aging studies research will look at the results from the Kerby Centre of Excellence which looks to resilience as social capital, a societal resource that will contribute to finding new solutions to arising social problems. Members of the Kerby research team will assist with this presentation. The paper will consider the need for all three perspectives. Funded by the CIHR -IA

Aging studies theme.

Theme: Women and Aging

WOMEN OVER 40: WHAT INFLUENCES BODY IMAGE?

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In contrast to younger women, little attention has been given to those factors that influence body image in older women. The lack of research in this area is surprising, given the societal emphasis on maintaining a youthful appearance and the economic resources and range of products devoted to looking young. This study examined the factors that are related to body image among women over the age of 40. The sample consisted of 362 community-dwelling women (mean age = 56.6, SD = 11.69, range = 40 to 91). Participants rated the degree to which a list of possible factors influenced their body image and whether each of the factors had a mostly positive or mostly negative influence. Qualitative data were collected to better understand the influence of these factors. Results indicated that body weight had the greatest influence on participants' body image evaluations, whereas prior health conditions had

the least influence. Factors such as current relationships, observing the health conditions of others, and pregnancy had mostly positive influences, whereas current health conditions, cosmetic changes, body weight, and perimenopause/menopause had mostly negative influences on body image evaluations. In addition, age differences in the importance of these factors will be presented.

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WOMEN USING PHYSICAL ACTIVITY AS A TREATMENT FOR KNEE OSTEOARTHRITIS

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Ranked as one of the top ten causes of disability worldwide, osteoarthritis is a growing concern with today's aging women. Continuing to pursue athletic activities well into their 50s and 60s, women of the baby boomer generation are seeing a higher prevalence of knee osteoarthritis. Physical activity is a proven method of treating and managing knee osteoarthritis. Researching the most appropriate combination of physical activity for treating and managing knee osteoarthritis holds the key in delaying the progression, improving mobility and increasing the quality of life of middle-aged women.

A mixed methods approach will be used to study actual and perceived changes to physical knee function and quality of life. In a randomized control trial, female participants drawn from various organizations across Calgary will participate in hydrotherapy or land-based physical activity exercise regimes for a 12 week period. In addition, using a phenomenological approach, all participants will be asked to describe their personal experience via bi-monthly semi-structured questionnaires.

As the physically active baby boomer generation ages, these women will undoubtedly require treatment on their joints. Further research is needed before we can definitively bring about a physical activity hierarchy in treatment methods.

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WOMEN WITH DEMENTIA AS ADVOCACY-BASED LEADERS: IMPLICATIONS FOR A MODEL OF INCLUSION

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Alzheimer organizations worldwide play a significant role in supporting the health and social service needs of persons diagnosed with Alzheimer disease and other dementias; in fact, they are the largest and only organization exclusively aimed at dementia (Beard, 2004). With the growing number of individuals diagnosed with this disease, the role and contributions of Alzheimer organizations will continue to be significant. Through new affiliations with Alzheimer organizations, individuals with dementia are beginning to influence the direction of dementia care. In this capacity, some individuals with dementia, many of whom are women, are taking on quite significant leadership roles at various levels of potential inclusion.

Using a systems approach, this exploratory study (Whitfield, 2005) identified, using key informant interviews (telephone and face to face) the health and social related outcomes of females with dementia that have and/or continue to act in some leadership role within Alzheimer organizations. Findings suggest that their leadership work is occurring at four levels: individual (personal level), organizational (Alzheimer organization), inter-organizational (networks of dementia organizations), and broad system levels (policy level). Presented in this paper will be: 1) significant factors that both facilitate their role as leaders and/or constrain them in that role; 2) descriptions of the impact of that role at the personal level and organizational level; and 3) implications for a model of inclusion. Findings will be presented within a framework of a Model of Inclusion (Whitfield, 2005) which suggests that inclusion is multi-faceted, it occurs at all health system levels and there are both positive and negative impacts, for these women with dementia and Alzheimer organizations, that result from them working in such leadership roles. Areas requiring further research will also be presented.

An inquiry into concepts and theories of leadership are at the heart of this presentation where gender and vulnerability (related to age and disease) are significant considerations. The above study results and implications will be presented in a 20 minute, face to face, presentation.

The funding source for this research was: CIHR and SRCFC

"AGE OF BEAUTY:" PHOTOGRAPHY FOR FLOOD RELIEF BY OLDER WOMEN

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In July 2004 devastating flash-floods led to the declaration of the state of emergency in Peterborough. Many citizens were affected in their homes or businesses. While the community rallied around those affected by this unforeseen freak event of nature, "The Age of Beauty: Women for Flood Relief Project" gained attention in the community and beyond.

On the invitation of the mayor, Sylvia Sutherland, a group of eighteen prominent women aged 50 to 90 years old agreed to be photographed without clothes by a local photographer. The result, an 18 month black and white calendar is elegant, funny, beautiful, and a testament to the willingness of these women to contribute to their community. What is noteworthy is that not only is the calendar a collaborative artistic creation of beauty and art, but the sale of the calendar has been swift and raised more than \$200,000 for flood relief.

Based on interviews with some group and the photographer, I will explore the artistic collaboration in support of the community in times of hardship, how the idea developed, the obstacles/support they met along the way, and the result of this project.

ABORIGINAL GRANDMOTHERS CARING FOR GRANDCHILDREN SUPPORT NETWORK

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Child-rearing has been one of the honoured roles of Aboriginal grandmothers along with teaching traditions to younger generations. In recent years the number of Aboriginal grandmothers who have become responsible for caring for their grandchildren has increased dramatically. Some grandmothers become primary caregivers because of family breakdown, others because their sons or daughters are unable to provide the necessary care and support that their children require.

Often this caretaking drains the grandmothers economic resources and stresses their often already frail health. Not much is known, however, about how this caregiving affects the health of grandmothers caring for grandchildren.

Since Grandmothers are both a scarce and valuable resource in Aboriginal communities it is important to understand their health needs and concerns. One program that was established to provide an opportunity for Aboriginal Grandmothers to share their concerns is the Grandmothers Caring for Grandchildren Support Network in Regina. This program was established thanks to seed funding provided by the Prairie Women's Health Centre of Excellence and the Indigenous Peoples Health Research Centre to the University of Regina Seniors Education Center working in collaboration with First Nations University of Canada and U of R's Women's Studies Department. Others involved in establishing the support meetings have included Regina-Qu'Appelle Health Region public health nurses from Four Directions Community Health Centre and the Seniors' Healthy Living Program as well as a member of the Fetal Alcohol Spectrum Disorder Support Network of Saskatchewan.

The group now meets once a month for Sharing Circles with Elder Betty McKenna at Four Directions Community Health Centre. These support meetings bring together Grandmothers who provide full-time care to grandchildren they have legal custody for as well as other Grandmothers who provide varying levels of care for grandchildren. Elder McKenna uses Sharing Circles to provide all the Grandmothers who come out each month to discuss their concerns about their own health, their grandchildren, and the world they live in. University students provide assistance with meeting arrangements and in exchange learn how traditional practices can be used to provide opportunities for vulnerable older women to regain their strength in order to care for their grandchildren.

These sharing circles, made possible thanks to support provided by the Anglican Church of Canada Indigenous Healing Fund, and the Saskatchewan Health Research Foundation, provide much needed ongoing support for the grandmothers and have also shed light on their strengths and concerns. SHRC funding also made it possible for one-on-one interviews to be carried out with the Grandmothers to develop a deeper understanding of issues related to their health and well-being. Workshop participants will learn about the health and social support needs raised by the Grandmothers in the Sharing Circles and the interviews

as well as some of the initial steps being taken by the Grandmothers Community Action Partnership to assist the Grandmothers to address their health and social support needs to enable them to continue caring for their grandchildren.

Theme: Emerging Populations and Issues

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AGING FAMILIES OF ADULTS WITH AN INTELLECTUAL DISABILITY: PERCEPTIONS OF FAMILY QUALITY OF LIFE

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Families play an important role in the lives of middle-aged and older adults with an intellectual disability regardless of living circumstance. This Canadian research explored the perceptions of family quality of life held by members of older families who had a family member with an intellectual disability aged 40+.

The research used a mixed methods approach with a qualitative theoretical orientation. There were 44 participants representing 31 families; 20 parents, 12 adult siblings and 12 adults with an intellectual disability. Seven focus groups and 19 interviews were supplemented by questionnaires completed by parents and siblings. The data were grouped and analyzed according to participant family standing. Transcripts were coded and several themes emerged for each group. Coded questionnaire data underwent descriptive statistical analysis.

Major findings include parent reports of pivotal events that swayed family life trajectories, siblings and the transfer of familial care from parents, and the pride of adults with an intellectual disability in family status and family interactions. The importance of family relationships and health across groups was evident. Support from services discussed extensively by parents and siblings raised issues that suggest service actions to improve service-family relations and the quality of life experienced by older families.

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AT RISK? OLDER WOMEN, SEXUALITY, AND HIV/AIDS

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Researching older women's sexual health is essential for their wellbeing. In particular, the potential effect of HIV/AIDS on this population is not fully recognized, yet numbers have increased over the past few years. In 2004, Canada had over 9,000 cases of HIV/AIDS among older women.

Over 180 Nova Scotian women 50 years and older completed a survey containing four pre-validated scales. The 105-question survey examined their knowledge of HIV/AIDS, attitudes around sexuality, knowledge about the effects of aging on sexual activity and response, sexual behaviours, and other factors possibly associated with knowledge levels.

Many women were sexually active: 65% reported at least monthly activity, and of these, 33% reported weekly activity. On a 0 - 100 scale, knowledge of sexual changes as one ages ($M = 60.8$, $SE \pm 1.6$) was higher than knowledge about HIV/AIDS ($M = 49.3$, $SE \pm 1.5$). Both types of knowledge correlated with each other ($r = 0.254$), although the relationship was weak. Women with higher levels of sexual activity reported higher levels of knowledge in both realms. Findings suggest that greater attention be given to educating women of all ages about sexual health and highlight the importance of including older women in sexuality research.

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OLDER ABORIGINAL PEOPLES AND THE LIFE COURSE

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Although First Nations, Inuit, and Métis populations remain younger than the Canadian population, they are also experiencing demographic aging. The well-being

of older people will likely be a growing concern for governments and Aboriginal communities. Along with the continued disadvantage faced by younger Aboriginal people, this suggests the value in taking a life course perspective, linking conditions and experiences in youth and young adulthood to well-being at older ages, and helping to understand how advantages and disadvantages accumulate over the life course.

In this paper, I re-interpret the existing evidence about the health, social, and economic conditions of Aboriginal peoples from a life course perspective, with a focus on their implications for well-being in later life. Institutions, policies and programs, as well as culture, shape the lives of Aboriginal peoples in ways not experienced by other Canadians, and mainstream programs and institutions may not adequately recognize differences in the timing and experience of transitions in the domains of family, work and education, and health. Migration and mobility, pensions, and other aspects of the Indian Act are some of the important differences which can affect the stocks of economic, health, and social capital held by older Aboriginal people.

Funding sources: HRSDC, SSHRC

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UNMET NEEDS FOR AIDS, DEVICES AND SUPPORTS IN PEOPLE WITH AGILITY AND MOBILITY DISABILITIES

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Objectives: Disability increases with age and may limit older persons' participation. This study examined needs for devices and supports in Canadian adults with mobility and agility disabilities. **Methods:** Data from the 2001 Participation and Activity Limitations Survey were analysed using descriptive statistics and explanatory models. **Results:** 35% of Canadians 65 years and older reported a mobility/agility disability; 86% of older adults reporting any type of disability had agility/mobility disabilities. The highest needs for mobility devices were for relatively inexpensive devices. Unmet needs were highest for scooters (52%), electric wheel-

chairs (51%), and lifts (37%). Persons 75 and older were more likely (OR=2.02) to have an unmet need for a mobility device compared with persons 35-44. At home, almost 50% of people with agility/mobility disabilities reported needs for help with everyday and heavy household activities; about 25% of those were unmet. However, participation restrictions at home were more likely to be reported by persons younger than 75 (OR=2.20 for 35-44; 2.06 for 55-64; 1.23 for 65-74 compared to those 75+). **Conclusions:** Access to mobility devices is especially important for older adults with mobility/agility disabilities to maximize participation. Flexible policies for home support systems may help address unmet needs across all age groups.

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DRIVING AS AN EVERYDAY COMPETENCE: A NEW MODEL OF OLDER DRIVER COMPETENCE AND PERFORMANCE

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Research on older drivers focuses on both driving competence and driving performance. However, driving models generally do not account for competence, focusing rather on driving performance. Models of everyday competence are broadly focused but do not adequately account for driving behaviour. The objective of this research was to: 1) briefly review models of driving and everyday competence, 2) propose a new model for older drivers, that incorporates both driving competence and driving performance, and 3) apply the existing literature on older drivers to the new model. Our proposed Driving as an Everyday Competence model suggests that the level of driving competence is determined by the interaction between individual and environmental factors, and is moderated by beliefs and awareness, leading to strategic level decisions regarding driving behaviours. Decisions made at the strategic, tactical, and operational levels must be viewed within the social/physical environmental context if driving performance is to be fully understood. The model is offered as a useful framework for research and interventions.

**SENIORS AND THE 2010 OLYMPIC GAMES:
EXPLORING CREATIVE AND MEANINGFUL WAYS TO
INVOLVE SENIORS IN THE GAMES**

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How can an international, elite, youth-oriented sporting event, such as the 2010 Olympic and Paralympic Games (2010 Games) be used to highlight healthy and active aging, and showcase the important contributions that seniors make to society?

This is the key question being examined by BC, the Vancouver Olympic Committee and other stakeholders across Canada as they explore creative and meaningful ways to involve seniors in the 2010 Games.

The 2010 Games provide a tremendous opportunity to develop a role for seniors. Public attention will be turning to seniors as the first “baby boomers” to reach age 65 in 2011, making 2010 an opportune time for a public celebration of active aging in British Columbia, Canada and around the world.

In October 2006, the BC Ministry of Health initiated discussions and meetings with key stakeholders from VANOC and others to get their feedback on the ‘concept’ of involving seniors in the 2010 Games. Opportunities for involvement of seniors were identified in three main areas: volunteering; employment as temporary paid workforces; showcasing seniors in a positive light and highlighting healthy and active aging.

A “think tank” session followed which explored those opportunities and associated challenges. Results from the “think tank” session will be addressed in terms of outcomes and next steps leading up to 2010.

**LEAN ON ME: AN INITIATIVE TO BUILD CAPACITY
AMONG VOLUNTEERS WORKING IN SENIORS' CENTRES**

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This training initiative targets volunteers who support frail seniors in community centres. The goal of Lean on Me is to provide community centre volunteers with specialized training in supporting frail seniors.

Its objectives include:

- To enhance the ability of volunteers who work in London's community centres to communicate more effectively with the ‘not-so-well’ (i.e. frail) elderly.
- To provide volunteers with knowledge they can use to provide confident, safe and constructive support to those who they support.

The pilot project components involved working with community partners to develop the curriculum, resource manual and video vignettes, to deliver the program in four 2-hour modules, and to share the experience among stakeholders. The four modules addressed:

- Boundaries, Barriers, Relationships, Health Concerns
- Safety with Mobility
- Communication Issues
- Intellectual and Physical Disabilities, Dementia and Mental Health Issues

Quantitative results show that participants were highly satisfied with the program and that knowledge and confidence improved significantly. These findings are corroborated by qualitative results. Process evaluation findings highlight successes and challenges in rolling out the pilot project. The success of the pilot project has led to plans for expansion of the program to other community centres in and around London.

BABY BOOMERS AND THE WORLD OF SENIOR VOLUNTEERING

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This research centers on motivation of volunteers as observed in recruitment and retention of baby boomers (ages 42-60) and a comparative group of seniors (ages 65-75). The comparison is apt, for many of the first will soon be seniors. In particular this study is unusual, since it explores the full range of volunteer motivation in these two samples: volunteering on informal and grassroots associational levels as well as on the more commonly examined level of volunteering in voluntary organizations. Since the first two levels have been little studied, especially for boomers, we used an exploratory/qualitative research approach to generate new ideas about volunteer motivation. The object was to build grounded theory bearing on motivation in the two samples, as related to recruitment and retention across the range of opportunities and experiences in volunteering. We interviewed 90 respondents in Calgary distributed in 6 subsamples: 15 boomers in their 40s currently volunteering and 15 currently not volunteering, with corresponding samples for those in their 50s and for seniors. We report data on personal history of volunteering, nature of current volunteering, reasons for volunteering in the past and present, reasons for not volunteering in the past and present, and future plans for volunteering.

LONG-TERM CARE VOLUNTEERS' SELF-EFFICACY & TRAINING IN RELATION TO ROLE SATISFACTION AND COMMITMENT.

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A significant proportion of psychosocial activities in residential care facilities are conducted by volunteers. These volunteers, however, are rarely provided with training specific to the tasks required or the complex needs of those served. Informed by Omoto and Snyder's volunteer process model and social cognitive theory, this study explores the relationship between self-efficacy, training and education with role satisfaction and organizational commitment. Participants were recruited from nine care facilities in the Greater Vancouver area (N = 100). Regression analyses indicate that self-efficacy and training significantly predict role satisfaction ($R^2 = .11$, $p < .01$) and approach significance in terms of predicting organizational commitment ($R^2 = .06$, $p = .06$). In both instances, the relative contribution of self-efficacy exceeds that of training suggesting that volunteers with greater perceived self-efficacy were likely to be more satisfied with their volunteer position. Results suggest that care facility wishing to retain volunteers should provide training and support so that volunteers are empowered to provide optimal care for the residents they serve.

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THE REALITY BEYOND APPEARANCES: ELDERS ON GROWING OLD

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1. Objective

Through participatory action research with a group of six elder co-researchers, aged 70 to 85, we have explored the territory of old age. Our central question has been: What can elders teach about the experience of growing old? The poster presents our process and findings.

2. Method

Our elder research team met weekly for four months, our work together including discussion, journaling and other forms of writing, interviews, and research into the related literature. After identifying key themes, we prepared a number of ways to disseminate our findings to a variety of audiences.

3. Results

The experience of doing research together, as partners, was personally transformative. The elders spoke about having a different and deeper understanding of elderhood, about how their individual uniqueness was overlaid with a strong sense of oneness as they found commonalities in their experiences of aging. As a non-elder, I came to understand something about what separates me from the experience that the elders now share.

Using an agreed-upon set of key themes from our research together (e.g., freedom; acceptance; simplicity; loneliness and aloneness; positive solitude; independence and interdependence; seeing things as they are and seeing the world through fresh eyes; the pursuit of unconventional knowledge; responsibilities of elders – to self, community, and the world) we presented sessions, ranging from 90 minutes to a full day, to a variety of audiences. The most common audience response regarding the worth of the elders' research has been that its voice is positive and authentic.

4. Conclusions

Elders have the potential to contribute significantly to research on aging as co-researchers and teachers. In addition, the opportunity for elders to talk deeply with each other about their experience of living in old age has been shown to benefit them.

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CLINICAL TRIALS IN DEMENTIA: POPULATIONS SERVED BY CONSORTIUM OF CANADIAN CENTRES FOR CLINICAL COGNITIVE RESEARCH (C5R) SITES

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Objective:

Specialists in Neurology, Geriatric Medicine or Geriatric Psychiatry, located in 34 Canadian centres, work within the Consortium of Canadian Centres for Clinical Cognitive Research (C5R). C5R centres are usually within metropolitan areas and are aligned with academic health sciences centers. The aims of this investigation are to:

- determine if sites vary with respect to population served;
- identify unserved populations; and
- quantify the minimum population base needed for possible future C5R sites.

Methods:

Based on 2001 census data, counts of seniors (those aged 65+ years) were determined by health region.

Results:

In 2001 there were 3,826,971 seniors living in 118 health regions (Mean = 32,432; Range 265 - 337,830). In provinces with 1 to 3 C5R sites, the number of people served by site varied from 49,465 to 177,762.

DOES A PRESSURE ULCER TEAM DECREASE PRESSURE ULCERS AMONG OLDER PEOPLE IN A NURSING HOME?

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OBJECTIVES: 1. To improve quality of life; 2. To increase mobility; 3. To manage pain relief among old people in a nursing home.

METHODOLOGY: We conducted a retrospective study using data for two time periods: October-December 2003 (pre team intervention) and October-December 2005 (post team intervention), to determine the effectiveness of the pressure ulcer team on reducing the prevalence of pressure ulcers. The study was conducted in a large long-term care facility. Data were obtained from the Minimum Data Set including information on important pressure ulcer risk factors such as immobility, fecal and urinary incontinence.

RESULTS: Our sample included 234 residents in long-term care in 2005 and 147 in 2003. We compared residents in these time periods on important risk factors including age, immobility and incontinence. Of the residents, 81.2% were immobile, 78.63% were bowel incontinent in 2005, and 86.40% were immobile, 85.71% were bowel incontinent in 2003. Prevalence of pressure ulcers was 27.78% in 2005 post team intervention and 28.57% in 2003.

CONCLUSIONS: Our results suggest a pressure ulcer team may be a useful mechanism in the prevention of pressure ulcers.

Source of funding: Canadian Institutes for Health Research

SENIORS' CONTRIBUTIONS TO MANITOBA

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Seniors are often perceived as the recipients of services.

The purpose of this study was to determine seniors' contributions across multiple domains, focusing specifically on seniors in Manitoba. Data sources included: the National Survey of Giving, Volunteering, and Participating; the General Social Survey Cycle 17 – Social Engagement; and, the Survey of Household Spending.

In 2001, there were 157,191 Manitobans aged 65 and over. Among other findings, the data showed that 7% were actively employed, two thirds of whom worked full time. In 2000, 32% spent nearly 8.8 million hours in volunteer activities, and 83% gave charitable donations totaling nearly \$67.5 million, which was more money per capita than any other age group in the province. In 2003, 88% were politically active in some way including voting, attending public meetings, signing petitions, and expressing views by contacting a newspaper or politician. In that year, nearly one-fifth of Manitoba's voters were seniors.

Our findings highlight the considerable contributions Manitoba seniors make. They spend much time, effort and money improving their communities through volunteerism, charitable giving, civic participation, political activism and unpaid care of others. They also contribute much to the economy through living and personal expenditures and personal taxes.

COMPARING PERCEPTIONS OF ELDER CARE AMONG HOSPITAL NURSES IN THREE DIFFERENT SETTINGS

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The Geriatric Institutional Assessment Profile (GIAP) survey, administered in seven Winnipeg hospitals as part of the Elder Friendly Hospital Initiative, assesses a number of dimensions relating to elder care. In this analysis, responses from nurses in three hospital settings, geriatric (n=218), community (n=387), and teaching (n=504) were compared using one-way analysis of variance. Specifically, group differences were examined in three areas: expertise surrounding care of older adults, institutional commitment to geriatric care, and institutional obstacles to geriatric care. Nurses in geriatric hospitals were significantly more likely than nurses in both community and teaching hospitals to have higher ratings of expertise surrounding the care of

older adults. Nurses in geriatric hospitals were also significantly more satisfied with their institution's commitment to geriatric care than nurses in community and teaching hospitals. There were no significant differences between nurses in community and teaching hospitals in either of these two areas. Conversely, nurses in community hospitals were significantly more likely to identify institutional obstacles that interfered with geriatric care compared to nurses in geriatric and teaching hospitals. These findings will guide the hospital settings in developing targeted strategies to improve these dimensions of elder care.

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DEVELOPING A RESEARCH PROGRAM ON ACCESS TO CARE FOR ETHNIC MINORITY SENIORS

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Canada is experiencing two dramatic changes in its population: an increase in the number of Canadians 65 years of age and older and a rapid increase in the ethnic diversification of its senior population. Canadian research on access to health care for ethnic minority seniors is nonetheless sparse and diffuse. In April 2007, Speaking to the Interface: A Symposium on Access to Care for Ethnic Minority Seniors (EMS) brought together Canadian and international researchers, health and multicultural service providers, and ethnic minority seniors to exchange knowledge, identify gaps in understanding, and develop a collaborative research program to address those gaps. A tool for conceptualizing and coordinating research seeking to understand how EMS navigate the journey toward appropriate health care in Canada is the "Candidacy" framework (Dixon-Woods et al. 2006), which views eligibility for appropriate medical care as a dynamic and contingent process of joint negotiation between individuals and health services. Here we present an application and assessment of the utility of the Candidacy framework when improving access to care among EMS is the goal of the research.

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EVALUATION OF THE ELDERCARE CLERKSHIP: YEAR 1 RESULTS.

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In 2003, the University of Western Ontario (UWO) created a new two-week "Eldercare" clerkship combining teaching in Geriatric Medicine and Geriatric Psychiatry. Trainees and faculty who believe clerks receive sufficient training in Eldercare elsewhere in the clerkship have questioned the value of having this rotation. We therefore posed the following research question: Do clinical clerks who complete an Eldercare rotation develop superior knowledge, clinical skills, and attitudes in caring for older patients than those who do not?

A randomized, controlled trial was conducted involving third-year clerks from the Classes of 2007 and 2008 at UWO. Clerks were assigned to complete either an Eldercare or non-Eldercare (ENT/Ophth.) rotation; the clerkships were otherwise similar in content. Geriatric knowledge and attitudes were assessed by survey prior to beginning the clerkship, with knowledge, attitude, and practice characteristics being assessed by survey in the final month of clerkship. Clinical skill was assessed using the Eldercare station of the clerkship exit OSCE.

132 clerks (72 Eldercare, 60 non-Eldercare) took part in the study. Eldercare clerks demonstrated significant improvement on the knowledge measure ($t[1,92]=2.22$, $p=0.03$) and had a less negative attitude ($t[1,89]=2.40$, $p=0.02$) compared to non-Eldercare clerks. Pass rate on the OSCE for Eldercare clerks was 97.14% (score 33.46 ± 3.81) and non-Eldercare clerks, 81.36% (score 32.53 ± 3.66).

Preliminary data analysis suggests that completing a 2-week Eldercare clerkship may indeed improve the knowledge, attitude, and clinical skills regarding the elderly beyond what would be expected from a clerkship without specialized training in Eldercare.

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IDENTIFYING CHARACTERISTICS OF RESIDENTIAL FACILITIES FOR OLDER PEOPLE TO SUPPORT THE PLACEMENT PROCESS

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This study aimed to identify relevant physical and organizational characteristics of residential care facilities to support the placement process of seniors.

We used a modified Delphi approach based on the RAND/UCLA Appropriateness Method. From a literature review, we identified indicators describing physical and organizational characteristics of residential facilities. Then, we carried out a consultation through postal questionnaires with 2 groups of experts. The consulted experts judged the relevance of each indicator on a 1 to 9 rating scale. The group A considered the placement of seniors cognitively impaired and group B for seniors physically disabled. Ratings were analyzed regarding the median score and the level of agreement among experts. 2 rounds per group were required to reach a consensus.

On the 58 experts, 48 returned their both questionnaires. 286 indicators were judged by each group ; 170 related to physical environment (PE) and 116 to organizational environment (OE). Group A rated 172 as essentials: 88 PE and 84 OE. Group B identified 146 as essentials: 75 PE and 71 OE. 84.6% of the items were correspondingly classified by the two groups; essential or not.

With these characteristics an observational instrument will be generate and later tested for reliability and validity.

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FACTORS INFLUENCING THE VALIDITY OF PROXY INFORMATION TO ASSESS SOCIAL PARTICIPATION AFTER STROKE

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Objective: The study aimed to explore factors affecting the agreement between patients with stroke and their proxies on the assessment of social participation. **Methods:** Forty people with stroke and their proxies (total n=80) were interviewed separately using the Assessment of Life Habits questionnaire (LIFE-H 3.1), which documents participation in daily activities and social roles. Patients' and proxies' characteristics were also collected, including sociodemographic and clinical variables (ex: severity of motor impairment, cognitive functions and depressive symptoms).

Results: Only patient characteristics were associated with disagreement between members of the dyads. From multivariate regression analyses, severity of motor disabilities was the best predictor of disagreement between people with stroke and proxies. Severe motor disabilities and poorer cognitive performance predicted greater disagreement on the LIFE-H total score and together explained 40% of the variance in disagreement between respondents. Other factors related to response discrepancy in patient-proxy dyads included patient sex [female], living environment [seniors' private residence versus home] and depressive symptoms ($p<0.05$).

Conclusion: Clinicians and researchers should remain cautious when interpreting proxy information and consider factors that may contribute to disagreement between people with stroke and their proxies on the assessment of social participation.

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IDENTIFYING FRAILTY USING THE ICF: PROOF OF CONCEPT

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IDENTIFYING FRAILTY USING THE ICF: PROOF OF CONCEPT

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Frailty is an increasingly important concept for understanding aging. The current lack of consensus regarding the components of frailty is hampering advances in service planning for the elderly. The International Classification of Functioning, Disability and Health (ICF) may be a workable framework for detection and staging of frailty as it provides a coding structure suited to the terminology that has grown around the frailty paradigm.

In order to determine to what extent the language of frailty is compatible with the ICF, multidisciplinary raters were asked to assign ICF codes to frailty language derived from a comprehensive review of the frailty literature. In total, 80% of the frailty language was compatible with the ICF, producing 202 unique functional status indicators (FSIs).

This study supported using the ICF to facilitate standardization of terminology, identification of the outcomes and precursors that are crucial to understanding frailty and its impact, and standardization of assessment. Development and utilization of FSIs will facilitate communication among healthcare professionals; enrich existing clinical and population health databases to facilitate research to inform practice and policy.

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THE SOCIAL CREATION OF DEPENDENCY IN OLD AGE: A REVIEW

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Dependency is viewed negatively in individualistic cultures. The cultural, social and physical environment, health status (physical, cognitive and mental), and socioeconomic status all contribute to dependency in old age. This review examines the effects that the social environment, when guided by negative age stereotypes, has on dependency. The social creation of dependency can be the result of non-contingent environments (learned helplessness), contingent environments (learned dependency), social policies and structures (structural dependency), or exposure to age stereotypes (ageist dependency when it is the result of other people's beliefs, or self-stereotype activation dependency when it is the result of the activation of older adults' internalized age self-stereotypes). By focusing on how dependency can be socially created, and not just on biological decline, additional targets for intervention can be identified.

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THE PERFORMANCE AND FEASIBILITY OF BRIEF ALCOHOL SCREENING TOOLS IN A GERIATRIC OUTREACH POPULATION

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Alcohol misuse (or alcohol-related problems) is a serious and hidden problem among the senior population. Because of natural physiological changes, even low levels of alcohol consumption can lead older adults to suffer adverse health effects, such as depression, difficulties with memory, and falls. No studies to date have explored how alcohol assessment tools perform in a Mental Health Outreach setting, where there is a priority to establish and maintain rapport in order to remain welcome in the home. This concern may prevent health care providers from asking confrontational questions regarding alcohol use. Study 1 will examine the per-

formance of three brief alcohol screening tools (the CAGE, the SMAST-G, and the SAMI) to a sample of seniors receiving outreach services and compare each tool's performance to a gold standard. Sensitivity, specificity, and the Area Under the Receiver Operating Characteristic (AUROC) will be calculated for each screening tool. In Study 2, health care workers from Geriatric Outreach teams, who have agreed to use the three brief alcohol screening tools in their own practice, will rate each screening tool along different characteristics, such as client comfort and ease of scoring.

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SUSTAINABILITY OF THE STAY ON YOUR FEET FALL PREVENTION PROGRAM

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The Stay On Your (SOYF) Project is a multi-strategy fall prevention program for community-dwelling older adults. SOYF was piloted as a demonstration project in three Ontario communities. During the two-year program, communities implemented a range of initiatives to improve education and awareness, decrease risk factors, and promote behavioural change. After the funding period, sustainability was evaluated using a holistic, multiple case study methodology. In-person interviews were conducted with key stakeholders at each site. Information was collected regarding the stakeholders' definitions of sustainability, factors they believed promoted or threatened program sustainability, and their recommendations. The study findings revealed a number of key issues. Stakeholders provided a wide array of definitions of sustainability, which varied both within and between sites. The lack of a common definition has serious implications if sustainability is a program goal. A number of barriers to sustainability were found, including a lack of clear leadership, initiative fragmentation and decentralization, and heavy reliance on key individuals. Recommendations were developed and include preparing an exit strategy, encouraging wide involvement, and providing communities with direction and a place to start. The findings of this study will assist future community-based programs in achieving program sustainability.

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A CROSS-CULTURAL EXAMINATION OF PHYSICIAN'S PERSPECTIVES REGARDING THE ETHICAL DILEMMA OF EUTHANASIA FOR OLDER ADULTS, AND THE INFLUENCE OF THEIR ETHICAL TRAINING AND PROFESSIONAL CODE OF ETHICS.

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Objectives: Ethical dilemmas can often challenge physicians in the day to day care of their patients, not withstanding decisions which occur at the end of life. The intent of the research was to examine the similarities and differences in opinion about issues related to older adults among five groups of Physicians, coming from varying cultural backgrounds: Ireland, Japan, Thailand, India and Canada.

Method: Thematic content analysis (de Groot, 1969) involving 11 focus groups conducted with Physicians from five different countries, representing various cultures (n= 15 Canadian; 9 Indian; 9 Irish; 9 Japanese; 11 Thai) was undertaken. The issue of euthanasia was one area of focus in this research.

Results: The results from these focus groups indicate among others findings that in our Canadian system there appears to be a paternalistic, possibly "legally safe" mandate irregardless of the patient's wishes. In Ireland and Japan the affect of religion was pronounced and in Thai medical practice, culture was a primary factor influencing perception.

Conclusions: As much as differences were noted, similarities were present regarding the use of professional codes of ethics and in their ethical training background.

Funding: The research team was funded by Health Services Utilization Commission of Saskatchewan (HSURC)

**PLEASURE IN THE DAILY LIVES OF PEOPLE LIVING
WITH ADVANCED DEMENTIA IN A LONG-TERM CARE
FACILITY: A MULTIPLE CASE STUDY APPROACH**

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Quality of daily life for people living with advanced Alzheimer's disease in institutions may be at risk if moments throughout the day are not made pleasurable by staff members who work closely with them. A review of the literature on time-use in long-term care revealed a disproportionate amount of time is spent caring for the body in comparison to attending to sources of pleasure. This study examined the concept of pleasure from the perspective of involved and committed family members and personal support workers (PSW) through interviews and video-taped interactions between the resident and the family member and the resident and a PSW. Seven case studies involving a resident, a family member and a PSW were analyzed using qualitative analytic devices in order to develop themes about sources of pleasure, indicators of pleasure and ability to generate a response indicative of pleasure from the perspective of families and the replicability of pleasure-creating responses by PSWs with the residents. These results along with a discussion and future research implications will be outlined in this poster.

BUILDING CARING COMMUNITIES FOR SENIORS AT THE END OF LIFE

Pierre Allard, MD, PhD, FRCP(C), Keith Wilson, PhD, Susan Brajtman, RN, PhD, Frances Legault, RN, PhD, Sharon Kaasalainen, RN, PhD, Mary Lou Kelley, MSW, PhD, Kevin Brazil, PhD, Marg McKee, PhD, Palliative Care Research Group, Elisabeth Bruyere Research Institute, Elisabeth Bruyere Health Centre 43 Bruyere St., Ottawa ON K1N5C8 Canada (elcs-net@scohs.on.ca) Tel: (613) 562-4262 ext 4008

The gap in research in end-of-life care for seniors has developed because the area of inquiry falls within the domain of two parallel but typically disconnected research agendas: the study of aging and the study of palliative care. The study of aging, conducted within the disciplines of geriatrics and gerontology, encompasses a wide-range of research on and services provided to Canadians 65 years of age and older. However, recent emphasis in aging research has not typically encompassed the study of healthy dying. To date, most palliative care research has focused on the needs and care of younger people who are dying prematurely from cancer or AIDS. Thus, very few geriatricians or gerontologists conduct research on end-of-life, and few palliative care practitioners and researchers focus solely on seniors.

Providing care to older adults who are palliative requires specialized knowledge as they often have more complex and multiple health problems, increased disability, and decreased social supports. The End-of-Life Care for Seniors: New Emerging Team was formed in April 2003 (funded by CIHR) with the aim of combining two areas of research: gerontology and palliative care.

Papers presented during this symposium represent the findings of the ELCS-NET team on projects addressing the issues of palliative care services for seniors and how personal, social and environmental factors affect care. The range of topics covered will contribute to the participants' understanding of the differences between older and younger adults' experiences at the end of life, and the crucial role of rural hospice volunteers with elderly people. The symposium will also introduce new

interventions and protocols looking at different topics and populations: the patient, the care provider and the system.

Facing death from cancer at different ages

Keith Wilson, PhD, The Rehabilitation Centre, Ottawa, ON (presenter) Christine McPherson, RN, PhD, University of Ottawa, Ottawa, ON Mary Lou Kelley, MSW, PhD, Lakehead University, Thunder Bay, ON Harvey Chochinov, MD, PhD, FRCP(C), University of Manitoba, Winnipeg, MB Katherine LeMay, BA, PhD(c), University of Ottawa, Ottawa, ON Pierre Allard, MD, PhD, FRCP(C), University of Ottawa, Ottawa, ON

There is evidence that older adults with advanced cancer are less likely than younger adults to receive specialist palliative care services. Surprisingly, however, few studies have examined differences in quality of life between older and younger palliative care patients. We administered semi-structured interviews to 381 patients in a national multi-centre study. They were all receiving palliative care for cancer. The interview protocol covered a range of physical, psychological, social, and existential symptoms and concerns. In the present study, we have compared the profiles of older participants ($N = 225$ participants 65 years or older, $M = 76.2 \pm 6.6$ years) with those of younger participants ($N = 156$, $M = 54.1 \pm 7.2$ years). Younger participants were more likely to be women, and to have breast cancer. Although the older group had significantly lower performance status, they had fewer symptoms and concerns that were rated as moderate-extreme in severity. With respect to treatment, younger patients were more likely to be prescribed antidepressant medications, benzodiazepines, and opioids. In conclusion, older and younger palliative care patients show different profiles of symptoms and concerns, and receive different treatments. Younger patients have greater distress in a number of areas.

Improving the care of palliative care patients with delirium: A pilot study to develop an interprofessional educational intervention for health care professionals

Susan Brajtman RN, PhD, University of Ottawa, Ottawa, ON (presenter) Pippa Hall, MD, MEd, SCO Health Service, Ottawa, ON. Lynda Weaver, MEd, SCO

Health Service, Ottawa, ON. Kathryn Higuchi, RN, PhD, University of Ottawa, Ottawa, ON. Pierre Allard, MD, PhD, FRCP(C); SCO Health Service, Ottawa, ON. Dawn Mullins, RN, MSc, Élisabeth Bruyère Research Institute, Ottawa, ON

Delirium is a common major complication of advanced illness, particularly in the older adult and during the last weeks of life. Caring for patients with delirium can be challenging for health care professionals. We developed an interprofessional educational intervention for palliative care clinicians to enhance knowledge and attitudes on terminal delirium, and improve team cohesiveness and effectiveness. Objectives included the development and assessment of instructional strategies and educational resources required for the educational intervention, and identification, modification, development and assessment of instruments for evaluation purposes. Three interactive patient and family case-based sessions provided participants (n=10) with information on delirium and interprofessional communication, teamwork and conflict management. Evaluation tools included a Delirium Knowledge Test (DKT), Interdisciplinary Team Performance Scale (ITPS), Family Satisfaction Survey of Delirium (FSS-D), chart audit, and process and content workshop evaluations.

Findings indicated that the educational intervention enhanced participants' understanding of delirium management and family support, and the value of team collaboration. In conclusion, results indicate the value of the instructional process and strategies and evaluation tools. Future studies will evaluate the efficacy of the interprofessional educational intervention on the process and outcomes of care delivered in various settings to patients experiencing terminal delirium.

Rural hospice volunteers: How do they contribute to end-of-life care for elderly people?

Mary Lou Kelley, MSW, PhD, Lakehead University, Thunder Bay, ON. (presenter) Marg McKee, PhD, Lakehead University, Thunder Bay, ON (presenter) Manal Guirguis-Younger, PhD, Saint Paul University, Ottawa, ON. Michael MacLean, PhD, University of Regina, Regina, SK.

Caring for frail rural seniors at the end of life is a growing challenge for health services and policy. Little is known about the role hospice volunteers play in these communities, the contribution they make to the end-

of-life care of the seniors living there, or how their role intersects with the formal and informal networks of care. This presentation will summarize the results of a focused ethnographic study in a rural Northwestern Ontario community in which the investigators sought to understand the role of hospice volunteers in the end-of-life care for the seniors living there. Data were collected on site by six researchers over five days, through participant observation and generating field notes, conducting interviews and focus groups, reviewing documents relevant to hospice volunteer work (e.g. newspaper articles, job descriptions), taking documentary photographs of hospice volunteer work, and creating social

network maps of the relationships between seniors and formal and informal caregivers.

The development of a pain protocol for long-term care

Sharon Kaasalainen, RN, PhD, McMaster University, Hamilton, ON. (presenter) Kevin Brazil, PhD, St. Joseph's Health System Research Network & Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, ON. (presenter) Tim Burns, Director, Long-Term Care Facilities Branch, Ontario MoHLTC, Toronto, ON. Lisa Dolovich, BScPhm, PharmD, MSc, Department of Family Medicine, McMaster University, Hamilton, ON. Alexandra Papaioannou, BScN, MSc, MD, FRCPC, Department of Medicine, McMaster University, Hamilton, ON. Alba DiCenso, RN, PhD, McMaster University, Hamilton, ON. Jenny Ploeg, RN, PhD, McMaster University, Hamilton, ON. Esther Coker, RN, MScN, MSc, St. Peter's Hospital, Hamilton, ON. Faith Donald, RN(EC), PhD, Ryerson University, Toronto, ON. Thomas Hadjistavropoulos, Ph.D., R.D. Psych, University of Regina, Regina, SK. Ruth Martin-Misener, RN, PhD, Dalhousie University, Halifax, NS. Noori Aktar-Danesh, PhD, McMaster University, Hamilton, ON. Anna Emili, MD, CCFP, Department of Family Medicine, McMaster University, Hamilton, ON.

Based on previous pilot study results and the best available evidence, we developed a pain protocol to facilitate decision-making among nurses and physicians in LTC. It focuses on strategies for pain assessment and offers guides for decision-making based on residents' pain level and the effectiveness and/or side effects of chosen treatments. The pain protocol is a culmination of many

projects that have examined innovative pain assessment methods for LTC residents, both with and without cognitive impairment, and it has been developed based on three best practice guidelines: the RNAO, American Geriatrics Society, and the American Medical Directors Association (AMDA). We propose that a pain protocol would help facilitate translation of BPGs related to pain management in a user-friendly manner to help guide decision-making for nurses and physicians in LTC. Two toolkits (e.g., AMDA, RNAO) will be used to implement the pain protocol and the Ottawa Model of Research Use (OMRU), a planned model of change, will be used to provide a conceptual guide to the implementation process. This presentation will provide an overview of the development of the pain protocol and outline its components. In addition, strategies aimed to facilitate a successful implementation of the pain protocol will be discussed.

Continuity of care: Palliative home care for seniors and their caregivers

Frances Legault, RN, PhD, University of Ottawa, Ottawa, ON (presenter) Kevin Brazil, PhD, St. Joseph's Health System Research Network & Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, ON. Sheila Bauer, RN, MHA, Champlain Community Care Access Centre, Ottawa, ON. Pippa Hall, MD, MEd, SCO Health Service, Ottawa, ON. Lillian Locke, RN, MPA, SCO Health Service, Ottawa, ON. Lynda Weaver, MEd, SCO Health Service, Ottawa, ON. Barbara Cameron, RN, BScN, Champlain Community Care Access Centre, Ottawa, ON.

The aim of this study was to implement and evaluate multiple interventions (service planning, physician referral and support, and a Chart-in-the-Home) to optimize continuity of care in a community palliative care program in Ottawa, Ontario. Three types of continuity were evaluated: 1) Management Continuity (consistency of care and responsiveness to changing needs of the client and family caregivers); 2) Relational Continuity (on-going client-provider relationships and consistency of provider); and 3) Informational Continuity (efficient and effective transfer of information and accumulated knowledge of the client). A case study research design was utilized to systematically collect and synthesize information to provide a complete description of the contribution of the specific interventions on continuity of care. Data collection included quantitative and qualitative approaches incorporating six primary sources:

clients and family caregivers, home care nurses, family physicians, CCAC case managers, program documents, and client charts. There were 230 palliative home care client participants living in urban and rural communities, 70% of whom were over the age of 60 years. Findings pertain to challenges in coordination of services, trends in cancer care, specialist and generalist models of physician practice, and evaluation of the Chart-in-the-Home. (Funded by CHSRF/CIHR/Ontario Ministry of Health and Long Term Care).

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ARE CANADIAN UNIVERSITIES READY FOR AGING STUDIES?: LESSONS LEARNED FROM DISABILITY STUDIES AND WOMEN'S STUDIES

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Consumer led research makes important contributions to the understanding and appreciation of various segments of our population. This approach has resulted in advances that have been possible in areas of study such as rehabilitation with the emergence of a challenging research discourse of Disability Studies. Nothing About Us Without Us (Charlton) defines the voice of people with disability. In 1970 the first Women's Studies degree program was offered and by 1995 over 10,000 PhD's had been conferred in North America. When Women ask the Questions (Boxer, 1995) defines the need for the women's voice to be heard. Using lessons from the past it is time to mark the beginning of a new voice in literature about older adults,; a voice that challenges the dominant discourse of both geriatric and gerontological research. A voice that comes from lived experience and the rich cultures of aging adults and, including, a voice disclosed to older adults by their older adult peers.

When a Program's Time has Come: Lessons from Women's Studies

Fiona Nelson

The emergence, during the 1970s and 1980s, of Women's Studies programs and departments on university campuses across North America, represented the confluence of many social, cultural, and political forces.

The innate interdisciplinarity of feminism meant that it was perfectly suited to an academic manifestation. In response to very real social and demographic changes, and with the participation of both academics and members of the larger communities surrounding universities, universities and their governing bodies came to recognize the social and academic need for instituted Women's Studies programs. By examining the processes, struggles, strategies and rationales around the establishment of the Women's Studies program at the University of Calgary, we can distill some vital lessons as we look forward to establishing an Aging Studies Program on this campus.

Lessons Learned from Disability Studies

Within the last three decades we have witnessed society's approach to disability move from "out-of-sight, out-of-mind" to support for disability rights, inclusion for all and recognition of contributions to society. People with disabilities have driven most community progress. It is their voice that leads support for political, social, and educational change and overall improvement for lives of people with disabilities. An important vehicle in this process was the development of Disability Studies. Prior to these developments people with disabilities lived with a sense of invisibility and anonymity. People with disabilities were often abandoned, segregated, and excluded due to a lack of accessibility to many buildings. Older adults face many similar challenges and they too want to lend a voice to the need for change in society's processes that influence decisions that are made regarding their health and future well-being. Based on the history of success within Disability Studies, opportunities for senior led change are proposed through the development of Aging Studies.

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ADVANCE CARE PLANNING AND HEALTH CARE CONSENT - THE CHALLENGE TO DO IT RIGHT

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Advance Care planning is heavily promoted in the health system across Canada however is anyone doing it "right", right meaning in accordance with the law of the province in which the patient is resident? This workshop will be an in depth discussion of advance care planning legislation across Canada and the implications for patients, their family members, health practitioners, health facilities and the health system of the compliance or non compliance with the legislated frameworks. Particular advance care planning programmes and forms will be used as examples in the discussion. The discussion will also focus on what can be done to improve practices in advance care planning.

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IMPLEMENTING DEMENTIA CARE MAPPING IN A LONG TERM CARE FACILITY

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Louis Brier Home and Hospital learned about Dementia Care Mapping (DCM) through our search for new and innovative ways to address some of the challenges associated with providing care to people with dementia, specifically through an understanding of them in their interactions with other people. This was especially relevant for those residents who were physically and cognitively lower functioning and who we felt were sometimes neglected socially. DCM is an observational tool designed to evaluate the quality of care from the perspective of the person with dementia in institutional settings. Through a detailed observation process and coding procedure, DCM maps resident's behaviours as they interact with their environment and their care providers.

Four staff members consisting of an Occupational Therapist, Recreation Therapist, a Licensed Practical Nurse and Social Worker were trained in Basic DCM in 2006 by the Bradford Dementia Group. Since that time, we have attempted to integrate the tool into our practice

setting of a Jewish LTC facility in Vancouver, BC.

We have integrated DCM into practice in four ways; one-on-one work with individuals; evaluating recreation and rehab groups; educational evidence for staff and families; and through 2 research projects. Through an interactive and experiential workshop featuring videotape footage, participants will be given an overview of DCM and the philosophy of person-centred care; learn how we have adapted it specifically for our practice needs; discuss restrictions; understand what we are learning to see and hear differently; and provide solutions and ideas for practitioners who may not have the chance to learn the tool but who would like to improve dementia care in their facilities.

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SPIRITUAL AND PASTORAL CARE WITHIN AN ASSISTED LIVING FACILITY

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Experience has shown there to be a deficiency in assisted living for adults. We believe that this deficiency is the provision of spiritual and pastoral care.

Our team will review the four-year history which led to the creation of a half-time Chaplaincy service to provide pastoral care at The Ashbourne, a 110 suite assisted living facility adjacent to the University of Alberta in Edmonton, Alberta. This history will narrate the initiative taken by Garneau United Church and outline and describe all activities undertaken by the Chaplaincy. Successes and challenges will be addressed, and future proposals presented. Our presenters will then share information from their particular perspectives as Residence Manager, Board members, and Chaplain.

Workshop participants will be encouraged to share their experiences of the provision of or deficiency in pastoral care in assisted living facilities, and to consider the significance and benefits that come from addressing spiritual needs. Our belief is that by offering spiritual support, quality of care and quality of life often improve.

There will also be an opportunity for our team to receive evaluation and ideas from all participants.

Theme: Dementia Care Interventions

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FACILITATING SOCIAL ENGAGEMENT: AN INTERVENTION FOR HOSPITALIZED INDIVIDUALS WITH DEMENTIA

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The objective of this pilot study was to determine if a psychosocial intervention for individuals with moderate to severe dementia would be effective in increasing the participant's social engagement while reducing agitation symptoms. Participants from a control (n=10) and treatment group (n=10) were assessed using standardized behavioral observation tools at four time periods. The treatment group was observed 30 minutes prior, during, immediately following, and 30 minutes after the intervention had ended. The control group was observed at similar times throughout the day while participating in regularly scheduled activities. Results indicated that constructive engagement and passive engagement was significantly higher during the intervention for the treatment group but that social engagement levels returned to baseline over the next two time periods. The intervention had no effect on agitated behaviors, likely because few agitated behaviors were observed for most of the participants throughout the study. In conclusion, the results suggested that a psychosocial group intervention for individual's with dementia was effective in facilitating social engagement but that engagement levels returned to baseline shortly after the intervention ended. The results highlight the importance of providing high quality, staff facilitated psychosocial interventions for individuals with moderate to severe dementia residing in institutional settings.

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ASSESSING THE EFFECTIVENESS OF DOLL THERAPY ON DECREASING AGITATION, AGGRESSION AND PRN USE IN INDIVIDUALS WITH DEMENTIA

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Doll therapy has been used in different settings to control or minimize the problematic behaviors of individuals with dementia. This presentation provides an overview of an applied study that investigated the effectiveness of a doll program with forty-five elderly individuals residing in a large psychiatric hospital in Alberta. It was hypothesized that the doll program would decrease agitated and aggressive behavior, and use of PRN medications in individuals with moderate to severe dementia. The Cohen-Mansfield Agitation Inventory (CMAI) measured the changes in agitation. The aggressive behaviors were measured with the Rating Scale for Aggressive Behaviors in the Elderly (RAGE). The number of PRN medications taken was recorded from the individual's medical record. There were two experimental groups, and one control group. The treatment groups received doll therapy for four weeks in addition to regular unit activities. The control group received only regular unit activities during the four-week study period. Demographic information was collected to measure descriptive statistics. The data was analyzed using ANOVA and ANCOVA with repeated measures. The result of the study was not statistically significant at $p < .05$. Future studies might use different variables to measure the effects of doll therapy.

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RELATING WELL WITH PERSONS WITH DEMENTIA

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Human interaction between staff and residents with dementia in long-term care is of central importance for the delivery of quality care. McGilton previously developed a relational behavior scale to monitor the quality of staffs' ability to relate well to residents. This scale was used in a descriptive correlational study with the objec-

tive to examine staffs' relational behaviors and residents' affect. Observations with 35 staff and 17 residents from 3 facilities were conducted. Results of the correlation indicated that staffs' relational behavior influenced residents' positive affect and mood during 3 care-giving situations (morning care, meal time, interpersonal interaction). Effective relational behaviors of staff were positively correlated with residents' pleasure during morning care ($r = .313$, $p < .009$) and during interpersonal interactions ($r = .372$, $p < .002$). Staffs' effective relational behaviors during episodes of morning care were negatively correlated with residents' anxiety ($r = -.528$, $p < .000$) and sadness ($r = -.299$, $p < .012$). During meal times, staffs' behaviors were also negatively correlated with residents' anxiety ($r = -.687$, $p < .000$) and sadness ($r = -.522$, $p < .000$). Our discussion will focus on an understanding of staffs' ability to relate well with persons with dementia in different care giving situations, and on implications of the staff's relational behavior on resident's outcomes.

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FAMILY MEMBERS AND PERSONAL SUPPORT WORKERS UNDERSTANDING OF PLEASURE AMONG RESIDENTS WHO HAVE ADVANCED DEMENTIA

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People living with Alzheimer's disease or a related dementia still have the capacity to experience pleasurable moments in their daily lives. Given the devastating aspect of this disease, and the tendency for loss to be at the forefront of family's experience, it is imperative that abilities that are maintained by the person with dementia such as the ability to experience pleasure be further understood. Therefore, the objective of this paper is to present the results of a qualitative multiple case study project that was done with residents with advanced dementia, their caregivers and personal support workers (PSW) in a long-term care facility. The resulting themes about pleasure and advanced dementia will be discussed from the philosophical perspective of personhood and dementia (Kitwood, 1997). Indicators of relative well-being (Kitwood & Bredin, 1992) in people with dementia will be linked to themes emerging from the case studies. The case studies focused on research questions about the creation of pleasure with residents from a family member perspective; indicators that families draw upon to know if their relative with dementia is experiencing pleasure; and what happens when

PSWs try to replicate these pleasure-inducing interactions that family members use. The implications of this project for long-term care will also be discussed.

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VIDEO PROGRAMMING FOR INDIVIDUALS WITH ALZHEIMER DISEASE: ASSESSING COGNITIVE CONGRUENCE

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Barriers to effective use of television in long term care (LTC) settings may include the 'incongruence' between regular TV programming features (e.g., complexity of material, speed of presentation, rapid shifting of story line, topic unfamiliarity) and the cognitive abilities of the residents. To examine the effect of programming features on television engagement, 22 female residents from a dementia care unit (average age = 84.1 and average MMSE score = 15.6) were videotaped as they watched five different types of video programming up to two times each for 10 separate occasions over a two week period. Consistent with the hypothesis, residents spent significantly less time viewing standard television program (i.e., local news) than the four other types of video programming chosen for improved congruence between programming features and cognitive status. Time spent viewing a program was unrelated to MMSE scores for 4 of the 5 videos. All residents were classified as daily television viewers prior to disease onset and frequency of past television viewing behaviour was unrelated to current viewing times. These preliminary findings provide important empirical evidence that may be helpful to improve the effective use of video programming in LTC. Funding provided by The Capital Care Group (Capital Health).

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THE EFFECTS OF SNOEZELN INTERVENTION ON AGITATED BEHAVIOUR AMONG PATIENTS WITH DEMENTIA

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This research provided Snoezelen therapy to a group of patients with dementia residing at St. Peter's Hospital to determine if such therapy provides reduction in agitated behaviours. A quantitative, quasi-experimental, one-

group, pretest-posttest design was used. The research took place on two psycho-geriatric wards at St. Peter's Hospital in Hamilton, Ontario. Thirty-One participants over the age of 65 living in a secured unit at St. Peter's Hospital and experiencing severe dementia were recruited for purpose of this study. Each participant received a total of three Snoezelen sessions. Each session was 15 – 40 minutes in length and occurred within a two week period. Observations were made using the Cohen-Mansfield Agitation Behaviour Mapping Instrument (ABMI) three minutes before the intervention, during the intervention, and fifteen minutes after the intervention. A significant therapy effect was demonstrated by a decrease in agitated behaviours of approximately 5 among patients from pre-test to post-test. The results showed both an immediate reduction as well as a short term reduction in agitated behaviours. A reduction in agitated behaviours was observed following the introduction of Snoezelen therapy into the care plans of persons in the late stages of dementia.

Theme: Care in the Community

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COST EFFECTIVENESS OF A COMMUNITY BASED PROGRAM FOR THE FRAIL OLDER POPULATION

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Objective: There are two factors that are integral to the success of community based programs for the frail elderly: that the appropriate patients enter the program and that the program be cost effective. We studied whether these two conditions were met in an innovative multidiscipline program developed for frail older individuals requiring intensive medical monitoring. Acute care utilization (ER and admissions) is a high cost item to the health care system. Acute care utilization can proxy complexity. If a program could be devised that decreased utilization, we concluded that (some) cost effectiveness might be realized.

Method: We analyzed emergency room visits and hospital admissions data one year before and one year (and more) after patients were enrolled into the program and compared utilization rates.

Results: Acute care utilization decreased for patients admitted to the program. The utilization rates will be presented. Hospital admissions made up the majority

of the decrease. Estimated costs will be presented that suggest many of the costs of the program can be offset by saving associated with decreased acute care use.

Conclusion: There is evidence that a community based program decreased acute care utilization of a medically complex frail population thus suggesting cost effectiveness.

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IMPACT OF PREVENTIVE HOME VISITS TO HIGH RISK OLDER ADULTS

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The goal of this randomized controlled trial was to evaluate the effectiveness of a nursing intervention provided to high risk community-dwelling adults aged 75 years and older on: (a) health-related quality of life, (b) use of health and social services and associated costs, (c) functional status, (d) mortality, and (e) self-rated health.

719 older adults (mean age 81 years) were randomly allocated to the intervention and control groups. Participants were screened using the Sherbrooke Postal Questionnaire and recruited through their family physicians.

Intervention group participants were visited by nurse case managers who conducted a comprehensive assessment at baseline, 6 months and 12 months. Nurses worked with participants, families, informal care providers and family physicians to plan and implement a range of preventive interventions.

There were no statistically significant differences between intervention and control groups on: (a) health-related quality of life scores (HUI3) and Quality Adjusted Life Years, (b) functional status, (c) mortality (10 persons died per group), and self-rated health.

In conclusion, there is insufficient evidence to justify widespread adoption of this intervention with this population of older adults.

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RESEARCHING THE ADDED VALUE OF OCCUPATIONAL THERAPY HOME VISITS FOR DISCHARGE PLANNING FOR SENIORS

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Many OTs feel strongly that home visits provide more detail and specificity to assist teams to make appropriate discharge plans for seniors. However, there is little data to support this feeling. This research study was set up to explore the added value provided by OT home visits on the discharge planning process for seniors admitted to inpatient GARP program. Client self report was compared to therapist recommendations from both an in-hospital assessment and a home visit. Data was collected using the SAFER tool which provided a framework for systematic assessment of the home situation. We will present comparisons across the three situations concerning the number of problems noted and the resulting recommendations.

ELDERLY CLIENTS' EXPERIENCE OF HOME SUPPORT: MY HOME, YOUR WORK, OUR RELATIONSHIP.

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The Nexus Home Care Project examines the experiences of home support workers, elderly clients and family members. Although an estimated 2 million older Canadians receive home support assistance annually with daily activities, such as bathing, dressing, grooming and light household tasks, the experiences of elderly individuals who receive home support services are not well understood. Based on the findings of an earlier Ontario panel study of 150 home support workers and 155 elderly clients, Mahmood & Martin-Matthews (forthcoming, 2007) have developed a conceptual model that locates the home support worker, elderly client, and family member at the intersection of the public and private spheres framed by their social, spatial, temporal and organizational features. Funded by the Canadian Institutes of Health Research (CIHR), this study examines and further refines that model through an analysis of data from in-depth interviews with elder-

ly clients (N=30) currently receiving home support services in British Columbia. Using Nvivo, verbatim transcripts were independently coded and analyzed by three individuals. Several themes were identified, and included: protecting vulnerabilities, competing expectations and the influence of service history. Findings are discussed as they inform and extend the 'nexus' conceptual model (Mahmood and Martin-Matthews) for understanding home support.

THE ADEQUACY OF NUTRIENT INTAKE AMONG THE ELDERLY RECEIVING HOME CARE

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This study examined the age and gender difference in the level of nutritional risk and dietary adequacy in relations to the recommended dietary intake of 98 frail elderly receiving home care through Community Care Access Centres. Participant recruitment was conducted in collaboration with four regional Community Care Access Centers (CCACs), comprising both urban and rural communities. The Nutrition Risk Tool (Payette et al., 1995) was used to assess the level of nutritional risk. The dietary intakes were measured using 24-hour recalls and compared to the Dietary Reference Intake. These demographic and health profile of the elderly in the present study is similar to what was observed for home care clients in the literature: average age of 83 years, 86% women, 59% living alone, an average of six chronic health conditions, and 87% had walking/mobility problems. The participants' intakes of both macronutrients and micronutrients were found to be inadequate. On average, the elderly were consuming more than the recommended amount of protein, but their intakes of many vitamins and minerals were deficient. Paradoxically, more than half of the elderly were overweight or obese. The results highlight the need for appropriate nutrition education and support for the elderly receiving home care.

Funding: supported by CIHR new investigator award

ELDER CARE FOR HOME CARE: A PILOT PROJECT

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Purpose

To describe an innovative, integrated, multidisciplinary, Elder Home Care Model directed to the unique needs of elders and their families.

Application

Home care providers are being challenged to meet the rapid change in the seniors' population. This change in the healthcare landscape can be seen in the data collected and analyzed by a home care agency in the province of Ontario which suggests that over 60% of the clients seen are over the age of 65. Home care programs will be challenged to provide knowledgeable staff and specialized programs to meet the needs of this growing population.

The Innovation

An innovative care delivery model, the Elder Care Model, was created to integrate specialty gerontology nursing services with the services of unregulated supportive care workers. Common education strategies, assessment tools, dedicated multidisciplinary teams and key community partnerships form the infrastructures that underpin the program.

Conclusion

Elders living in their own homes, require a team of care providers who hold the specialized knowledge and skill to meet their unique and complex health care needs. Results of the project show an increase in the identification of seniors at risk and an increase in access to geriatric services.

FACTOR STRUCTURE OF THE CENTER FOR EPIDEMIOLOGIC STUDIES-DEPRESSION SCALE (CES-D) AMONG TWO AGE COHORT GROUPS OF CAREGIVERS OF PERSONS WITH DEMENTIA

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The Center for Epidemiological Studies – Depression Scale (CES-D) is among the most widely used depression screening measures. Existing research suggests a higher-order factor structure of responses among older adults (factors labelled as depressive affect, absence of well-being, somatic symptoms, interpersonal affect each loading upon a second-order depression factor). The current study extends this research to ascertain whether this structure is equivalent (or invariant) between older (over 65 years; $n = 542$) and younger caregivers of persons with dementia (less than 66 years; $n = 884$). Findings suggest that the number and relative contribution of each factor is similar between groups. Furthermore, interpretation of CES-D items is statistically indistinguishable for 15 of 20 items within this randomly identified, national sample of Canadian Study of Health and Aging (CSHA) respondents. Results of this study support the higher-order CES-D factor structure and provide data in support of the factorial validity and reliability of responses within a population at elevated risk for depression.

PLANNING ALGORITHM FOR CONTINUING CARE 1.0 (PACC 1.0)

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A problem with demographic algorithms for planning Long-Term Care Home (LTCH) bed requirements is that they take no account of care needs of residents and differences between communities in alternative forms of care. The Planning Algorithm for Continuing Care (PACC 1.0) uses a care needs formulation for the estimation of LTCH bed requirements that is fully derivable from the MDS 2.0 and MDS-HC. Components of

the algorithm include cognition, activities of daily living, RUGS III, CHESS, and worsening condition. It subsumes behavioral disturbance because of correlations with the component measures.

Feedback from a focus group of working clinicians and analyses of all known and available census level (and other comprehensive) MDS 2.0, MDS-HC, and ARCS data sets from Ontario since 2000 show the following:

- The PACC 1.0 is acceptable to clinicians representing a comprehensive range of continuing care settings;
- Its psychometric properties show high reliability, and adequate concurrent, convergent, and predictive validities.

Application of the PACC 1.0 suggest that substantial numbers of Ontario's LTCH residents, CCAC clients on the Wait List for a LTCH, and a minority of long-stay complex continuing care patients could receive adequate care outside of LTCH settings given the availability and accessibility of such care.

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PREDICTING REHABILITATION POTENTIAL USING MACHINE LEARNING ALGORITHMS

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Targeting older clients for rehabilitation is a clinical challenge and a research priority. We explored the potential of two machine learning algorithms, the K-Nearest Neighbours (KNN) and Support Vector Machine (SVM) algorithms, to achieve better predictions for home care clients than a currently used clinical protocol.

Our dataset included 24,724 longer-term clients from eight Ontario Community Care Access Centres; data were collected with the RAI-HC assessment system. The Activities of Daily Living Clinical Assessment Protocol (ADLCAP) uses RAI-HC data to identify clients with rehabilitation potential. For study purposes, a client was defined as having rehabilitation potential if there was: i) improvement in ADL functioning, or ii) discharge home. For the comparison, the machine learning algorithms used the same functional and health status indicators as the ADLCAP.

The KNN and SVM algorithms achieved similar sub-

stantially improved performance over the ADLCAP, although false positive and false negative rates were still fairly high (FP>.18, FN>.34 versus FP>.29, FN>.58 for ADLCAP). SVM results pointed to need for assistance with bathing, and clients' belief in their potential for increased independence, as key predictors. Machine learning algorithms achieved improved, but less easily interpretable, predictions than the current protocol.

Funded by the Canadian Institutes of Health Research.

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SEARCH FOR THE BEST STRATEGY FOR ESTABLISHING A REPRESENTATIVE POPULATION-BASED ELDERLY COHORT: THE NUAGE STUDY

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Objectives : To describe the effectiveness of different recruitment approaches and assess the relative ability of each strategy to result in a representative sample of the population. **Methods :** In establishing the NuAge cohort, generally healthy elderly people from 6 age/sex strata (70±2, 75±2, 80±2 years) were recruited using 3 different strategies. A random sample was obtained from a universal health insurance program (n=36,183), and 1) a letter was sent followed by a phone call (n=10,962), or 2) a letter requested that individuals call (n=7,912) or 3) volunteers expressed interest (n=246). All potential participants were pre-screened by telephone. Potentially eligible subjects were invited to participate in a clinical examination where eligibility was confirmed. **Results :** Higher response rates were observed in urban or semi-rural areas (14%) compared to metropolitan regions (7%). Participation rates (sample/total eligible) were 53.1%, 77.5% and 89.6% for the three strategies respectively. Satisfaction with income, education and health perception were higher in the NuAge cohort than in the general population; however, the prevalence of diabetes or arthritis were comparable. **Conclusion:** In aging research, careful examination of response and participation rates along with participant characteristics is important for appropriate data interpretation.

(Funded by CIHR and FRSQ)

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MEASURING ATTITUDE CHANGE IN LONG TERM CARE (LTC) STAFF: FURTHER DEVELOPMENT OF AN INSTRUMENT.

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This paper presents the second phase of instrument development to measure attitude change and knowledge transfer following staff in-service training on "dementia care" in a veterans' LTC facility. The pilot data (n=31) showed good internal consistency ($r = .88$ overall), with highest internal consistency among the semantic differential scales (all above .80), reflecting a largely positive opinion (using semantic differential scales) towards the elderly, their job, and their care receivers. Initial analysis of the 15 True-False items and a 21 item, 5-point Likert scale (Agree Very Much to Disagree Very Much) indicated where item reduction or clarification should occur. Staff demographics (age, experience and position) are again used as descriptors and to account for possible variance in knowledge ("proper procedure") and in attitude (e.g., "attribution of responsibility") factors. When used as a pre-test, the knowledge items can indicate need for training in specific areas (e.g., some staff thought they could positively, but not negatively, influence residents' behaviour) and to identify changes in information learned and attitude shifts (as pre-post measure). Data from the shortened version of the measure used with staff now receiving in-service will report confirmatory analyses results and further establish the validity and reliability of the measure.

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EVALUATION OF A MULTIDIMENSIONAL MEASURE OF CONTINUITY OF CARE IN INPATIENT GERIATRIC REHABILITATION

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Continuity is recognized as a critically important element of quality care, but there has been limited progress in developing measures of this construct appropriate for use in specific care settings. We aimed

to develop and test a measure of continuity of care appropriate for use in inpatient geriatric rehabilitation, using a mixed methods design. A 52-item multidimensional instrument was derived from a previous qualitative phase, and from existing measures. To test its feasibility and measurement properties, the instrument was administered to 102 older rehabilitation patients (aged 45 to 100; 68% female) on geriatric rehabilitation (n=46) and musculoskeletal (n=56) units. Patients were interviewed the day before discharge and asked to rate each item on a 10-point visual analogue scale. Most items were rated very positively. Limited variation in responses is consistent with other attempts to measure continuity. Internal consistency reliability and construct validity of the instrument will be reviewed. This work illustrates the potential for, and challenges of, measuring continuity of care in these settings.

Theme: Engagement and Learning in Later Life

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WATCH US! AN ELDER CO-RESEARCHER TEAM USES FILM TO TEACH ABOUT GROWING OLD

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1. Objective

Using film of her elder co-researchers, the presenter will demonstrate the power of the visual image to teach about growing old. Implications for professional training and teaching are considered.

2. Method

In a variety of ways, over many months, a team of six able older adults, aged 70 to 85, studied, researched and then taught others about growing old. At times during the research process – in their research sessions, their presentations to a variety of audiences, and their reflections – their work was recorded on film.

3. Results

This research into the experience of aging, conducted and presented by people living in old age, has had significant impact on its audiences. The use of film allows the presenter, a doctoral student, to extend the reach of the elder co-researcher team's findings.

4. Conclusions

In the absence of the elder co-researchers themselves, film brings their experience of doing research together to life. Through film, their work asks as well as answers questions, promotes discussion and presents to the viewer an authentic understanding of what it means to live in old age.

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GIFTS: GENERATIONS INTERACTING, FILMING TEENS AND SENIORS

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Intergenerational relationships provide opportunities for learning, growth and understanding. They address and challenge stereotypes, leading to increased respect and appreciation across generations.

Through funding provided by New Horizons for Seniors, a federal funding program, Good Neighbours Senior Centre and Miles Macdonell Collegiate created a thoughtful and honest documentary called "Intergenerational Relationships". Senior high school students and older adults, aged 54 to 82, worked together to explore this topic.

The documentary features interviews with seniors and students, researchers and service providers, as well as a skit depicting a relationship between a grandfather and his teenage granddaughter. Issues addressed include societal stereotypes of youth and older adults, how intergenerational relationships can be developed, and the challenges and benefits of these relationships. A premiere screening and celebration was held at a community movie theatre. The documentary has since been shown at the World Elder Abuse Recognition event in Manitoba, and several rural Manitoba seniors organizations have used it as a tool to begin developing intergenerational programming.

While addressing the issue of intergenerational relationships, this project provided opportunities for these relationships to develop. Seniors and students learned from one another and benefitted from the experience.

The development, process and evaluation of the project will be discussed and a five minute segment of the documentary will be shown. The documentary can be used as a tool to develop and promote opportunities for intergenerational programs.

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THE ADVANTAGES AND CHALLENGES OF USING NARRATIVE METHODS WITH SENIORS

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Narrative interviewing has become a popular addition to qualitative research with seniors. This paper will present the results of a research project designed to explore the potential of narrative as a research method and to design a methodology with seniors that capitalizes on the strengths of peer to peer research. The method that evolved during a series of studies includes a structured data and analysis process that is taught to both the senior researcher and potential interviewees at the same time. Stories about the research topic are solicited, first within a life story summary, followed by processes that begin with family stories, personal stories and finally topic specific stories. In each story the precipitating events, plot, consequences and reactions are collected and analysed for precipitating factors, scripts related to the topic, and anticipated outcomes. Challenges and clinical implications related to peer to peer interviews, disclosure, ethics, debriefing will be covered as will the benefits of the method in providing in depth data within a sequential structure.

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GROUP TRANSIT TRAINING FOR OLDER ADULTS

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Although many older adults continue to drive private vehicles, other forms of transportation play an increasingly important role for ensuring connections to family, friends, activities and the greater community. Although public bus transportation is readily available in most urban areas, many older drivers report that they lack information about transportation services such as public transit.

To address this issue, we recruited 41 older adults living in the community to take part in a study examining whether group transit training would result in increased use of public transportation. We randomly assigned these volunteers to 3 groups; 1) no transit training, 2) transit training, and 3) transit training with

a free bus pass. Information was gathered from participants at four points in time (pre-training and post-training 1, 2, & 3) over a period of one year.

Comparisons between the groups indicated that bus use increased for participants who received the transit training, regardless of whether they were supplied with a free bus pass, in the three months following training.

Programs such as this may be one effective way to facilitate the use of public transportation by older adults.

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COMING TO ART IN LATER LIFE: ART/ LEARNING AS LIFE STRUCTURE

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I conducted in-depth interviews with 11 older adults twice over a period of months to explore their experience of having become involved in art following retirement. In previous work I have focused on factors that have influenced the development of a interest in art in later life. In this paper I describe how participants' commitment to art is supported by what they hoped to achieve. I used narrative as an approach to develop a resonant understanding of the stories shared by those participants who were involved in art making as a "serious leisure" pursuit (n=7). Formal instruction provided a starting point as the participants continued on various "learning paths." Many of the participants developed specific goals for their work. Their commitment to art was also supported by how they structured their life. Supporting routines and goal-setting served to sustain their focus on art. In addition, involvement in learning communities provided an important sense of connection and support for developing their artistic vision, skills and abilities. Illustrative excerpts from the stories shared by the artist/ participants provide compelling evidence of arts engagement as an ever-expanding domain for learning, that reciprocally works to deepen participants' knowledge, and interest in art making.

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THE ROLE OF CREATIVITY IN LATER LIFE: REFLECTIONS FROM THE ARTS, HEALTH AND SENIORS PROJECT

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The Arts, Health and Seniors project is a community-engaged art project aimed to improve the health and well-being of independent living seniors in Vancouver. Recent evidence from a longitudinal study in three US cities demonstrated that the arts can play a role in improving the physical, mental and social health of seniors (Cohen 2004). According to this study, seniors in the intervention group who were matched with professional artists showed less use of medication and doctor visits, lower incidence of falls and hip injuries, lower levels of depression and loneliness, increased functionality and higher morale when compared to the control group that received enhanced programming other than the arts (Cohen 2006). The Arts, Health and Seniors Project built up on this experience and developed a community-based art program that matches professional artists with four groups of seniors facing an array of barriers to their health including language and cultural, economic, chronic-disease and discrimination due to sexual orientation. This presentation will discuss the evaluation of this project and some of its preliminary results in the context of the role that creativity and the arts can play in seniors' health promotion and positive aging.

Theme: Caregiving

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ASSESSING SELF AND OTHER: THE INTERPRETIVE DYNAMICS OF FILIAL RESPONSIBILITY

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A sense of responsibility for care recipients has been identified as a core feature of informal care work, and is important for understanding the subjective experience of this work. Individual interpretations of responsibility for aging parents were explored in this interpretive

research study based on multiple, in-person, semi-structured qualitative interviews with 28 male and female adult children in Victoria, British Columbia. Analysis focused on the diverse and at times contradictory ways in which these adult children talked about and assessed their actions and feelings in relation to their sense of responsibility, as well as the process of social comparison to siblings, their peers, and "Canadian society". The flexible use of broader normative ideals (individualism, familialism and collectivism) will be highlighted in the presentation of the research findings. Results will be discussed in the context of existing literature on the subjective experience of informal care work. The support of a Social Sciences and Humanities Research Council Canada Graduate Scholarship for this research is gratefully acknowledged.

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FAMILY RESPONSIBILITIES FOR PROVIDING CARE: THE CONTEXT AND TRANSFORMATION OF SOCIAL NORMS AMONG CAREGIVERS

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Social norms are generally held to be precepts for action. By invoking family responsibilities or values of mutual support, caregivers refer to norms that help guide their decisions and their choice of resources for providing care. Three questions thus emerge: where do norms come from, are they subject to change and to what extent do actors follow them?

We suggest that the materialization of social norms and caregivers' conformance to them are based on how caregivers represent their social network to themselves. Norms can guide action but cannot be evaluated outside of a larger social context within which the caregiver reflects on available resources and his/her family history when planning for the future.

Based on two semi-structured interviews with each of 60 caregivers of people with Alzheimer's Disease, we have developed a typology that illustrates changes in caregiver representations.

Our results show that when caregivers first begin providing care, two normative systems are at play: an individualistic system and a collectivist system. These systems later break down into several sub-groups. Our research underlines the pitfalls inherent in an approach focused purely on social norms considered in a static environment and not taking the structure of social networks into account.

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NEGOTIATING PAID WORK -- FAMILY BALANCE: INTER- AND INTRA-GENERATIONAL COMPARISONS

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This paper is a qualitative analysis of the arrangements that adult siblings within families negotiate for balancing paid work and family obligations. Cases involve two intergenerational families (n=15) in which the older generation is in old age (the mother in each family) and the younger one is middle-aged (three sisters and one of two brothers in one family and two sisters and two of four brothers in the other). The two families share additional similarities (e.g. a range in marital status and work/family arrangements) that make them good choices for a case-study analysis. The families are drawn from a larger study of ten multigenerational families (N=86).

We find substantial inter- and intra-generational variations within both families. These are discussed in the context of structured social relations (especially gender and class) and family history. Exploring intra-generational ties allows for a deeper understanding of continuing inequalities in paid work and family balance and questions the common assumption of uniformity within a generation that is often made in studies of social mobility and intergenerational comparisons.

WANTING TO STAY EMPLOYED BUT NOT ABLE: RETIREMENT CONGRUENCY IN CAREGIVERS

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Caregiving responsibilities can lead to early retirement. Some caregivers may say they chose to retire early whereas others say they felt forced to retire (no choice). Additionally, some caregivers who say their retirement was “chosen” may have continued working if their circumstances had been different (e.g., able to get alternative caregiving arrangements). This third group, reflecting “constrained choice” or “moderate retirement congruency”, has received little attention in research to date.

We conducted secondary data analysis of the 2002 General Social Survey, performing a multinomial logistic regression on a sample of retired caregivers (n = 803). Different variables predicted low and moderate retirement congruency compared to high retirement congruency (reference group), and more variables predicted low retirement congruency than predicted moderate retirement congruency. Retiring to give care predicted moderate retirement congruency but not low retirement congruency, suggesting that employed caregivers may wish to remain in the labour force. As well, male caregivers were more likely than female caregivers to report low retirement congruency. The development of policies that enable caregivers to carry out their caregiving duties while remaining in the workplace for as long as they choose will be discussed. This study is funded by the Nova Scotia Health Research Foundation.

CONTRIBUTION OF PERSONAL REWARDS PERCEIVED BY FAMILY CAREGIVERS IN THE DEMENTIA CARE CONTEXT TO PSYCHOLOGICAL WELL-BEING

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Much of the research on the dementia caregiving experience has focused on its negative consequences. Yet,

interviews with caregivers on the nature of their experiences frequently report many perceived personal rewards from their involvement throughout the caregiving career. In this study, we examine the contribution that personal rewards perceived by family partners in care make to maintaining psychological well-being in the dementia care context. Using data drawn from a survey of partners in care in Ontario (n=2,244) conducted as part of the Ontario Dementia Caregiver Needs Project, we first examined the relationship of perceived personal rewards to selected characteristics describing the caregivers' career context (i.e., duration, intensity, progression of disease) and their capabilities in coping with current circumstances (e.g., mastery, general coping). Second, after controlling for these characteristics of the caregiving career context, we examine the extent to which perceived personal rewards are associated with both positive and negative affect of psychological well-being. Results showed that rewards associated with caregivers' relationships with their relatives were unrelated to aspects of their career context, but rewards associated with their “sense of self” were associated with the intensity of their involvement and with stage of the disease progression. Further, perceived personal rewards were positively related to psychological well-being after controlling for differences in career context and coping capabilities, especially rewards associated with one's sense of self in mitigating negative affect in psychological well-being.

Theme: Rural Issues

DEMENTIA CARE FOR RESIDENTS IN RURAL NURSING HOMES: AN EVALUATION OF THE ENHANCING CARE PROGRAM

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Persons with dementia experience impairments in cognitive, behavioral, and functional ability, often leading to long-term care placement. The Enhancing Care Program was developed by the Alzheimer Society of Canada to assist organizations in improving dementia care. The program is based on eleven best practice

guidelines for caring for individuals with dementia. Although this program has been implemented in many facilities, the majority have been urban and there has been limited formal evaluation. Little is known about dementia care in rural facilities, or about how programs are implemented in rural settings. The purpose of this qualitative study was to conduct a process evaluation of the Enhancing Care Program and to develop theory regarding organizational change within small rural facilities. Observations were made over seven months, as two small long-term care facilities in rural Saskatchewan implemented the program. Individual and focus group interviews provided further data. The two key themes, consistency and flexibility, were strongly influenced by the nature of the communication strategies implemented within the facilities. The Enhancing Care Program was effective in increasing communication between departments in the facilities, in empowering staff to initiate change in the workplace, and in sensitizing staff to the unique needs of residents with dementia.

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NUTRITION SERVICES FOR OLDER ADULTS IN RURAL MANITOBA.

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Older adults residing in rural and Northern communities are particularly vulnerable for inadequate food intake, thus poor nutritional status. The objective of this study was to describe the challenges associated with the delivery of nutrition services available to older adults residing in rural Manitoba communities. Two focus groups (n=19; female=15, male=4) were conducted with regional or district managers from two Manitoba Regional Health Authorities. Participants indicated that there are no home care dietitians to provide nutrition counseling in rural and Northern communities which pose a real problem for older adults who have limited access to healthcare centres. Registered Dietitians are mainly available for diabetes education and in-patient services due to their high workload. Home Care Attendants (HCAs) provide assistance to patients in their homes, but have limited nutrition knowledge. Due to the lack of nutrition professionals, the regions rely on bigger centres (i.e., Winnipeg) for assistance and provide nutrition inser-

vices for some staff caring for residents in their homes. Training of paraprofessionals to deliver basic nutrition information to clients would be beneficial for rural communities with limited resources. Funded by Canadian Institutes of Health Research, New Emerging Teams Grant.

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HOW CAN WE HELP YOU?: AN ANALYSIS OF REFERRALS TO A RURAL AND REMOTE MEMORY CLINIC FROM THE PERSPECTIVES OF RURAL FAMILY PHYSICIANS AND PATIENTS/CAREGIVERS

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A telehealth-assisted, interdisciplinary, rural and remote memory clinic (RRMC) was established in 2004, with 154 patients seen to date. During the one-stop assessment day, patients are seen by a neurologist, neuroradiologist, neuropsychologist, geriatrician, physical therapist, and nurse; most receive a diagnosis at the end of the day. The objective of the RRMC is consultative - to provide differential diagnosis and recommendations for management of complex cases of dementia. Analysis of the referral letters from rural physicians, in comparison to the stated reasons for referral from the patient/caregiver, has yielded interesting results. In both cases, the primary reason for referral is, as expected, suspected memory problems. However, the rationale for referral by the physician is of interest. In some cases, a specific dementia diagnosis (e.g., Alzheimer Disease) has been made and treatment initiated prior to referral, suggesting that the physician may be seeking confirmation of the diagnosis or assistance in dealing with difficult aspects of care (e.g., removal of driver's license or medication recommendations). This analysis may be useful in identifying areas of need in rural dementia care and will be useful for planning support and continuing education for rural family physicians.

USING PHOTOVOICE TO MAP THE VISUAL LANDSCAPE OF AGING AND HEALTH IN A NORTHERN ONTARIO COMMUNITY

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This qualitative study explored seniors' perspectives on the strengths and weaknesses of photovoice method in visually depicting the landscape of health care resources and barriers in an isolated rural community in Northwestern Ontario. Photovoice is a method of research which has successfully been used to enable community members to document health promotion needs and resources from an insider standpoint. Data from male and female focus groups, pre and post the photovoice collection will be presented. Aging and health data suggest that barriers to health services are those common to rural communities: shortage of health care professionals, and lack of access/distance to hospital and specialty care. Additional health challenges relate to the environment: harsh winter weather, physical access barriers in the community and distance from children. Community supports are primarily social and include family, pets, friendship networks and in particular the seniors' club. Conclusions on the use of photovoice with rural seniors are that weather, comfort with use of technology and physical capacity may require modifications to the method.

UNDERSTANDING THE RELATIONSHIP BETWEEN A RURAL HOSPICE VOLUNTEER AND OLDER CLIENT

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This paper presents a vivid snapshot of a relationship between a rural hospice volunteer and an older client based on research using a phenomenological approach. In-depth semi-structured interviews explored the multiple dimensions of the relationship such as the role the volunteer plays in the life of the client, and how hospice volunteer training transformed their relationship over time. Research results include not only the physical tasks conducted by the volunteer but also the complex psycho-social and spiritual dimensions of the work: mutual understanding, support, enabling the client and helping to maintain hope. The relationship was found to extend into a sacred human connection; something that is difficult to articulate but easily understood in the poetic undertones of these data. The research results will also be compared to a model published by KM Swanson (1991) called the Mid-Range Theory of Caring with the goal to begin to build a conceptual framework to explain the role of hospice volunteers with rural seniors. This paper is based on data collected for a Master's Project that received financial support from the CIHR NET on End-of-Life Care for Seniors and a SSHRC Masters student fellowship.

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**RUBBING SHOULDERS TO ADVANCE AND GUIDE
RESEARCH: EVALUATING A CONTINUING CARE
NATIONAL DEMONSTRATION PROJECT**

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By establishing stronger relationships between researchers and decision-makers, the Knowledge Brokering Group (KBG), a nationally funded demonstration project, is supporting an evidence-informed culture within partner healthcare organizations based in the Capital Health region. With Alberta implementing the standardized electronic Resident Assessment Instruments (RAI) within the continuing care system, the KBG has leveraged the combined skills and resources of researchers and decision-makers to assess and improve the quality of the RAI data, develop capacity to use the RAI data for continuous quality improvement and stimulate research to support these goals. The KBG has supported capacity building through a series of workshops discussing research utilization and dissemination relating to the RAI; a symposium that brought together researchers, decision-makers and clinicians, from Canada and the United States, to discuss 'next steps' for the use of the RAI data; presentations by Canadian RAI researchers; and bi-annual researcher/decision-maker meetings. Using a participatory learning approach, the evaluation of the KBG processes and outcomes included event surveys, focus groups, a partnership assessment and research uptake and transfer assessments. The benefits and challenges of this purpose-driven researcher/decision-maker team will be presented, including, but not limited to, stimulated research studies, network development and increased RAI literacy.

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**A "MAP" OF AGING IN PLACE IN A CHANGING
NEIGHBOURHOOD**

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Urban neighbourhoods across Canada are undergoing immense change due to gentrification. For older adults, particularly those who are socially and/or economically marginalized, these changes can be potentially alienating and isolating. Neighbourhood and individual social capital has the potential to ameliorate the impact of these changes on older adults by offering mechanisms to support to healthy aging as they continue to reside in the communities of their choice.

This project considered how Toronto's west-end neighbourhoods are equipped to facilitate aging in place and identified what barriers exist, as well as strategies to enhance the "liveability" of these communities for older adults. Data was collected through a series of community consultations and focus groups that "mapped" aging in place using McKnight and Kretzman's methodology of Asset-Based Community Development (ABCD), which assumes that communities have assets, and that change comes from the inside-out, as communities mobilize their capacities.

Ten older adults, who participated in these activities, were brought together to form a working group to further refine the issues and to produce a tool for dissemination and mobilization. In a series of working sessions, the group created a large-scale visual representation, or "map," which served to alert the community to opportunities for civic engagement. The participatory nature of the project assisted the community in recognizing, expanding and mobilizing individual and neighbourhood social capital to impact neighbourhood change and to encourage appropriate and accessible support to older adults and their caregivers.

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PREDICTORS OF PERSISTENT GOOD HEALTH OVER TIME

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Self-ratings of health have been found to be a reliable predictor of both morbidity and mortality in older adults. This study investigated "persistent good health" (PGH), defined here as the same 'good' or 'excellent' self-rating of health over two or more consecutive interview waves of the Aging in Manitoba study (AIM). The objective was to examine predictors of self-rated health after controlling for PGH. A regression model included variables of function, health, demographics, leisure activities and socioeconomic status from 3 waves of data (1990, 1996, and 2001) from 582 older adults. A lagged variable of self-rated health was included to control for PGH throughout all three waves. Results indicated that past self-rated health was highly predictive of current self-rated health (OR = 2.39, $p < .0001$). In addition, good or excellent self-rated health was predicted by factors such as having a lower number of chronic conditions (OR = 2.70, $p < .0001$), greater functional health (OR = 1.57, $p < .01$; OR = 1.36, $p < .05$; for ADL and IADL respectively), and participating in more leisure activities (OR = 1.76, $p < .0001$). Implications for future research using PGH are discussed.

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OPTIMIZING PALLIATIVE CARE FOR SENIORS

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The areas of gerontology and palliative care have developed separately but in parallel, resulting in a gap in research in end-of-life care for seniors. In an attempt to bridge this gap, an interprofessional research team representing the disciplines of medicine, nursing, social work, psychology and epidemiology was formed in April 2003.

The End-of-Life Care for Seniors New Emerging Team's (ELCS-NET) goal is to develop and conduct a rigorous, interdisciplinary, peer reviewed research program that

will guide society towards improving the quality of care for seniors at the end of their lives. The research framework organizes the issues of care delivery in relation to structure, process, quality, and outcomes of end-of-life care, while taking into account the influence of personal, social, and environmental determinants on end-of-life care.

This poster will present selected findings from ELCS-NET's projects in each of its eight research themes: end-of-life care for rural older adults; settings of care; sense of burden; role of volunteers; terminal delirium; symptom recognition and management; interprofessional education; and marginalized populations.

ELCS-NET is funded by the Canadian Institutes of Health Research and supported by the Élisabeth Bruyère Research Institute, a partnership between SCO Health Service and University of Ottawa.

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VERY HIGH INTENSITY CAREGIVING: THE ADDITIONAL COMMITMENT

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Much has been written about the aging population and the pressure these demographic changes are going to place on the health care system, as well as the family and friend sector who are called upon to provide aid to ailing seniors. While informal caregiving can demand varying amounts and types of commitment, data from the 2002 Statistics Canada General Social Survey, Aging and Social Support reveals that there are a group of family and friend caregivers providing 20 or more hours of care per week to seniors. This group represents more than 160,000 Canadians.

Descriptive statistics reveal that while many 'very high intensity' caregivers are seniors, the vast majority are middle-aged women. As well, many caregivers are not providing care to end-of-life seniors, suggesting the long-term nature of their commitment. Multivariate analysis compares the predictors of weekly hours of care for 'very high' and 'less' intensity caregivers.

Respondents were also asked what other tasks they did for the care receivers. Since many 'very high intensity' caregivers perform additional duties for the seniors in their lives, discussion focuses on these extra commitments.

INTERPROFESSIONAL EDUCATION IN GERIATRIC CARE

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The IEGC project, funded by Health Canada, developed an interprofessional education for collaborative patient-centred practice (IECPCP) opportunity in community based geriatric care.

Objective: The desired outcome of this initiative is to produce health care professionals who possess the knowledge, skills, and attitudes to participate in IECPCP; leading to improved patient and health care provider satisfaction.

Methods: The primary learners are pre-licensure students (medicine, nursing, occupational therapy, physiotherapy, and pharmacy). During traditional clinical placements, students participate in educational activities focused on collaborative patient-centred care emphasizing a) learning the roles of other professionals and b) developing the necessary attitudes and behaviors to make a team function collaboratively.

This experience occurs in three geriatric day hospitals where collaborative patient-centred care of community dwelling older clients is the standard of practice. Clinical team members provide evidence based learning, facilitate a collaborative learning environment, act as role models, and provide ongoing feedback to student learners. Faculty and clinical team members are also provided with education in interprofessional teaming.

Results and Conclusion: The IEGC project uses extensive research and evaluation methods to capture the participants' experiences and perspectives. Qualitative and quantitative data used to assess changes in knowledge, skill and attitudes. Interim data will be presented.

PROGRAMME D'AUTOGESTION POUR AÎNÉS ARTHRIQUES EN PERTE D'AUTONOMIE : DÉTERMINANTS DE RÉTENTION DANS LE PROGRAMME.

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Cette étude s'inscrit dans le cadre de l'évaluation de « Mon arthrite, je m'en charge ! », un programme d'auto-gestion destiné aux aînés en perte d'autonomie (disponible gratuitement : www.monarthrite.ca; www.myarthritisme.ca). Cette intervention consistait à six rencontres individuelles à domicile offertes par un professionnel de la santé. Des interviewers formés ont administré des questionnaires fermés portant sur les caractéristiques des participants (socio-démographiques, psychologiques, santé physique et psychosociale, comportements de santé...).

L'objectif de la présente étude est d'identifier les déterminants personnels de rétention au programme, en comparant ceux qui terminent à ceux qui l'abandonnent.

Il s'agit d'une étude de type cas – témoin, les sujets ayant débuté le programme (N=94) ont été repartis en groupe maintien (N=82) et groupe abandon (N=12). Des analyses bivariées ont été réalisées afin de comparer les deux groupes pré-intervention.

Le faible niveau de limitation fonctionnelle, un important réseau social, un niveau élevé d'activité physique ainsi qu'une perception favorable de sa vie sociale et de sa santé sont les facteurs les plus corrélés à la rétention des participants.

Nos résultats confirment certaines tendances retrouvées dans la littérature mais pour des groupes différents et soulignent l'importance des caractéristiques personnelles du participant comme facteur important de rétention aux programmes d'autogestion.

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COPING STRATEGIES FOLLOWING A LOWER LIMB AMPUTATION: THE HOSPITALIZATION PHASE

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Following a lower limb amputation, individuals are faced with multiple stressful situations during hospitalization. The current descriptive study, based on the Transactional Model of Stress and Coping developed by Lazarus and Folkman (1984), explores how 21 individuals coped with their lower limb amputation during their hospitalization. According to this model, coping strategies are cognitive or behavioural efforts to manage stressful situations. The Ways of Coping Questionnaire (WCQ), and semi-structured interviews analyzed with the approach of Miles and Huberman (1994), were used to collect data regarding coping strategies. Results showed that, overall, the participants utilized an average of 30 out of 67 coping strategies. Almost all the participants prayed, kept an open mind or looked at the bright side of things during their hospitalization (n=20). More than two thirds accepted sympathy and understanding from someone (n=18) and tried keeping their feelings from interfering (n=16). Qualitative analysis revealed three additional coping strategies not included in the WCQ: noticing progress, learning new things and using humour. Because the coping process of individuals with a lower limb amputation has seldom been studied in the context of hospitalization, other studies are needed to enrich knowledge about this stage of recovery.

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NURSING PROCESSES OF PROVIDING PALLIATIVE CARE TO LONG-TERM CARE RESIDENTS WITH DEMENTIA

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The process of providing palliative care for residents with dementia who live in long-term care (LTC) settings is problematic due to their declining verbal abilities

and related challenges in decision-making for health care providers. The goal of this study was to explore nurses' decision-making around palliative care processes for LTC residents with dementia.

Using grounded theory methodology, data were gathered using three nursing focus groups, one at each of three LTC facilities. Important concepts that emerged from the data were labeled, categorized and coded in an iterative manner.

While trying to achieve a 'good death' for LTC residents, nurses' experiences involve caring for residents, caring for residents' family, and caring for themselves. Nurses appraise residents' general deterioration as a main factor in deciding that a resident is deemed palliative. Often nurses employ creative strategies using limited resources to facilitate care processes but are challenged by the environmental restrictions (e.g., lack of privacy, intrusions). Nurses aim to facilitate a 'good death' for residents with dementia while trying to manage multiple demands and deal with environmental issues.

Both supportive and educational initiatives are needed for nursing staff and families of dying residents in order to facilitate a positive palliative care experience in LTC.

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NEGOTIATING CARE: POWER RELATIONSHIPS WITHIN FAMILIES PROVIDING HOME-BASED DEMENTIA CARE

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Power is a component of all social relationships, including relationships between family members as they negotiate care for elderly relatives with dementia. As the prevalence of dementia increases dramatically with age (Hofman, Rocca, & Brayne, 1991), and life expectancy continues to rise in Canada (Statistics Canada, 2007), it is anticipated that an increasing number of Canadian families will be expected to negotiate senior dementia care within the home.

The purpose of this critical ethnographic study was to examine caregiving relationships in home-based

dementia care. Specifically, the study explored the dialectic manner by which power is enacted and experienced by family members as they negotiate care. Using methods of in-depth interviews and participant observation, 5 family caregivers, 1 client and 2 professional caregivers participated in this qualitative research experience.

Findings make explicit the sources of and use of power within the negotiation of in-home dementia care. If professional caregivers are more attuned to the dynamics of families in which care occurs, rather than being focused primarily on tasks, they may assist families in providing optimal care with elderly relatives.

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INFLUENCING FACTORS OF EFFICACY OF AN ADAPTED LEISURE PROGRAM FOR CAREGIVERS

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Experiencing pleasant events is an important determinant of the quality of life of both caregivers and their care-receivers with dementia. An adapted leisure education program was developed to assist caregivers to discover new ways of integrating leisure activities with those of their family member.

This study was conceived to identify the facilitating and the limiting factors of such a program. Process analysis was conducted concurrently with an experimental study, which evaluated the impact of this program. A mixed design was retained. The processes surrounding this program were studied and took into consideration both qualitative data (diaries, follow-up fieldwork, semi-structured interviews) and data from quantitative measures. A comparison was made between persons who were "best" or "worst" performers in the program.

Certain conditions related to caregivers (e.g., attitude, bereavement stage) or to the context of caring (e.g., level of care-receiver deficits, level of concordance between caregivers problems and program objectives, other stress factors) were identified as influencing factors for program efficacy. These results elucidate the program's conditions for success by contributing to identify characteristics of the people and the timing that are most favourable to the usefulness of the program.

This study was supported by the Foundation of the University Institute of Geriatrics of Sherbrooke

Recipient of Training research award from the CIHS-Institute of Aging and FORMSAV

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TIME OF DAY AND AGE EFFECTS ON EXECUTIVE FUNCTIONING: INHIBITION, UPDATING AND SHIFTING.

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Time of day (TOD) has been shown to impact efficiency of cognitive processing in older adults. This study examined TOD effects on inhibition, shifting, and updating in older (mean age = 60; SD = 4.6) and younger adults (mean age = 21; SD = 1.9). Participants (N = 74) were tested at either their optimal or non-optimal TOD on an anti-saccade task (AS; inhibition), contingency naming task (CNT; shifting), and n-back task (updating). Significant age effects were found for AS accuracy [$F(3, 1) = 5.03, p = .003$] and latency [$F(3, 1) = 15.94, p = .000$], while TOD effects remain inconclusive for older adults. Significant age effects were found for CNT efficiency [$F(3, 1) = 10.20, p = .000$], while mean trends indicate stronger performances by optimally-tested older adults (OOA) than non-optimally tested older adults (NOA). No age effects were found for n-back accuracy [$F(3, 1) = 1.18, p = .320$], but mean trends suggest better updating for OOA than NOA. Executive functioning declines with adult aging but further data collection will elucidate how TOD affects older adults' cognitive efficiency. Funded by the CAG Donald Menzies Bursary and Faculty of Arts Research Grant, York University.

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PERSONHOOD OF SENIORS WITH DEMENIA AND IMPACT TO PROVISION OF CARE

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1. Objectives: Discern similarities and differences in opinion related to the provision of care to older

adults. We examined the types of dilemmas encountered by physicians including personhood, treatment barriers and positives of treatment.

2. Method: We used thematic content analysis (de Groot, 1969) of eleven focus groups conducted with physicians representing five countries and various cultures (n=15 Canadians; Indian; Irish; Japanese; Tai). We also compared cultural similarities and differences as evident in the dilemmas.
3. Results: In exploring attitudes towards the care of the young vs the elderly or elderly with dementia themes of autonomy, respect, appreciation, responsibility, compassion and the individual's ongoing ability to contribute to society emerged. Single themes were most evident from each country although overlapping occurred in regards to respect for the individual as well as the loss of autonomy and personhood for those with dementia
4. Conclusions: Despite similarities in clinical contexts considerable differences emerged with respect to the concept of personhood and impact for treatment within the various cultures examined although common concerns were identified. This may be due, in part, to vast differences in the healthcare systems and attitude towards the vulnerable - their opportunity to further contribute to society.

University funded

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SOCIAL ENGAGEMENT AND THE PRESENCE OF MILD COGNITIVE IMPAIRMENT

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Previous research has found a relationship between components of lifestyle engagement and both normal cognitive aging and dementia. The present study used data from the Victoria Longitudinal Study (VLS; n = 569) to investigate whether such a relationship may exist for older adults classified as having mild cognitive impairment (MCI). MCI refers to a possible transitional period between normal cognitive aging and dementia. The VLS classifies MCI on the basis of individual performance on a set of 5 cognitive reference tests. We used the Victoria Longitudinal Study-Activities Lifestyle Questionnaire (VLS-ALQ) to measure 7 dimensions of lifestyle activities. Results showed that a cognitive engagement subscale, novel information processing,

robustly differentiated the MCI and control groups. A new social engagement subscale was created from selected items of the VLS-ALQ. Analyses with this scale revealed a significant concurrent relationship between social engagement and MCI, in that those who were more highly socially engaged were less likely to have MCI. In sum, the study supports the notion that lifestyles that include engagement in both challenging cognitive and broad social activities may be associated with reduced probability of mild cognitive impairment.

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THE CONTRIBUTORY ROLE OF MEALS TO THE EVOLUTION OF NUTRITIONAL STATUS IN HOSPITALIZED GERIATRIC PATIENTS

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OBJECTIVES: To examine meal pattern in elderly patients admitted to a rehabilitation unit and determine the contribution of meals to the evolution of nutritional status during hospitalization while controlling for inflammation. **METHODS:** This was a prospective observational study (n=32, 22F/11H; 78.8y). Patients with dementia, depression, malabsorption, or potentially hypermetabolic conditions were excluded. Participants' nutritional status was evaluated at admission/discharge using the Protein-Energy Malnutrition Index [PEMI= BMI, % ideal body weight (%IBW), mid-arm circumference (MAC), triceps skin-fold (TS), albumin, lymphocytes, and hemoglobin]. C-reactive protein (CRP) was measured at admission to verify inflammation status. Food intake was assessed 3 meals/day, every other day until discharge [46.2(14.6) meals/participant]. Multiple linear regression analyses controlling for CRP values were conducted. **RESULTS:** Lunch energy intake predicted improvements in PEMI scores (Rsquare=0.193, p=0.049), BMI (Rsquare=0.411, p<0.001), % IBW (Rsquare=0.402, p=0.001), and MAC (Rsquare=0.257, p=0.013). Breakfast protein intake predicted improvements in albumin (Rsquare=0.210, p=0.033) and lymphocyte count (Rsquare=0.204, p=0.039). **CONCLUSIONS:** Results from this study highlight an unequal contribution of the meals to the evolution of elderly nutritional status during hospital stay. Nutritional interventions aimed at geriatric patients could benefit from targeting optimal food intake earlier in the day rather than later. **FUNDING:** IRSC, Danone Institute of Canada.

FOOD INTAKE AMONG OLDER ADULTS RESIDING IN LONG-TERM CARE FACILITIES

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Malnutrition is a prevalent condition among older adults living in long-term care facilities (LTCFs). Compared to a person who has adequate nutrition, the malnourished older adult is at much greater risk for negative health conditions, lower overall well-being, and diminished quality of life. This paper includes an investigation of the methods used to assess nutritional status among residents of LTCFs. The primary purpose of this paper is to identify interventions that are effective for preventing and improving malnutrition in the long-term care environment. Furthermore, a conceptual framework is presented that depicts the interactive relationship between policy and procedure, the institutional environment, staff and administration, and residents of LTCFs, which predicts resident outcomes for factors related to health, well-being, and quality of life. Lastly, limitations of the current research and implications for future research are discussed. The information from this paper was collected from 41 empirical and 8 non-empirical articles accessed in a search of multiple interdisciplinary databases, including: Academic Search Elite, the Applied Science and Technology Index, the General Science Index, the Humanities Index, Proquest-CBCA Complete, and the Social Science Index.

INVESTIGATING LANGUAGE BARRIERS FOR OLDER ADULT PATIENTS IN GERIATRIC DAY HOSPITALS

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There is compelling evidence that language barriers create the most salient threat to health care for ethnic minority older adults. The use of informal interpreters, such as family members, has been found to be unethical, ineffective, and possibly detrimental to medical interventions. The purpose of this study was to explore the outcomes of language barriers in the provision of health care services for older adults in geriatric day hospitals. Communication flow and understanding between patients and providers was examined for groups of English and non-English speaking older adults using data collected at a geriatric day hospital in Southern Ontario. Semi-structured interviews with a representative sample of 10 English speaking and 10 non-English speaking older adults were analyzed for key themes. Group-based, comparative analysis was used to assess influences on care that resulted directly from language barriers. Preliminary qualitative findings address the following key areas: 1) how patients perceived their understanding of treatment plans and interventions; 2) how satisfied patients were with their communication and interactions with health care providers; and 3) which types of therapeutic consultations patients perceived as the most challenging for successful communication and understanding.

REPRESENTATION OF OLDER ADULTS IN VARIOUS MEDIA - CHALLENGING THE STEREOTYPES

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While the possible role of the media in establishing negative stereotypes about aging and older adults received considerable attention from researchers during the past 30 years, few studies in Canada and elsewhere have focused on more subtle manifestations of ageism in seemingly positive media portrayals of seniors, and ways in which older adults themselves may engage with and resist the ageist stereotypes. This Symposium aims at discerning and challenging the media stereotypes of aging through a senior-led discussion the springboard for which will be provided by a panel of three papers, where media portrayals of older adults will be considered from three different perspectives. In the first paper Julia Rozanova will analyze the portrayals of older adults and their issues in *The Globe and Mail* from the research perspective of critical social gerontology, and situate the themes of intra-generational ageism presented in the newspaper articles about aging within the larger societal discourses of power and inequality. In the second paper the film director Melissa Godoy will critically reflect on her goals in making the film "Do not go gently" about the power of imagination in the 85+ year olds, and the meanings and messages the creators of the film aspired to share and invoke in the viewers. The film will be shown during the pre-conference Aging Studies Workshop in Kirby Center. In the third paper Ralph Miller will speak about the images of aging in photography from the perspective of seniors attempting to change the views of professionals. The paper-givers will then facilitate the discussion among the audience, inviting them to interpret the stories and images of aging offered in the papers, and to reflect on the different meanings that the portrayals of older adults in the various media (newspapers, film, photography) may acquire when considered from different points of view.

Health and successful aging: polarized ageism in print media

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While the media have long been critiqued for representing seniors as unhealthy, few studies in Canada and elsewhere have considered the implications of the emerging media discourse of healthy or successful aging. Yet by celebrating healthy aging as a personal achievement and praising behaviors that support positive health outcomes in later life, the media may downplay the influence of structural inequalities (particularly gender and socio-economic status), social environments, and public policies on individuals' choices and opportunities, and devalue vulnerable adults who cannot age healthily. Through thematic analysis of 146 articles about seniors published in *The Globe & Mail* in 2004-2006, this paper explored how the media split the discourse about health and illness in later life into positive and negative antitheses. I discerned three broad themes in media portrayals of healthy aging: aging as disease, individual responsibility for healthy aging, and healthy aging cost\$ to society. The study highlighted the intra-generational character of polarized media ageism: seniors failed or succeeded in the quest for healthy aging in contrast to their peers. Discussion reveals that positive portrayals of healthy seniors may reinforce the distance between different kinds of seniors and between illness and health, thus further segregating more vulnerable older adults. Funding was provided by Alberta Heritage Foundation for Medical Research.

Do Not Go Gently: the film maker about the power of imagination in aging

Melissa Godoy and Eileen Littig Director/Producer of independent film and programming; American Public Television 55 Summer Street Boston MA 02110 (melisagodoy@mac.com)

Do Not Go Gently is an hour-long documentary about the power of imagination in aging. At the center are three extraordinary artists who, in their youth, fundamentally influenced American culture, and now, in old age, continue to innovate. Portraits of Gee's Bend quilter Arlonzia Pettway (82), premier danseur Frederic Franklin (90), and composer Leo Ornstein (109) reveal that the 80s, 90s, and 100s are a stage of human development with immeasurable potential. For these artists, the perspective and freedom of their advanced ages

seem to stimulate some of their most powerful work. Narrating the film is Walter Cronkite, at 90. The science of creativity and aging is uncovered by Dr. Gene Cohen, the groundbreaking researcher and author of numerous books on the subject. A day in the life of Dr. Cohen and his work at the Creativity Discovery Corps in Washington, D.C. reveals progressively deeper levels of brain science and psychology. Finally, we witness the unexpected power of imagination as it is applied in day care centers and nursing homes by the Bethesda-based non-profit, Arts for the Aging. Creative communication with seniors suffering disabilities of age, such as Alzheimer's disease, raises the possibility that imagination may be more durable than memory and may ultimately be our saving grace. The fastest growing age group in America is ages 85 and above . . . and they're not what you think.

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TRANSLATING RESEARCH IN ELDER CARE (TREC)

Carole Estabrooks, PhD., Peter Norton, MD, Kathy GermAnn, PhD., Anne Sales, PhD., Malcolm Smith, PhD., Judy Birdsell, PhD., Debra Morgan, PhD., Brenda Huband, Faculty of Nursing, University of Alberta, 5-112 Clinical Sciences Building, Edmonton AB T6G 2G3 Canada (carole.estabrooks@ualberta.ca) Tel: (780) 492-3451 Fax: (780)492-6186

The Translating Research in Elder Care (TREC) Program discussed in this symposium is the second phase (2007-2012) of a long-term investigation (2002-2022) into the determinants and processes of using research knowledge to improve patient, provider, and system outcomes in healthcare organizations. The purpose of this phase of the research program is to examine the role of context (i.e., organizational setting and environmental factors) on knowledge translation and the subsequent impact of knowledge translation on resident health outcomes (e.g., pain management, falls prevention, problem behavior, health-related quality of life), and secondarily on provider outcomes (e.g., job satisfaction, burnout, health status) in long-term care facilities in the three Canadian prairie provinces: Alberta, Saskatchewan, and Manitoba. This is a multi-level (provinces, regions, facilities, units within facilities, and individuals) and longitudinal program of research. The program is comprised of three main inter-related projects and a series of pilot studies, targeting different levels in long-term care settings.

BUILDING CONTEXT – AN ORGANIZATIONAL MONITORING SYSTEM IN LONG-TERM CARE

Peter Norton, MD, CCFP, FCFP, Professor and Academic Head, Department of Family Medicine, University of Calgary, Calgary, Alberta

Translating Research in Elder Care is a CIHR funded 5 year program of research. One activity in this project will be to monitor and explore context (i.e. organizational setting and environmental factors) over 5 years in 30 nursing homes across the provinces of Alberta, Saskatchewan, and Manitoba. Nursing homes will be randomly selected from lists of eligible facilities in each province and stratified by size and rural/urban. Over the life of the project care providers working in each facility will be asked four times to complete a survey which consists of a suite of instruments designed to measure work context, knowledge translation, and provider outcomes such as job satisfaction, burnout, and health status. Data on specific resident outcomes (e.g., pain management, falls prevention, problem behavior, health-related quality of life) will be obtained from MDS/RAI assessment data collected regularly in each of the facilities. We will use regression analysis to explore staff and context variables that may predict knowledge translation at the individual provider level. We will then use these predictions of knowledge translation as independent variables in additional analyses to estimate resident and provider outcomes.

BUILDING CONTEXT – A CASE STUDY PROGRAM IN LONG-TERM CARE

Debra Morgan, Associate Professor and Chair in Rural Health Delivery, University of Saskatchewan, Saskatoon, Saskatchewan Kathy GermAnn, PhD, Research Associate, Faculty of Nursing, University of Alberta, Edmonton, Alberta

Translating Research in Elder Care is a CIHR funded 5 year program of research. One activity in this project will be to utilize a case study approach to interpret data from and generate hypotheses to be explored in a linked TREC project: Building Context – An Organizational Monitoring System in Long-Term Care. Cases will be selected from the 30 facilities being used in the linked project. Using purposive sampling, we will conduct comprehensive case studies with three high performer facilities (one per province) and focused, but less intense, case studies with six additional high and low performer facilities (two per province). Classification into high and low performance will be

based on regional decision-makers' perceptions. Data collection will include document analysis and interviews with: provincial health leaders; senior, mid-level, and front-line managers; care providers; and external community representatives. We will also observe key meetings and conduct focus groups with care providers and managers. Thematic content analysis and constant comparison analysis will be used to develop insights into context and knowledge translation within the facilities.

AN ENHANCED AUDIT AND FEEDBACK INTERVENTION IN LONG-TERM CARE

Anne Sales, PhD, Associate Professor and Canada Research Chair in Interdisciplinary Healthcare Teams, Faculty of Nursing, University of Alberta, Edmonton, Alberta

Translating Research in Elder Care is a CIHR funded 5 year program of research. One activity in this project will be to develop and implement an audit and feedback intervention enhanced with educational outreach tailored to provider groups. The intervention will be conducted in 12 of the facilities used in the Building Context projects. Audit foci will include pain management, falls prevention, minimizing problem behaviors, and health-related quality of life. We will produce an initial audit using MDS/RAI data from the year prior to the start of the intervention. Feedback reports will then be created and distributed to the 12 facilities quarterly beginning in year two. Following each report distribution, we will interview care providers to assess their perceptions of the usefulness of the reports and to explore how the reports are being used. An educational outreach intervention will also be offered quarterly, with one of the audit foci being the topic for each session. Analysis will include run charts and Shewhart control charts to measure the impact of the intervention, and multilevel regression to assess the association between the intervention and knowledge translation.

INNOVATIVE KNOWLEDGE TRANSLATION PILOTS IN LONG-TERM CARE

Malcolm Smith, PhD., Associate Professor, Asper School of Business, University of Manitoba, Winnipeg, Manitoba

Translating Research in Elder Care is a CIHR funded 5 year program of research. As part of this program we will pilot three innovative knowledge translation interventions: (1) strategic storytelling, (2) supportive supervision, and (3) leadership development. Each

pilot will use a pre and post intervention design. The strategic storytelling pilot will be directed towards nurse aides. For this pilot we will explore stories currently in use; analyze their structure and language; and develop a method to produce similar stories to transmit evidence-based practices in pain management, falls prevention, and management of problem behavior. The supportive supervision pilot is directed towards mid-level management. For this pilot, we will develop and evaluate materials registered nurses and licensed practical nurses can use to improve their supervision of nurse aides. The leadership development pilot is directed towards facility level management. For this pilot we will adapt materials developed by the Institute for Healthcare Communication to develop an intervention that promotes communication and leadership skills in administrators and facility directors.

BUILDING RELATIONSHIPS BETWEEN DECISION MAKERS AND RESEARCHERS IN LONG-TERM CARE

Judy Birdsell, PhD, Adjunct Associate Professor, Haskayne School of Business, University of Calgary, Calgary, Alberta Brenda Huband, Vice-President, SE Community Portfolio of Calgary Health Region, Calgary, Alberta

Translating Research in Elder Care (TREC) is a CIHR funded 5 year program of research. To ensure maximum utility of the scientific research produced in the TREC program of research, significant effort has been expended developing relationships between the TREC researchers and decision-makers /stakeholders. Decision-makers and stakeholders were involved early in the process; a Steering Committee consisting of a senior decision maker from each of the three provinces provided input for nearly a year prior to submission of the grant. Decision makers worked conjointly with the researchers to: develop of an environmental scan of long-term care in each of the provinces, identify clinical areas of focus (to target our audit and feedback intervention), negotiate access to the facilities, and make decisions about investment of limited resources. Decision makers and stakeholders will participate in several TREC committees as the program unfolds, continue to collaborate regularly and provide direction to the researchers and staff. The roles and contributions of the decision makers and stakeholders are critical to the success of this research program.

AGING WELL: LEARNING IN OUR LATER YEARS

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In our later years, living a purposeful life takes on a different meaning. Our early years are spent educating ourselves and building life experience. Traditionally, undergraduate university education prepares young people to earn a living and continuing education offers professionals career and management advancement. Upon retirement, as the demands of university, family and the workplace diminish, we once again wonder 'what's next'? To continue lifelong learning amidst peers has become a welcome choice, and one that contributes to aging well.

Since the 1970s when a few university faculty members saw the potential to continue teaching on campus after retirement, over 300 institutes have been established in North America. In this spirit Institutes for Learning in Retirement were launched during the 80s and 90s as a day program for older Continuing Education students. A recent study by CATALIST reported that at least 60,000 and 100,000 seniors across Canada are enrolled in programs that provide opportunities for personal engagement and community involvement.

Each month the world's older population increases by 1.2 million. The link between education and health is increasingly being recognized as vital to maintaining the quality of life of older adults. Universities are the natural place to build bridges into our communities and support the educational needs of all ages, including older adults. Canadian Boomers are already beginning to change the concept of retirement. Developing collaborative strategies between the seniors program and Continuing Education increases the potential of lifelong learners in society and in the 'grey' workforce. How to integrate academic staff transitioning to retirement and how to strengthen relationships with the host university will depend upon communication between leaders with vision.

This presentation compares the organizational structure, program highlights and social activities offered by five successful CATALIST affiliates – University-based programs at McGill, Ryerson, Laurentian and Regina, and Creative Retirement Manitoba which is an independent community-based program. With the steady growth of lifelong learning, the liaison with a host university has been the backbone that provides continuity and adminis-

trative support for many devoted volunteers who run their own programs. These seniors feel healthier, happier, more respected and more independent when they pursue active learning, and society benefits as a whole.

Retirement demographics and trends related to education of seniors

Carolynn Rafman, McGill Institute for Learning in Retirement

Discussion of the trends and issues related to retirement as a foundation for this symposium. The work of the McGill Institute for Learning in Retirement will be highlighted along with the programs offered by the Institute.

Multicultural third age education.

Sandra Kerr, Ryerson University Seniors' Education Programs

Serving a large multicultural community, Ryerson has been able to take advantage of alternate media and outreach programs that draw on the Arts and Culture of the populations we serve. This paper will challenge traditions of education that cater only to the median.

Understandings of Third Age within Quebec.

Gratien Allaire, Laurentian University Institut franco-ontarien

The roles of aging adults in Quebec society will be explored as these relate to the offering of third age education. French traditions of community will also be discussed as it relates to the nature of course offerings and engagement within community services.

Education for Retirement.

Marjorie Wood, Creative Retirement Manitoba

Responding to those preparing for and entering retirement has provided a unique opportunity to understand the realities of the so called 'boomer generation'. This presentation will address the educational challenges and opportunities of this large demographic.

Building community Capacity

Kerrie Strathy, University of Regina Seniors Education Centre

This presentation will focus on the work of the Regina Seniors Education Centre in building community volunteer programs for aging adults. Community networks of seniors helping seniors have deepened our ability to respond to new directions and opportunities.

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NICE NETWORK AND END OF LIFE ISSUES – WHAT TO EXPECT AT THE END OF LIFE

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The National Initiative for Care of the Elderly is a national network of university educators primarily from the areas of gerontological nursing, geriatric medicine, and gerontological social work, acting in partnership with their community counterparts. Key goals of the network include the dissemination of research and best practices for the care of older adults.

The End of Life network group has focussed on the creation of the information for all Canadians covering issues including pain medication and management, physical changes, self-care and advance care planning information.

This workshop will review the key issues identified for hospice / palliative care patients and continue engaging the workshop participants interactively to provide input into the 2007/2008 End of Life network group workplan.

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FROM KNOWLEDGE TO PRACTICE - A PRACTICAL PLANNING FRAMEWORK FOR DEMENTIA

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As Canada's population continues to age, increasing numbers of Canadians will be diagnosed with Alzheimer Disease or a related dementia. Dementia is known to place a substantial burden on individuals, families and society. As a result, there is a growing awareness of the need to plan now to avoid the overwhelming consequences of these diseases.

The presentation will describe some of the innovative strategies employed in British Columbia and the Calgary Health Region to respond to needs of the growing population being affected by age related dementia and other forms of cognitive impairment. The Dementia Service Framework (DSF) created in British Columbia was a provincial initiative bringing together the work of those involved in receiving, planning, and delivering care and services to improve outcomes for people at risk for dementia, people with dementia, and their caregivers. The DSF presents a high-level picture of optimal care that people should expect to see supported by evidence from the literature and based upon best practices drawn from experts, including health professionals, care providers and patients. The Calgary Health Region Cognitive Impairment Service Delivery Pathway was created as a key component within a broader Regional Cognitive Impairment Strategy and illustrates how to utilize evidence and expert consensus in the planning process at the local level.

This interactive presentation will provide an overview of the application of service frameworks to support health system planning and the use of the SORT research grading tool in the review of literature. It will also describe methods to engage stakeholders in order to translate recommendations into action. Participants will have an opportunity to participate in a discussion about the challenges presented by an aging society and the accompanying rise in the number of people with cognitive impairment. Identification of key recommendations that, if implemented, will improve the outcomes for people at risk for dementia, people living with dementia and their caregivers will be shared as well as strategies for the implementation of recommendations at the local level.

SUPPORTING THE MENTAL HEALTH OF SENIORS WITH CANCER: A CONSULTATION

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Cancer is a disease that affects older Canadians, and is often complicated by co-morbidities. Cancer affects all aspects of a persons' life yet almost all care and services are centered around the disease itself. The personal experience of cancer, and its' psychological and social consequences tend to be relatively over-looked. Seniors may have fewer resources, more functional issues, and age associated challenges that set them apart from younger adults, and which together challenge their mental health. In that caregivers of seniors adults with cancer tend to be elderly themselves, they also face increased likelihood of depression and other mental health problems. There is however little acknowledgement of the unique needs of seniors with cancer nor about how their mental health are best supported in either the mental health or oncology fields

The BC Psychogeriatric Association has received funding from the Population Health Fund, Health Canada to create links between the seniors mental health and oncology fields and to examine the mental health needs of older Canadians with Cancer. In partnership with the Canadian Coalition for Seniors' Mental Health and the Rebalance Focus Action Group of the Canadian Strategy for Cancer Control, the mental health needs of seniors with cancer and barriers to addressing these needs will be identified through interviews with a broad array of key informants. The knowledge gained will be translated and disseminated as guidelines for program planners, health care providers, and others.

Project findings will be presented and participants consulted about how the mental health needs of seniors with cancer might be best addressed. .

Objectives:

- i) To identify mental health needs of older adults with cancer and barriers to meeting these needs
- ii) To identify how existing cancer programs/policies support mental health needs of seniors
- iii) To produce recommendations for the project team to review post conference

Theme: Theory

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INTERSUBJECTIVITY AND TREATMENT ADHERENCE: AN APPLICATION OF HABERMAS' THEORY OF COMMUNICATIVE ACTION

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Treatment adherence is a social action that comes about when clients and practitioners reach a common understanding of what they want to do and agree on how to coordinate their actions to reach their goal. In their explanation of how practitioners and older clients achieve intersubjectivity or reach a common understanding, researchers have been mainly influenced by objectivist and subjectivist perspectives. Objectivists postulate that meanings are inherent in words and objects and therefore believe that intersubjectivity occurs when practitioners pay attention to factors such as sensory and cognitive limitations that influence the transmission of messages to clients. In contrast, subjectivists maintain that meanings are formed through interpretation and to achieve intersubjectivity practitioners must be sensitive and empathic the client's unique beliefs and life circumstances. However, objectivist and subjectivist perspectives fail to enhance intersubjectivity because they suffer from positivism and monologism respectively.

As an alternative, Habermas theory of Communicative Action is presented here. Conceiving meanings as constructed by speaker and hearer in the process of interaction, Habermas maintains that intersubjectivity occurs when communicators reach consensus on three validity claims, namely truth, trust, and normative appropriateness. This paper discusses implications of Communicative Action theory for promoting adherence in older adults.

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WHAT CAN A CULTURAL STUDIES/MEDIA STUDIES APPROACH ADD TO CURRENT RESEARCH ON AGEING AND MEDIA?

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A cultural/media studies approach allows the researcher to look past simple representations and the binary of positive and negative to see how "ageism" resides in our media and social structures and shows how these significations play out in our cultural practices. The majority of current media focused research in aging are basically quantitative content analyses that ignore notions of agency and create a cultural stratification between perceptions of positive and negative or good and bad representations.

This paper demonstrates how current aging scholarship is lacking an expanded view of material concerns by looking only at the texts under observation and often ignoring the processes of production and consumption. By looking at these outside factors, aging studies can offer a more engulfing look at aging by recognizing the roles played in the structure, the history of these roles, how these potentially affect production/consumption and how this all needs to be considered in order to avoid an overly deterministic look at aging. With most resistance and rebellion scholarship focusing almost exclusively on youth, this approach could for the first time help to articulate how culture and identity are formed in older individuals and groups.

UNDERSTANDING THE PARADOXICAL ASSOCIATION BETWEEN AGE AND PSYCHOLOGICAL DISTRESS AND DISORDER: A SALUTOGENIC APPROACH

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Objective: The negative association between age and psychological disorder presents an interesting paradox. Although aging is associated with declines in personal control and increases in physical health problems, depression is uncommon among the very old. Potential explanations focus on methodological issues and historical differences between cohorts, while social psychological explanations are less commonly tested.

Method: Using data from the 1994 National Population Health Survey, we examine the association between age and psychological distress, mastery, chronic health problems and sense of coherence across the life course. We assess the relative contribution of sense of coherence to distress, and explore the social factors associated with this construct.

Results: There is a strong positive association between sense of coherence and age; being male, married and having higher education and income also predict higher coherence. Coherence is the strongest predictor of distress ($\beta = -0.48$, $p < .001$) in a multivariable model also including mastery ($\beta = -0.12$, $p < .001$), age ($\beta = -0.10$, $p < .001$), and chronic health problems ($\beta = 0.12$, $p < .001$).

Discussion: Sense of coherence appears to be an important psychosocial resource for older adults, and may help to explain the negative association between age and distress in later life. We discuss the possible mechanisms linking coherence to declines in distress with age.

AGE 'TOOLS' IN THE PERFORMANCE OF COSMETIC SURGERY

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Our subjectivity about age is increasingly bound with advancements in biotechnology as shown by recent growth in surgical and non-surgical pursuits to minimize the effects of aging. This paper contributes to

gerontological theorizing about age and how we conduct research on aging by proposing a conceptualization of age roused by Actor-Network Theory. Actor-Network Theory usefully highlights the way both human and nonhuman entities are involved in the process of becoming surgical. For example, the materials and instruments used by cosmetic physicians make possible cosmetic surgery, and the surgical performance makes cosmetic surgical patients what they are. The actor network approach provides a way of understanding how elements involved in cosmetic surgery simultaneously produce and sustain age as an object. That is, the activities, practices, and technologies involved in cosmetic surgery enact, perform, and transform age.

EXPLORING THE CONSTRUCT OF SOCIAL ISOLATION

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This paper describes a qualitative research project to enrich our understanding of the multidimensional construct of social isolation. In past research, social isolation has been operationalized quantitatively, for example, taking note of the number of social contacts (whether friends and/or family members) that a person can rely upon. Other researchers have noted the importance of considering qualitative parameters of social isolation, focusing on the nature of the relationships between people, or understanding how some individuals may be socially isolated not by choice but by social circumstances (i.e., a family caregiving role).

Methods: In-depth qualitative interviews were conducted with 25 older adults (65 + years) deemed to be socially isolated using the Lubben Social Network Scale (LSN6). These interviews were analyzed thematically.

Results: The results suggest that the construct of social isolation is better understood by taking a lifecourse perspective alongside the consideration of a broad range of variables that are both compositional (e.g., age, marital status, personality type, health status, resilience, (in)dependence, and contextual (e.g., social environment, living arrangements, place of residence) in nature.

Conclusions: The findings emphasize that quantitative scales defining socially isolated populations may best be used as a departure point for the in-depth consideration of the behaviours and health of socially isolated older adults. This study was funded by CIHR.

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COMMUNITY PARTNERSHIPS: CREATING A MODEL OF SENIOR WELLNESS IN WINNIPEG

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The mandate of the Support Services to Seniors Program of the Winnipeg Regional Health Authority is to promote a range of coordinated, accessible and affordable, community-based services that focus on promoting health, independence and well-being for older persons in Winnipeg. In keeping with this mandate, the Seniors Health Resource Team-River East has successfully forged partnerships with a number of senior-serving organizations such as Age & Opportunity, Inc. to meet the needs of the older adults of the community. We will provide an overview of the projects such as the grief mentorship program, bereavement groups, Carers' luncheon, and Open Doors Community Network that have evolved as a result of these partnerships and will discuss how they have helped to promote the well being of the seniors of River East.

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AGING AND PLACE

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To be effective, aging policies and programs must be informed by a comprehensive understanding of the complex relationship between aging processes and the contexts - physical and social - within which these occur. The study Aging and Place: Exploring Healthy Aging from a Place-Centred Perspective is guided by the knowledge that 'place matters' - that lives are not unsituated or unlocated and that the places (settings) in which one lives are important to both health (status and behaviour) and aging (processes and experiences).

Two key 'places of aging' have been identified in the literature - the home and long-term care facilities - and the majority of research to date has focused on the experience, meaning and construction of these locales. An important 'place of aging' that has received much

less attention is the neighbourhood. This is surprising considering the majority of older people live in the community and the desire (governments and seniors) to support older people to 'age in place'.

Analysis from this community-based participatory study reveals several neighbourhood 'spaces of significance' and the challenges of negotiating these spaces for participants. The study also provides important insight into how engaging in neighbourhood social and material spaces impacts identity and well-being.

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NEIGHBOURHOOD CORRELATES OF SOCIAL PARTICIPATION IN A SAMPLE OF OLDER ADULTS LIVING IN AN URBAN ENVIRONMENT

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Studies in gerontology show that engagement in social and occupational activities generates a positive impact on a variety of health outcomes. From a public health standpoint, it is therefore critical to identify the factors that influence social participation by seniors. The objective of this paper is to identify neighbourhood-level correlates of social participation among a sample of Montreal seniors. A convenience sample (n = 334) of older adults was recruited through community organizations located in high-, average- and low-SES Montreal neighbourhoods. The response rate was 84%. Data were collected via an interviewer-administered questionnaire assessing social participation as well as various neighbourhood- (social aspects, transportation, and services and amenities) and individual-level (e.g., health status and sociodemographic characteristics) variables. In addition to the individual-level variables that accounted for 23% of the variance in social participation, 19 % of the variance was explained by the following neighbourhood-level variables : having friends/relatives living nearby, quality of housing, neighbourhood perceived as user-friendly for older adults, walkability of the neighbourhood, and frequency of walking behaviour in the neighbourhood (R² of the final model = 0.46). Implications of the findings for research and action pertaining to ecological interventions for older adults are identified.

HOW DOES NEIGHBOURHOOD ENVIRONMENT AFFECT PHYSICAL ACTIVITY IN LATER LIFE? AN EXPLORATORY STUDY

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Physical activity performed as part of daily life (e.g., walking for recreation or travel) usually occurs within one's neighbourhood. Research in environmental gerontology further suggests that neighbourhoods become increasingly salient to older adults faced with multiple social and personal challenges. Previously, physical activity research on older adults focused primarily on personal factors. More recently, research has re-focused attention on neighbourhood environmental influences.

A case study approach was used to investigate neighbourhood influences on physical activities of older adults living in two North Vancouver neighbourhoods. Research methods included: (i) neighbourhood environmental assessments using a modified version of an established audit tool; (ii) four focus groups with convenience samples of older adults (60+ years of age) drawn from both neighbourhoods; and (iii) completion of activity diaries by a small sample of older adults (total n=20). Content and cross-case analysis were used to explore key aspects of the neighbourhood environment-physical activity relationship. Findings suggest a complex interplay between physical and social dimensions on physical activities engaged in by older adults. To a limited extent, access to social support can reduce barriers created by poor physical neighbourhood design. Recommendations are made to inform local planning decisions and policies to encourage neighbourhood-based physical activity.

ATLANTIC SENIORS' LONG-TERM HEALTH CONDITIONS AND FEELINGS ABOUT HOUSING OPTIONS

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The Atlantic Seniors' Housing Research Study was designed to analyze trends in Seniors' health states and income levels. The purpose of the 5-year CURA study

is to predict the housing and service needs of aging Atlantic Canadians over the next 20 years. Prior to this study and since most Atlantic Canadians live mainly in rural areas, housing needs were first identified in a CIHR workshop. Housing needs were subsequently verified by a stakeholder group as a critical issue for policy development in the region. Knowledge gained from this study will be disseminated among stakeholders and governments and will serve as policy recommendations. Stakeholder groups in all four provinces participated as partners in the study beginning with the revision of the Canada Mortgage and Housing Corporation's housing questionnaire, and in the involvement of the community focus groups. The purpose of this paper, therefore, is to discuss a crossover analysis of the participants' identified long-term health conditions and seniors' feelings about housing options.

Theme: Policy Issues

ECONOMIC IMPACT OF POLICIES AND SERVICES ON CAREGIVERS TO OLDER ADULTS: A CASE STUDY

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Family and friends are an important source of care for older adults who have disabilities or chronic illness. This paper compares the economic impact of policies and services to support family and friend caregivers in different regions of Canada. The paper is based on a study that analyzes the impact of policies and services on caregivers of working age (25-64) in one urban and one rural setting each in Alberta and Nova Scotia. The study includes (a) development of caregiver-care receiver profiles (b) a scan of national, provincial and regional policies and services related to employment, income, health, housing, transportation and social support available in each community; and (c) an analysis of the economic impact of these policies on each caregiver-care receiver profile in each community. This paper will highlight the results of the impact analysis of a profile of an adult child caring for his father. While inter-provincial comparisons highlight differences in services and policies, urban-rural comparisons show differences in service availability. Few policies and services directly address the needs of caregivers; rather, they target people with disabilities. Implications for development of

appropriate policies, services and supports for caregivers to older adults will be discussed.

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SCREENING FOR PSYCHOSOCIAL NEEDS ON ADMISSION TO LTC FACILITIES: PRACTICE AND POLICY OUTCOMES

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This paper presents results of a screen for psychosocial service needs of new admissions to long term care (LTC) facilities. Results include applied aspects: successfully predicting adjustment to relocation to LTC (e.g., social support, medical conditions, preparedness and control over admission) and identifying individual concerns (e.g., depression, behaviour problems) that benefit from earlier intervention. The second author uses the pre-admission information "package" to complete the screen prior to the resident's first case conference during which the psychologist contributes to the initial care planning session with an informed overview of potential psychological service needs. Secondly, the screen has been found to provide useful aggregate data not typically captured on the resident population coming into the facility (e.g., average numbers of medical conditions, medications, kinds of support system, levels of ADLs and IADLs). Outcomes are (a) utility of the screen in planning psychology (and other psychosocial) services and interventions, (b) profile data describing the contemporary veteran resident as compared to 2, 5, and 10 years ago, with a discussion of the implications for the staffing and program needs of the facility and (c) efforts at modifying the pre-admission information format to make it a more user-friendly package at the time of admission.

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CAREGIVERS IN POLICIES: ALWAYS INVISIBLE? LESSONS FROM FRANCE

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Until recently, in France, policies aimed at supporting individuals who need assistance to perform the activities of daily living (ADLs) were formulated to target two distinct clienteles: adults with disabilities and individu-

als over a certain age. In this paper, I discuss France's latest change in policies, which is to group together adults with disabilities and elders, while focusing on the impact of this change for informal caregivers.

Social protection in France is based on two ideals: one of insurance, financed by contributions, and one of solidarity, financed by taxes (Palier, Mandin, 2004). Caregiving policies straddle these two poles. First, I explain how making these policies age sensitive was a gesture toward broadening the notion of fraternité, which privileges a narrow understanding of social contribution, to include adults with disabilities, while reserving an ideal of solidarity for elders. Second, I show how the fusion of the clienteles highlights the tensions generated by the competing values of fraternité/solidarity. Finally, I argue that the failures of French system illustrate how policies anchored on an ill defined notion of social contribution promote caregiving as an activity that is always ancillary to productive labour. This further entrenches the invisibility of caregivers from the social landscape.

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DEMENTIANET PROPOSED INTERNATIONAL COHORT RESEARCH PROGRAM: POTENTIAL CONTRIBUTIONS TO A LIFE-COURSE APPROACH TO PUBLIC POLICY ANALYSIS

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There is growing interest in the policy literature in a life-course approach to public policy analysis, particularly related to emerging challenges associated with population aging. This approach, such as the framework proposed by the Policy Research Initiative of the Government of Canada, emphasizes the experiences of individuals as the focus of analysis, rather than macro-level social institutions. Following the trajectory of individuals as they interact with social structures (e.g., family, community, health and social services, the economy) over the course of their lives generates a dynamic view of their relationships with these institutions over time, and particularly, in periods of transition. A picture can also be generated of the overall "policy architecture"—the relationships between policies and services to each other and to the individuals they serve over time. The Transitions in Dementia New Emerging

Team and international collaborators in North America, Western Europe, and Australia are developing a program of research that will compare the journeys of persons with dementia over nine years using a biopsychosocial conceptual framework. This paper examines how this program of research may be well positioned to contribute to an analysis of dementia care from a life-course perspective.

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COST COMPARISON BETWEEN CLINICALLY HOMOGENEOUS LONG-TERM FACILITY-BASED RESIDENTS AND COMMUNITY-BASED CLIENTS IN ALBERTA'S SENIOR POPULATION, PHASE II

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Currently, continuing care policy tends to assume that it is less expensive to treat individuals in the community than in institutions. This assumption is based on per capita cost comparisons for continuing care clients without adjusting for burden of illness. This study builds on a previous study that compared health system costs between community and institutional settings for clinically homogeneous patient groups and further examines the utility of clinical grouping.

Previously, distributions of costs for peer groupings of all Alberta seniors were compared between institutional and community settings. Clinical peer groups are derived using the Clinical Risk Grouper software. Costs include: long-term care, drugs, home care, ambulatory care, physician fee-for-service, inpatient and allied health use.

In this phase, cost comparisons between institutional and community care clients are expanded by disaggregating patient characteristics for larger clinical groups. Also, standard statistical techniques are used to compare the cost homogeneity between clinical peer groups and demographic/geographic groups.

The results show different cost distributions by patient characteristics and enhance understanding of cost differentials between facility-based residents and community-based clients.

This may be a first step toward developing a framework for determining which groups of clients are more cost-effectively served in the community.

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THE DIVIDED CANADIAN WELFARE STATE: AN EXAMINATION OF THE EMERGENCE OF EARNINGS RELATED PENSION IN CANADA.

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The current concern over the future of the welfare state (and social benefits) has inspired social policy research. Specifically, research into the policy-making process and how reforms and changes are initiated and implemented. This study aims to clarify the relationship between public and private policy through an examination of the emergence of the Canada Pension Plan. Along with historical institutionalism as a conceptual framework, a historical and comparative analysis of the reform of the Old Age Pension Act in 1951 and the ensuing creation of the Canada Pension Plan in 1965 will illuminate the intricate public/private policy relationship. Furthermore, focusing on ideas, such as policy paradigms and blueprints, in relation to policy-making will help to uncover how the public and private policy relationship mediated the emergence of a compulsory earnings related pension scheme in Canada. The comparative element juxtaposes the development of Social Security in the United States with that of the Canadian experience, making clear the unique variations within the Canadian policy process. Through identification of the causal mechanisms, and policy blueprints and paradigms used by formal and informal institutions to design and implement the Canada Pension Plan, the relationship between public and private policy will become more coherent.

Theme: Issues in Institutional Care

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ÉVOLUTION SUR 4 ANS DES INCAPACITÉS DANS UNE COHORTE DE PERSONNES ÂGÉES VIVANT À DOMICILE

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Pour planifier adéquatement les services pour les personnes âgées, une connaissance exhaustive de l'évolution des incapacités est requise. 920 personnes âgées de

+75 ans ont été suivies durant 4 ans. Les incapacités ont été mesurées annuellement à domicile avec les 29 items du SMAF. Les sujets étaient ensuite classés selon leurs incapacités prédominantes basées sur les profils Iso-SMAF, groupés en 4 catégories : (1) incapacités prédominantes aux AVD, (2) à la mobilité, (3) aux fonctions mentales et (4) incapacités mixtes et lourdes. Un modèle Markovien a été utilisé pour déterminer les probabilités de rester dans la catégorie originale ou transiter à une autre. Les résultats indiquent que les sujets AVD ont une probabilité de 0.75 de demeurer dans la même catégorie, comparativement à 0.54 pour mobilité et 0.45 pour mentales. Les sujets AVD transigent vers mobilité et mentales avec une probabilité de 0.07 et 0.09 respectivement. Les sujets avec incapacités mixte et lourdes présentent la plus grande probabilité de décliner (décès 0.32, institutionnalisation 0.61) ou abandonner (0.02), suivis par mentales (0.16, 0.17; 0.04) et mobilité (0.12, 0.07; 0.06). Ces résultats peuvent aider les services à domicile et d'hébergement à planifier les services basé sur l'évolution attendue de leurs clientèles.

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INSTITUTIONAL FACTORS ASSOCIATED WITH RISK OF MALNUTRITION IN LONG-TERM CARE

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This study investigated if nursing home residents' risk of malnutrition is associated with institutional factors. A total of 132 cognitively intact and 263 cognitively impaired residents aged 65+ from 38 public nursing homes participated in the study. Participants were screened for risk of malnutrition. Demographic and medical data were gathered from medical charts. Information on participants' dining experience, as well as foodservices, nutritional care and other institutional factors were also gathered. Ordered logistic regression was used to examine relationships between risk of malnutrition and institutional factors. Findings indicated that 39% of participants were at risk of malnutrition. Menu cycle length (28 vs 21-days), difficulty manipulating dishes, lids and food packages, type of food delivery system (bulk vs tray) and oral supplementation were all significantly associated with risk of malnutrition for both cognitively intact and impaired residents.

For cognitively impaired residents, therapeutic diets, nutritional screening, and ratio of residents per resident assistant were also significant. Different factors seem to have an impact on risk of malnutrition among cognitively intact and cognitively impaired residents. When making decisions that may affect risk of malnutrition in LTC, these differences should be carefully considered. Project funded by the New Brunswick Medical Research Fund

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DETERMINANTS OF SAFE DISCHARGE OF SENIORS FROM THE EMERGENCY DEPARTMENT

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Objective: To identify emergency department (ED) resources and organizational characteristics associated with outcomes of seniors discharged from the ED.

Methods: The medical and nursing heads of 105 Quebec EDs were invited to participate in a survey to collect data on ED staffing, screening, assessment, discharge planning, and local community services for seniors. We evaluated the relationships between these variables and patient outcomes obtained from provincial administrative databases (mortality, injuries, nursing home, hospital and ED return visits), using multilevel, multivariate analyses with adjustment for patient characteristics (sociodemographic, medical) in a sample of 177,152 seniors discharged from the ED in 2004-05.

Results: Survey response rates were 71% for physicians and 90% for nurses. Specialized ED staff for care of seniors included a geriatric team (41%), nurse geriatric clinician (25%), pharmacist (80%). 43% used a standardized screening tool, 76% had agreements with local community agencies (e.g., referrals, presence of agency staff in the ED). During the 30-days post-discharge, 1.5% died and 20.1% returned to the ED. The relationships between services and patient outcomes will be described.

Conclusions: There is substantial variability among Quebec EDs in resources and services for older patients that may be related to safer discharge.

TRANSITIONING FROM PROVIDING COMPLEX CARE TO TERTIARY MENTAL HEALTH CARE: STAFF'S EXPERIENCE

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The provision of tertiary care to older adults with severe and persistent mental illness outside of psychiatric hospitals is relatively new. In BC older adults from Riverview Psychiatric Hospital and a local behaviour stabilization unit were transferred to a community facility that formerly provided complex care to seniors.

Objectives: We describe (1) the process used to prepare and support complex care staff to care for older adults with tertiary mental health care needs, and (2) the staff experience of the transition.

Method: Data were gathered through semi-structured interviews (n=6) with administrative staff and external key informants, and through focus groups (n=4) with front line staff.

Results and Conclusions: Having a philosophy of care in place, a planned approach for implementing it, tailor made education and ongoing support resulted in staff identifying positive benefits for themselves. These included collaborative relationships formed across disciplines and among organizations, and positive shifts in attitudes concerning the resident population. Staff also identified positive benefits for residents resulting from their transfer into the facility.

Theme: Ethnocultural Diversity

ROLE OF CULTURE AND SERVICE BARRIERS IN THE AGING SOUTH ASIANS

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Despite the recent increase in the South Asian population in Canada, there is shortage of research on this population, particularly regarding aging adults. This study examines the relationships between culture and

health services barriers faced by aging South Asian-Canadians in Calgary. Data were collected through a telephone survey with a random sample of 220 aging South Asians aged 55 years and older. Stepwise regression analysis was used to examine the effects of socio-demographic and culture-related factors on health service barriers reported by the aging South Asians. The findings indicate that being less financially adequate, being affiliated with Hinduism, Islam, and other religions, having a stronger level of agreement with South Asian health beliefs, having a lower level of social support, and having a stronger South Asian ethnic identity are related to reporting more service barriers. The findings speak to the importance of developing strategies for promoting financial adequacy and strengthening social support for the aging South Asians, so that they can have the resources to overcome the service barriers.

CHINESE SENIORS AND SERVICES: A COLLABORATIVE PROJECT CONDUCTIVE TO KNOWLEDGE TRANSFER AND EXCHANGE

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This study was a collaborative project between university researchers, community service providers and social planners of the City of Vancouver. The purpose was to better understand the service needs of Chinese Canadian seniors living in two highly ethnic and low-income city neighbourhoods known as the Downtown Eastside and Strathcona. To maximize participation of community partners, three meetings were held with service providers to discuss project and instrument design and a post-survey plan of action. Data on Chinese seniors' services and service gaps were gathered using: (1) telephone interviews with building managers of 104 subsidized/non-profit housing; (2) semi-structured survey of 11 local community agencies; and (3) two focus groups with Chinese seniors. Findings of the study converged to suggest the areas and ways in which Chinese seniors would need most services. The findings will allow City social planners to better integrate their resources to respond to seniors' actual needs. For example, despite an abundance of low-cost or nominally free leisure programs and activities intended for Chinese seniors, some seniors with more social or economic constraints were less likely to

access these services. Planners could further investigate the phenomenon or redirect leisure resources to language bridging and outreach that Chinese seniors indicated were more important for their day-to-day living. Most important, the study illustrates the usefulness of university and community collaboration in local knowledge generation and application to policy and service planning.

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REACHING OUT TO AGING NEWCOMERS TO CANADA THROUGH NARRATIVE RESEARCH

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Senior newcomers of many diverse backgrounds tend to become isolated within their communities and silent in mainstream research. Cross-cultural knowledge generation in the framework of conventional research methods is associated with various barriers. While linguistic and interpretational challenges continuously attract close attention and mitigating efforts of research communities, there is little preparedness or effective remedies available for managing the subtler barriers between diverse cultural epistemologies, ethical paradigms, and socially constructed meaning systems. This paper reflects on processes and methods involved in a cross-language grounded theory study, in which bilingual researcher explores life stories narrated by Russian-speaking aging Holocaust survivors, recent émigrés. Narrative methods of exploration can help bridge cross-cultural and interdisciplinary barriers on many levels of knowledge exchange. Findings of this study are illustrative of how the narrative method, augmented by the techniques of bilingual research and analysis, can ensure sensitivity to the particularities of historical context, diverse social constructs, and the authenticity of cross-cultural self-representation of seniors.

This research was supported by the CIHR Strategic Training Program – Transdisciplinary Understanding and Training on Research – Primary Health Care (TUTOR-PHC)

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FOREIGN-BORN OLDER RESIDENTS IN GOVERNMENT-SUBSIDIZED HOUSING IN NORTH AMERICA: POTENTIAL RISK FACTORS FOR NURSING HOME PLACEMENT

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In developing an intervention model and implantation of an integrated health and housing network for older ethnic minority groups, public housing agencies and non-profit organizations have sought partnerships to prevent unnecessary nursing home placement. Case study skills were used to compare the different needs of the native-born and foreign-born elderly, using secondary data from the 2002 residents survey of St. Paul public housing (n=772) and Minneapolis public housing (n=172), MN, and primary resident survey data (n=120) collected in 2007 in Vancouver, BC.

Based on the logistic model developed with selected variables, we concluded that while the functional autonomy and knowledge about existing services were important factors in predicting native-born residents' relocation behavior, for foreign-born residents, psychological factors such as a sense of community and mental health problems and accessibility to ethnic service centers or to ethnic business districts were significant.

The results of data analysis imply that to develop a service model to prevent unnecessary nursing home placement, both the early identification of physical disabilities and compensating functional limitations at the individual level and impacts of senior housing location at the neighborhood level should be accompanied.

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PATHWAYS TO DIAGNOSIS: CROSS-CULTURAL EXPERIENCES OF THE PRE-DIAGNOSIS PERIOD OF DEMENTIA

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We are currently completing and analysing qualitative interview data in four metropolitan Canadian research sites in a SSHRC funded multi-year comparative retro-

spective study. We have selected the four major Canadian cultural/linguistic groups (Euro-Canadian English speakers, Euro-Canadian French speakers, Indo-Canadians (Hindi and Punjabi speakers), and Chinese speakers) to determine how Alzheimer disease and related dementias are experienced and responded to in the period preceding diagnosis. Some evidence indicates that the early diagnosis and management of Alzheimer disease may lead to improvements in subsequent health status and quality of life, both for those with dementia and their families. However, cultural values and beliefs may prevent the early help-seeking necessary to the application of early treatments, or early access to health and social services. The ethnographic literature suggests some cultural groups may view memory and cognitive function loss as a normal part of aging and not seek treatment until late in the progression of the disease. Knowledge of similarities and differences in beliefs about, and approaches to, the pre-diagnostic period of Alzheimer disease across Canadian cultural/linguistic groups will contribute to an understanding of what type of help is sought and when, what pathways to diagnosis can be identified, and how those pathways might converge in earlier diagnosis, support, and treatment.

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FAMILY AND PAID CARE AT THE INTERFACE; 'NANNY' CARE FOR OLDER ADULTS IN SHANGHAI

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The changing social/economic context in China is resulting in changes to the enactment of traditional norms of filial piety whereby the eldest son was responsible for his parents with his wife providing most hands-on care. In Shanghai, children sometimes hire rural migrants to provide fulltime care; they are paid (very little) but are not considered paid help; they are 'informal' caregivers. This paper reports the findings from a study of 62 'nannies' in Shanghai, exploring this unique intersection of informal and formal care, specifically asking: when do they become more like family caregivers (emotionally worrying about the care recipient and feeling subjective burden) and when not? The findings from structured face-to-face interviews conducted in Mandarin reveal the informal/formal interface. Nannies caring for men, those providing more

care with more ADL, those who worry about job security and those concerned with a frequent change in nanny tend to worry more about the recipient. That is, those who express more emotional concern for the care recipient (more a characteristic of informal care) are those who have more reason to worry about their paid position. Like informal caregivers, those who do more for the recipient and take an interest in them as a person are more burdened.

Theme: Discrimination and Aging

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BEAUTY WORK AND THE NEGOTIATION OF AGEISM

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This paper examines older women's definitions of ageism and their use of beauty work to negotiate the social realities of growing older. The data are drawn from in-depth interviews with 44 women aged 50 to 70. Defining ageism in terms of the social privileging of youthful appearances, the women reported experiencing appearance-based discrimination in their interactions with younger adults, co-workers, and romantic partners. Many women used beauty work interventions such as hair dye, make-up, and non-surgical and surgical cosmetic procedures due to a life-long investment in appearance, the fight against invisibility, the desire to attract or retain a romantic partner, and employment related ageism. Some women did not feel compelled to increase their beauty work interventions because of their partner or employment status, their philosophical views on beauty, or their acceptance of the cultural devaluation of older women's appearances. The findings are discussed in light of the extant feminist theorizing on ageism. The research was made possible by a Social Sciences and Humanities Research Council of Canada Standard Research Grant and a Michael Smith Foundation for Health Research Career Scholar Award.

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PATHOLOGIZING BEHAVIOUR: THE ROLE OF LONG-TERM CARE

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The majority of interventions for “responsive behaviours” (often called “challenging” or “disruptive”) in long-term care are targeted at managing the behaviour or adjusting staff interpersonal approaches to care. In fact, our research and that of others suggest that the caring style of staff might be one the most important factors in not only responding more effectively to behaviours but also in preventing them. Unfortunately, the culture of long-term care homes makes it difficult for staff to adopt caring styles and organizational and sociological conditions and processes that lead to individual behaviours have tended to go unchallenged. Using research from two separate studies, a grounded theory study on the meanings and experiences of responsive behaviours for long-term care staff and a phenomenological study on the socialisation process for new residents in long-term care, this paper examines how discursive practices from the first point of admission pathologize behaviour and produce voiceless, institutional bodies. Through the practices of placing the body, defining the body, focussing on the body, managing the body, and relating to the body within a culture that is understaffed, lacks trained staff, experiences high staff turnover rates, and focuses on routines and tasks centred on body care, all behaviours come to be filtered through the lens of pathology. We argue that identifying, critiquing and addressing these sociological processes and organisational factors are critical steps to the maintenance of personhood, the enhancement of staff's abilities to manage and prevent behaviours, and the fostering of caring environments.

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FACING AGEISM: OLDER ADULTS LOOKING FOR WORK AFTER CAREGIVING

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The preliminary estimates indicate that 7-9% of older Canadians retire and about 3% quit work to provide care to family members with chronic disabilities or physical limitations. Although there is considerable research on the relationship between paid employment and informal caregiving, little is known about what happens when older adults who had to leave their jobs to caregive, try to re-enter the labour market at the cessation of the caregiving. This paper will examine the multiple barriers and challenges faced by older adults looking for employment post-caregiving. The analysis is based on the findings of a qualitative study that explored the relationship between caregiving and retirement. The study interviewed 60 former primary caregivers (30 women and 30 men) between the ages of 47 and 73, with a mean age of 59. The majority of the study participants had left the workforce with the intention to return at some point during or after caregiving. However, almost all of them were still not employed at least one year post-caregiving. The participants named ageism as the primary barrier to re-entering the labour force. Other obstacles included outdated job skills, loss of business connections, poor health, low self-esteem, social isolation, and grief.

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DISCRIMINATION THROUGH OMISSION: SEXUAL ORIENTATION AND RESIDENTIAL CARE REGULATIONS

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Lesbian, gay, transsexual, and bisexual (LGTB) persons represent at least 2-4% of Canada's senior population. They remain an under recognized and very marginalized group especially in receiving care and support. Despite recent amendments to social policies that have awarded LGTB people greater equity and more protection against discrimination, research indicates that older LGTB adults continue to face significant barriers accessing health services across the care continuum (Brotman, Ryan & Cormier, 2003). As population aging gains momentum, greater diversity and an increase in the demand for health services is inevitable.

Examining existing LGTB literature in Canada and abroad, along with preliminary findings from health care needs assessment, this paper explores key issues of sexual orientation in the care continuum in Alberta and British Columbia; focusing primarily on long term care. Both provinces have approximately one quarter of Canada's senior population. Drawing upon current provincial health care, human rights and residential care law, regulations and practice, this paper explores the ramifications of omitting sexual orientation as a consideration in culturally competent care and as a possibility for discrimination in residential care settings. Potential care risk areas are considered. Action oriented guidelines for research and practice are identified.

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ENERGIZER BUNNY AGES WELL: REPRESENTATION OF OLDER ADULTS IN PRINT MEDIA

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While determinants of successful aging receive much attention from researchers, few studies in Canada and elsewhere have considered the newspaper portrayals of seniors who do or do not age well. Yet by praising certain behaviors of older adults as pathways to successful aging, the media may create new ageist stereotypes of how seniors should engage with life, de-value elders who do not meet these normative expectations, and downplay the role of social institutions and structural inequalities in shaping the life-course. Through thematic analysis of articles about seniors published in *The Globe and Mail* in 2004-2006, this paper explored how the media represent interrelations between personal resources of older persons, the environments where they live, and their experiences of aging. By constantly comparing 146 articles featuring seniors in various contexts including family, work, civic engagement, social policy, health care, consumer market, and leisure, I discerned three broad dimensions underlying the media recipes for successful aging: individual responsibility, personal control, and 'busy ethics'. This study highlighted the polarized character of media ageism, with the stories oscillating between the positive and the negative stereotypes of older adults. Discussion focuses on possibilities for different interpretations of media portrayals of seniors. Funding was provided by AHFMR.

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STAYING WELL IN LATER LIFE: PATTERNS AND PREDICTORS OF PERSISTENT GOOD HEALTH

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Persistent good health (PGH) is a label that has emerged from ongoing discussions and workshops with colleagues, policy makers and the lay public in efforts to gain a better understanding of what it means to 'always be well'. Here we explore the prevalence and predictors of the concept, persistent good health, defined as the same 'good' or 'excellent' self-rating of health over two or more consecutive interview waves of the Aging in Manitoba study (AIM). AIM is a unique 30-year population based longitudinal study of aging. Only those participants with complete data from the 1983, 1990, 1996 and 2001 waves were included in these analyses (n=582). In total, 16 occurrences of PGH patterns were identified and included consistency of high ratings over two (8), three (3) or four (1) waves of data. Predictors of the various patterns varied according to the pattern and time period examined. Future research employing the PGH concept to predict self-reported successful aging, health services utilization, homecare and nursing home use, and death, will be discussed along with the applications of the measure in clinical settings.

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A MULTI-SITE STUDY OF GOAL ATTAINMENT SCALING IN GERIATRIC DAY HOSPITALS

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Goal Attainment Scaling (GAS) is an individualized goal-setting and measurement approach that is potentially useful for patients with multiple, individualized

health problems. We assessed the feasibility and utility of GAS in a multi-site study of six geriatric day hospitals affiliated with the Regional Geriatric Programs of Ontario.

Individualized GAS guides were developed for 15 consecutively admitted patients at each site [total n=90; mean age: 76.2 (SD 8.3), 58.9% female; mean attendances: 24.0 (SD 10.3)]. Staff members (n=39) were surveyed on their experience with GAS. Mean goals/patient ranged across sites from 2.1 to 4.3. Mean GAS discharge score was 52.3 (SD 8.7), close to the theoretically expected values of 50 (SD 10). Common goals included mobility, community reintegration, ADL, IADL, medical issues, cognition/communication, and home safety. Estimated mean time to develop a GAS guide ranged across sites from 15.3 to 43.8 minutes. Clients were often involved in goal-setting; family involvement was less frequent. The staff survey identified challenges and benefits related to the use of GAS.

Study results are being used to inform a more consistent approach to the use of GAS in geriatric day hospitals.

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THE REWARDS AND CHALLENGES OF CARING FOR A FAMILY MEMBER WITH DEMENTIA

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Although caring for a family member with dementia is often characterized as stressful and burdensome, many caregivers also report rewards gained from their caregiving. Much of the caregiving research, conducted using quantitative approaches, has focused on negative experiences. The current research examines the experiences, both negative and positive, of family members providing care to someone with dementia. The study

utilized focus groups (N=36) and personal interviews (N=3) with rural and urban caregivers from Manitoba, Ontario and Saskatchewan to gather information regarding their caregiving experiences. Coding of the transcripts was conducted using Lubrosky's (1994) thematic analysis. The emerging themes that identified rewarding aspects of caregiving were: (a) feelings of value and self-worth; (b) an opportunity to give back; (c) a sense of competence in their role; and (d) a deep commitment to the caregiver role. The emerging themes related to the challenging aspects were: (a) dealing with disruptive behaviours, (b) the misfit between the needs of families and the availability of formal services, and (c) the physical, emotional, social and financial consequences of caregiving work. In order to support caregivers appropriately it is vital that health care practitioners recognize both rewards and challenges associated with caring for a family member with dementia.

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MEN NEGOTIATING THE MAZE OF CARE FOR A RELATIVE WITH DEMENTIA

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Men caring for their relative with dementia face unpredictable caregiving demands and negotiate a maze of sources of assistance. The purpose of this ethnographic research was to examine what men caregivers seek in negotiating this maze. Participants were 24 spouses and 10 sons. The method included in-depth interviews about men's caregiving experience that were tape recorded, transcribed verbatim, and analyzed thematically. Findings indicated that men experienced challenges related to insensitive interactions, poor fit with available resources and insufficient support. Men valued supportive interactions with individuals who guided them through the maze of caregiving decisions, but these experiences were inconsistent and sporadic. Many men had unhelpful experiences that jeopardized their ability to achieve a high quality of care for their relative and created disillusionment and distress. Men

desired a coach to assist them in negotiating the maze. They sought someone who would relate with sensitivity to their changing situation, facilitate understanding of the whole caregiving situation in relation to multiple sources of support, and be their advocate. An implication of these findings is the potential for intervention to provide support in the form of a "coach" who could assist caregivers to gain needed support across boundaries of sectors, services and families.

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DEVELOPMENT OF A SCREENING TOOL TO IDENTIFY OLDER PATIENTS IN EMERGENCY DEPARTMENTS AT RISK OF FALLS

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Objectives: We propose in this study to develop a screening tool to identify older Emergency Department (ED) patients at increased risk of falls. Methods: A cohort of patients aged 65 and older from EDs of four acute-care hospitals in Montreal, Quebec (n=1508) were followed prospectively for 6 months. Self-reports of falls were ascertained at 3 and 6 months follow-up; 27 potential screening items (self-reported questions with yes or no responses) were collected. Predictors of falls were analyzed from the 27 screening items and other patient data. Multivariate logistic regression was used to determine the best subset of items, further evaluated by sensitivity and specificity analyses and receiver operating characteristic (ROC) curves. Results: 22.1% of patients (333) fell at least once and 128 (8.5%) fell at least twice. Multivariate predictors of falling at least once included age, need of help on a regular basis, history of stroke, previous falls, and self-reported depression. Predictors of 2 or more falls were need of help on a regular basis and previous falls. Conclusions: A short self report questionnaire will be developed to assess fall risk.

**PERCEPTIONS, BELIEFS AND ATTITUDES TOWARDS
SOURCES OF HEALTH INFORMATION AMONG
POTENTIAL PARTICIPANTS IN A LONGITUDINAL STUDY
ON AGING**

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There is increasing evidence that Canadians are not only taking a greater interest in their health as they age but accessing multiple and diverse sources of health information in order to do so. The role of the physician as the key source of health information is changing as Canadians seek alternatives to traditional medical advice and/or seek to become better informed through popular media, especially the Internet. However, this quest for health information is not without pitfalls such as the rapid pace of medical discoveries, complex or conflicting information, and the sensationalism that sometimes accompanies media reports. Attitudes and beliefs around access to, and sources of, health information, were explored in a feasibility study for the Canadian Longitudinal Study on Aging (CLSA), a proposed 20 year prospective study of 50,000 individuals. Questions about health information were posed to Canadians 40 years and older in focus groups conducted in six cities. Participants' health interests, sources of health information, degree of involvement in their health care as well as their views on the health care system and the role of the media were explored in group discussions. Participants reported using a variety of sources to obtain health information or to supplement that provided by their primary care physicians. Most wanted to be active partners in their health care and were willing to question their physicians and advocate on their own behalf. Participants expressed frustration and confusion over what they saw as conflicting results from various health studies. The results provide insight into the changing attitudes of Canadians towards their health and the ways in which they access health information.

Study funded by CIHR.

SHAPING THE LANDSCAPE OF NURSING CARE OF OLDER PERSONS: RESEARCHER-RESEARCH USER PARTNERSHIPS BUILDING EVIDENCE ABOUT IMPLEMENTING BEST PRACTICE GUIDELINES

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While researchers and research users increasingly receive messages that they ought to work together, barriers to researcher-research user partnerships can be challenging to overcome and there are relatively few examples of successful partnerships. The Registered Nurses' Association of Ontario (RNAO) established a program to stimulate and support nursing research about the effects of implementing best practice guidelines. This ambitious program funded research partnerships between researchers and research users. The goal of this symposium is to share experience, strategies, and key success factors when researchers and research users partner to measure the impact of implementing nursing best practice guidelines for care of older persons. These strategies include, at the provincial professional association level, a program that funds researcher-research user partnerships and provides ongoing support for the partnerships. Strategies within the partnerships include flexibility, respect, and attention to the real challenges of conducting research about complex practices. The director of the research program discusses the evolution of the program, the studies that are being conducted, and strategies that contributed to the program's success. A researcher partner describes a theory driven approach to intervention design and evaluation. Two papers describe the reality of researcher-research user partnerships. Research users and researchers in one partnership describe their challenges and successes implementing a best practice guideline in an academic health setting and discuss the challenges of simultaneously implementing clinical research. The second example of a partnership describes overcoming methodological and practical

challenges of measuring the impact of implementing the RNAO Client Centred Care BPG in two community hospitals.

Stimulating research in measurement of impact following implementation of best practice guidelines

Tazim Virani RN MScN PhD(c)

An ambitious program of research was established to stimulate nursing research in measuring the impact of the use of clinical best practice guidelines in a diverse set of health care organizations. Using a staged approach, twelve research projects were planned for implementation over a three-year time frame. This approach witnesses the breakdown of barriers between two communities – researchers and research users.

This paper will discuss how this research program evolved and how partnerships were created. The research teams comprise researchers from seven different universities, and clinicians and managers from twelve different health care organizations. The studies include but are not limited to measuring the impact of the following best practice guidelines: foot ulcers in diabetic patients; pressure ulcers; pain management; prevention of falls; intravenous therapy; client centred care; and establishing therapeutic relationships.

Key strategies will be discussed that were used to involve clinicians and managers in the research process directed by researchers at each stage of the research process. The success of the partnership centers on the coordinating role a professional association can play in bringing researchers and practitioners together in a structured manner with an ethos of learning from each other as equal partners.

Using a theory driven approach to evaluate practice changes

Katherine McGilton RN PhD

The theory driven approach to intervention design and evaluation advocates the delineation of the causal processes underlying the intervention effects, and factors related to resident, intervener and setting characteristics that affect implementation and effectiveness of the intervention. In this paper, the theory driven approach to intervention evaluation is presented as a

means for understanding the complexity of evaluating the effectiveness of new approaches, like client centered care, in practice.

Evaluation of the nursing best practice guideline: Assessment and Management of Foot Ulcers in Diabetic Patients

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The incidence of chronic disease is growing rapidly throughout the world. It is estimated that in Ontario 2/3 of people over age 45 have one chronic disease and 35% have 2 or more. Renal failure is growing in Ontario at 8% per annum. The London Health Sciences Centre (LHSC) Regional Renal Program provides comprehensive care for people in Southwestern Ontario with varying degrees of renal failure. Treatment includes activities that maintain health, delaying the onset of dialysis.

Forty percent of the diabetic clients receiving hemodialysis at LHSC are over the age of 65 years. Diabetes is a chronic illness with many potential medical complications including diabetic foot ulcers.

In May 2007, implementation of the Registered Nurses' Association of Ontario Best Practice Guideline (BPG): Assessment and Management of Foot Ulcers for People with Diabetes commenced at the three hemodialysis units at LSHC. A 'Train the Trainer Approach' was used to educate the nurses about the BPG. Evaluation of the BPG implementation was a collaborative effort between researchers at Brock University and LHSC. This presentation will describe the implementation of the BPG, successes and challenges experienced during the project and the challenges involved in implementing clinical research.

When the rubber hits the road: Evaluating real life implementation of the Client Centred Care Nursing Best Practice Guideline in community hospital settings

Lynn McCleary RN PhD, Jacquie Logan-Stephens RN MHS, Jackie Andrew RN MSc

This paper discusses meeting the challenge of evaluating the implementation of best practice guidelines in

real life practice, when implementation is uncontrolled. The RNAO Client Centred Care Nursing Best Practice Guideline is being implemented in two community hospitals, on units with a large proportion of older persons. Working in partnership with university based researchers, nursing leaders in the hospitals want to evaluate the effects of implementing the guideline on patient and family reported client centred care. Evaluation strategies are guided by a framework described in the RNAO Toolkit: Implementation of Clinical Practice Guidelines. Sources of data include, existing quality assurance data, and interviews and questionnaires with clients, families, and nurses at multiple time points. Both hospitals are tailoring their implementation to fit their unique strengths, needs, resources, cultures, and client populations; thus, it is very important to document implementation activities as they unfold, and to be flexible in the evaluation. Additional challenges will be discussed, including methodological issues such as measurement and evaluating effects for persons with cognitive impairment, and practical issues such as distance and finding ways to creatively stretch the evaluation budget and involve nurses in hospitals where there is limited infrastructure support for nursing research.

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MENTAL HEALTH ISSUES FOR OLDER ADULTS IN EMERGENCIES AND DISASTERS: ADDRESSING VULNERABILITIES AND FOSTERING RESILIENCE

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There is increasing recognition in the emergency planning and response sector of the need for attention to mental health issues. Concurrently, there is growing awareness of the significance of diversity, including age, gender, culture and cohort, as determinants of emergency and disaster outcomes for individuals. Evidence is mounting that older adults, especially frail older persons are at particular risk in emergency situations. There is an urgent need to achieve a common understanding not only of the impacts of disasters on older adults, but also of resiliency and actions required to

integrate older persons' needs and contributions in all aspects of planning, responding and recovering from emergencies. The objectives of this symposium are: 1) to describe how the aging process makes older persons more vulnerable than younger persons when exposed to natural disasters as well as to weaponized biological, chemical or radiological agents; 2) to discuss the implications of their vulnerabilities for the four phases of the disaster cycle; 3) to relate changes in behaviour to the degree of vulnerability and involvement in a disaster; 4) explore age-enhanced resiliency and the potential of older adults to contribute more substantively to the development of emergency planning and response capacity. Woven throughout the symposium will be attention to the concern that few first responders, including health care workers, have adequate training with respect to frail elders and emergency situations, including an understanding of mental health needs. Training must include increased awareness of the implications of pre-existing physical health conditions (i.e. chronic disease management) and pre-existing mental health conditions (e.g. dementia, depression, post-traumatic stress disorder). This symposium will be of interest to individuals who are new to emergency and disaster management, as well as to those with experience as providers in this area. A list of peer-reviewed electronically available resources will be provided.

Mental Health Issues for Older Persons in Times of Disaster

Gloria M. Gutman, Gerontology Research Centre, Simon Fraser University

This presentation sets the stage for discussion by the other speakers, all of whom are health care providers, concerning identification, treatment and prevention of mental health problems experienced by older adults when natural or man-made disasters occur. Each will focus on a specific sub-group - veterans, ethnic minority seniors, older adults receiving formal services at home or in a care facility, and the nurses who care for them. This opening talk will be more generic 1) describing how the aging process makes older persons more vulnerable than younger persons when exposed to natural disasters as well as to weaponized biological, chemical or radiological agents; 2) discussing the implications of their vulnerabilities for the four phases of the disaster cycle; 3) relating changes in behaviour to the degree of vulnerability and involvement in a disaster. The background information presented will include mortality and morbidity statistics, a review of theory, and a review of empirical research concerning risk factors for cognitive and emotional upset in older adults in

disaster situations. And, it will draw on case studies of 15 recent disasters in which, under the aegis of the WHO's Ageing and Life Course Programme, the impact on seniors has been examined.

Emergency Preparedness and Mental Health: What Can We Learn from Veterans?

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There is increasing recognition of the need to protect and promote people's psychosocial well-being and treat mental disorders as a component of emergency planning and response. Moreover, it is recognized that older persons may be at particular risk of social and/or psychological problems depending on the nature of the emergency or disaster they face and how this intersects with their specific vulnerabilities, needs and capacities. Canada's surviving war veterans - the men and women who served in World War I, II and the Korean War - now range in age from 70-106. This is a unique cohort within the population of older persons in Canada, who are experiencing the effects of aging in the context of their place in history and the long-term impact of military service on their health. There is emerging consensus that reducing the vulnerability of older adults relies on increasing their contributions to, and representation within, emergency preparation and response initiatives, including initiatives focused on mental health. In this presentation, social and psychological factors that contribute both to vulnerability and resilience of older adults will be explored for application to emergency preparedness and response. The presentation focuses on the unique perspective of war veterans.

Becoming Prepared: Mental Health Issues in Culturally Competent Disaster Relief

Helen R. M. Meier, Director, Psychogeriatric Services, Mental Health and Addiction Program, St Joseph's Health Centre, Toronto and Assistant Professor, Psychiatry & Public Health Sciences, Faculty of Medicine, University of Toronto

Older adults from ethnic communities should be included in capacity-building at each stage of emergency planning. Recent experience of the impact on diaspora communities of conflict-related and natural disasters has led to recommendations for culturally appropriate health/mental health services in acute and

post-emergency situations. Mental health and public health policy and practice emphasize community-based planning, with broad representation and leadership, and reliance upon existing cultural expertise. Mapping of resources includes existing relationships, support networks and knowledge of individual health/mental health needs, especially among the frail elderly. The priority is to integrate mental health concerns within primary care services, with identification of community strengths and confirmation of potential involvement across multiple sectors. In response to acute stress, a system built upon local capacity provides time and space for sharing consequences of collective grief, drawing upon the elders' knowledge of traditional healing, and re-establishes daily routines and expectations for future. Relations within the broader society and with other cultural groups foster access to mental health services and improve outcomes for individuals. Specialized mental health interventions require knowledge and acknowledgment of the context of primary care within the group.

Emergency Preparedness in LTC: A Focus on Mental Health. Baycrest Geriatric Health Care System, Toronto, ON

Michael Gordon, Medical Program Director Palliative Care, Baycrest Geriatric Health Care System and Professor of Medicine, University of Toronto.

Long-term care facilities in Canada, which encompass a wide range of facilities including nursing homes, personal care homes and retirement facilities with and without assisted living components, serve a wide array of elderly individuals. A very large proportion of those in such facilities suffer from brain-related illnesses including stroke, dementia and a wide range of other mental illnesses such as depression and behavioral problems. All long-term care facilities are at risk for potential disasters, be they major outbreaks of illness of epidemic proportions or natural or man-made disasters such as floods, storms, extremes of temperatures and loss of sustaining infrastructure as may occur in power outages or because of fires or gas or other explosions. Most long-term care facilities have some components of plans for such disasters. However, many are small in nature and lack the appropriate resources to cover all

eventualities. Some regions may develop plans for facilities within their boundaries. Baycrest Geriatric Health Care System, because of its size and complexity has developed its own disaster preparedness and response program. This presentation will outline the foundational features of this program and provide examples that Baycrest has faced in the recent past.

Natural Disasters that Reveal Cracks in Gerontological Nursing Practice

Sandra P. Hirst, Associate Professor, Faculty of Nursing, University of Calgary

Since Florence Nightingale's time, nurses have used their knowledge and skills to improve outcomes for patients in emergency situations. These include natural disasters - floods, ice storms, mud slides, forest fires - all of which have occurred within recent Canadian memory. In each situation, community and health care responses were required. The ability of registered nurses to respond was dependent upon prior education and experiences. Nurses need to be able to think quickly to determine the best course of action when their options are not optimal. Within gerontological nursing practice, we care for diverse older adults, in a range of settings. Some, such as LTC facilities, intensify the need to address emergency preparedness. Most residents have serious physical limitations, diminished cognitive functioning, and chronic disease pathologies that prevent them from acting independently in response to disaster. This presentation discusses challenges faced by gerontological nurses in modifying emergency disaster responses to meet the needs of older adults under their care. Systematic review of the nursing literature revealed little on this topic. However, insights gained will facilitate the work of gerontological nurses in building a practice model that both ensures that they have a place as leaders in response efforts and promotes the safety of older adults.

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THE 3 C'S: CRITICAL SKILLS, CURRICULUM, AND CREDENTIALING

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While gerontology has been an area of study for over 100 years, the academics debate whether it is a seminal discipline or a multidisciplinary field of study and practice; the gerontology graduates remain frustrated in their efforts to obtain meaningful work in gerontological practice; and all the while employers are seeking personnel and funding resources to provide expertise in policy development, programming, and care involving older adults. Gerontology is moving forward, but collaboration amidst these three key stakeholders is needed.

Enlarging on a workshop presentation at the 2006 Canadian Association in Gerontology, in which core curriculum, critical skills and credentialing were presented and discussed, this workshop reviews these 3 C's and adds to the discussion the challenges of disciplinary and social context. Presenters review criteria for the designation of an academic discipline and explore the social-economic challenges of higher education in North America today, highlighting Jane Jacob's comments on education vs. credentialing. The professionalization of social work and accreditation of social work education serves as an example of the pros and cons to the credentialing process. A review of a recent survey of Gerontology graduates provides challenges and direction to Gerontology Programs and potential employers. Participants in the workshop are invited to respond to the students' challenges by identifying the skills necessary for gerontologists in the field today.

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INTERNATIONAL COHORT STUDY OF CARE FOR PEOPLE WITH DEMENTIA

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The worldwide prevalence of dementia is estimated to increase from 24.4 million today to 81.1 million by 2040. This increase, and the nature of the condition itself, demand that future innovation in community-based dementia care must involve increased multidisciplinary and multi-agency collaboration, integration and coordination.

The challenges are not exclusive to any particular country, and we have much to learn about effective and efficient service delivery from colleagues in other countries. To achieve this understanding, the Canadian DementiaNET research group and colleagues in Australia, the US, UK, Belgium, Netherlands and Germany are developing a research program which combines longitudinal and cross-sectional aspects. People recently diagnosed with early-stage dementia will be identified and recruited via common eligibility criteria and followed for nine years.

Within the conceptual framework of the WHO International Classification of Functioning, Disability and Health three broad research questions are identified which encapsulate major problems relating to the long-term, chronic, and escalating acuity of the dementia trajectory:

- What are the personal (age, sex, sociocultural identity) and environmental (health system, living conditions, medico-legal-ethical) factors which influence the experienced and expected illness trajectories of people with dementia as studied at the body, personal and societal levels?

- Throughout the duration of the trajectory, how are the service and illness-related processes and outcomes experienced by people with dementia explained by the interaction of these factors?
- How do different national contexts influence these processes and outcomes?

Three cohorts of people with dementia will be identified in Canada (specifically in Alberta and Ontario), Western Europe (specifically in the UK), and Australia, and followed in parallel according to shared protocol standards.

This interactive workshop, led by Canadian members of the international collaboration, will describe and discuss the developing scientific protocol for this international cohort study in order to explore more general aspects of study design, methodology, and research governance in an international context.

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INTEREST IN GERONTOLOGY: SECURING THE NEXT GENERATION OF CAREGIVERS?

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Preparing health care providers to meet the care needs of an expanding aging population is a challenge. Not only are student experiences in long-term care and community typically limited to initial practicums, several studies found students' attitudes towards and knowledge of older people negatively changed throughout undergraduate programs. Often, the level of knowledge attained in undergraduate programs is below expectation for beginning practitioners and students are rarely able to appreciate the complexity, challenge, and rewards of geriatric care delivery. Fewer students seek gerontological careers upon graduation, and care facilities report an inability to fill current vacancies. As this is a growing concern, NICE (National Initiative for the Care of the Elderly) launched a Student Mentorship Program. The objectives of this

training in research Student Mentorship Program are: (1) to develop an enduring interest in geriatrics and gerontology; (2) to build research and evaluation capacity in students; (3) promote the application of research evidence to client services and policy making; and (4) introduce students to key professionals already in the field. This presentation will invite students, educators and practitioners to participate in an interactive discussion on how to develop and implement strategies that may foster and nurture student's interest in gerontology and geriatrics.

Theme: Emerging Issues in Aging Research

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THE DEVELOPMENT OF CARE STANDARDS AND THE PEER AUDIT PROCESS

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Several years ago in an effort to establish consistent care delivery and care delivery monitoring, the Good Samaritan Society created long term care and assisted living standards along with an accompanying audit process. The standards developed were based on the RAI indicators for Long Term Care in the U.S. along with other indicators which addressed specific concerns identified by the Board of Directors, (i.e., the number of annual fire drills conducted and other environmental indicators). This method was selected as it was evident that the Minimum Data Set (MDS) would be implemented in Alberta.

This paper will discuss the Quality Indicator process which evolved from this initiative and the evolving process of data collection. The process has evolved over the past several years to now include quarterly reporting in addition to an annual Peer Audit. Details of the present practice; and the subsequent development of the current Care Standards based on this process will be provided, including how they are delivered, how the two methods of collecting information have affected an ever growing organization (from 7 to 26 sites), and what is done with data collected.

Internal evaluation of Care standards using RAI indicators has provided a preliminary perspective of the kinds of results such a review can provide. The benefits of interdepartmental participation and recommended changes in practice that have resulted from the Peer Audit process will be reviewed.

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APPLICATION OF TERRAI DATA TO GENDER ISSUES IN VULNERABLE POPULATIONS: DEVELOPING CAPACITY

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Gender- and sex-based analysis (GSBA) is an analytic tool that can provide evidence for responsive, sensitive and sound decision-making, leading to better health for all Canadians. One of the goals of the recently developed CIHR Guide to GSBA is to promote the application of this approach in research. Analyses based on interRAI data, a significant and expanding pillar of health outcomes and health quality measurement, have not to date had a focus on GSBA. In response to this gap, funding was obtained from the CIHR Institute of Gender and Health for a workshop on the application of interRAI data to gender issues in vulnerable populations (complex care, home care and mental health services). The workshop resulted in a Consensus Research Agenda. Next steps to realize the potential of the workshop will be presented. Challenges associated with the translation of key issues into research questions that use a GSBA lens to illuminate socio-cultural factors that contribute to differences in health outcomes for men and women (rather than treating sex as a confounding variable) will be explored. Further knowledge of these issues could be used to help inform the development of policies and practices on GSBA in this research context.

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DEVELOPING QUALITY INDICATORS FOR NURSING HOMES AND DEFINING QI DETERMINANTS

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Quality indicators (QIs) are markers that reflect potential shortcomings in health care provision. Establishing QIs for nursing homes (NHs) and defining QI determinants helps maintain appropriate care standards.

Ten QIs were developed using administrative data in Manitoba, for the 1999 - 2004 population of NH residents. Six QIs were based on physician visits and hospitalizations for falls, bed sores, hip fractures, other fractures, respiratory infections and fluid/electrolyte imbalances. Drug-related QIs included prescriptions of polypharmacy medications, benzodiazepines, antipsychotics and select Beer's Criteria medications. Multivariate analyses were conducted to determine resident- (e.g., demographics, type/number of diseases) and facility-level (e.g., NH type, staff-to-resident ratios) risk factors that influenced QI rates.

Diagnostic QIs occurred more often just after residents were admitted to an NH or when they were closer to death, to residents 75+ years old and to those with comorbid diseases. QI drugs were prescribed more often to younger residents, to those with chronic co-morbidities and to those with 2+ prescribing physicians. Drug-related QIs were not influenced by facility-level risk factors, however diagnostic QIs occurred more often in proprietary NHs.

Study results define NH residents who are most likely to experience QIs; stakeholder forums are needed to explain the results for proprietary NHs.

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LISTENING TO THE VOICES OF THE VULNERABLE: RESEARCH PARTICIPATION BY PEOPLE WITH DEMENTIA WHO ARE UNABLE TO PROVIDE INFORMED CONSENT

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Conducting research with vulnerable populations involves careful attention to the interests of the individual. It has been generally understood that informed consent is a necessary prerequisite to research participation; however, at times this position has excluded people with dementia from research. The Alzheimer Society of Canada advocates that all people with Alzheimer Disease, no matter where they may be in the disease process, should have the opportunity to participate in research. Proxy consent is one alternate approach which is more inclusive but fails to give voice to potential research participants who lack the capacity to provide informed consent. More recently the methods of assent, or the lack of objection, and process consent have been proposed. In this paper proxy consent, assent, and process consent will be presented, compared and contrasted. Pragmatic issues will be considered by referring to the recruitment and ongoing data collection processes for two minimal risk, longitudinal studies involving people with middle to late stage dementia. The advantages and limitations of proxy consent, assent, and process consent will be highlighted.

An AHFMR PhD Studentship has supported this work.

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RETURN OF INDIVIDUAL CLINICAL RESULTS IN OBSERVATIONAL RESEARCH: PRACTICES IN POPULATION-BASED STUDIES

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There is little guidance in the academic literature, the Tri-Council Policy (or other similar policy documents internationally), or from research ethics boards about return of individual clinical results in observational research. As part of a series of developmental studies for the Canadian Longitudinal Study on Aging (CLSA), a web-based inventory survey of other longitudinal studies was conducted in 2005. Of those studies that responded to the preliminary web survey, individuals from 13 studies (selected for context diversity, duration, contemporariness, measures collected, and/or reasons for/methods around return of results) were interviewed by telephone regarding specific information the

study collected; which individual results were or weren't returned to participants and why; how individual results were returned and to whom; how studies operationalised the return of results; participant feedback on return of results; interviewees perceptions and reflections on returning individual results; and perceived trends in the ethics of returning individual results. The findings, which indicate a strong precedent for studies to return clinically-relevant results to participants, and provide collective wisdom around how that can be accomplished, have widespread application to observational studies collecting physical and/or clinical measures. (Study funded by CIHR.)

Theme: Experiences with Cognitive Impairment

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COGNITIVE STATUS AND THE PSYCHOLOGICAL WELL-BEING OF LONG TERM CARE RESIDENTS OVER TIME

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In recent years, considerable emphasis has been directed toward activity programming for persons with dementia in long-term care (LTC). Models of care such as the Eden Alternative strive to maintain personal dignity and opportunities for growth. What may not be apparent, however, is the degree to which this focus applies to residents with and without significant cognitive loss. The current study examined this question with participants recruited from two LTC Eden facilities located in communities in the greater Vancouver area. Participants were divided between those scoring above and below cut-off score of 19 on the Mini-Mental Status Examination (MMSE) at initial recruitment. They were re-interviewed on three occasions over the next two years. Although residents scoring above MMSE cut-off initially reported greater life satisfaction, decline occurred over time; the opposite pattern was observed among residents with cognitive loss (repeated measures ANOVA; $F[3,30] = 7.09, p < .01$). Similar findings were observed in terms of depressive symptomatology. Even though statistically indistinguishable at baseline, cognitively impaired residents reported half the level of depressive symptomatology at the fourth point of measurement as compared to those with higher MMSE scores (significant Group x Time interaction; $F[3,30] = 4.67, p < .01$). These results suggest that efforts to maintain quality of life for LTC residents may need to be tailored for those with and without cognitive loss.

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THE BODY IN CARE: EXPERIENCES OF RESIDENTS WITH DEMENTIA IN AN EXTENDED CARE HOME

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This presentation reports on the validity of using the 'three bodies' framework of Scheper-Hughes and Lock (1987) to interpret the lived experiences of residents in a LTC dementia-care neighbourhood, and to use this approach to explore the role and effects of built environments designed to improve the social environment and quality of life of these residents. The results are from a current multi-method pre-post construction study evaluating the role of physical designs in managing challenging behaviours among residents with dementia.

Participant observation techniques were used to establish a baseline understanding of the social environment prior to construction. Observations were made of residents, staff, and non-staff who interacted with residents in common areas of the study site. The 'three-bodies' framework (individual, social and political) identified factors that enhance or inhibit resident well-being and personhood within each domain, such as the need to communicate through non-affected modalities (e.g. touch in aphasic residents); the role of meaningful past interests to maintain and enhance social relations; and the potentially conflicting roles of policies and care processes in inhibiting a resident's well-being and perceived self concept. These and other findings in relation to built and social environments will be discussed in greater detail.

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SUSTAINING HEALTHY AGING IN DEMENTIA: THE ROLE OF ACTIVITY

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INTRODUCTION: We know that activity plays a key role in supporting healthy aging, although people with dementia have been excluded from this research. The impact of activity in dementia has been examined pri-

marily in relation to behavioural outcomes.

PURPOSE: In this presentation we will explore how people with mild to moderate dementia perceive the impact of their everyday activities in terms of healthy aging outcomes.

METHODS: Repeated open-ended interviews and observations were conducted with 10 people with mild to moderate dementia (age 46-87) living in their own homes. Interviews were also conducted with family members and friends. Transcripts and field notes were analysed using established interpretive methods to reveal key themes in relation to healthy aging.

FINDINGS: Participants described many different outcomes of their continued involvement in a variety of activities. These were categorized into three themes reflecting healthy aging: (1) promoting physical function (2) enhancing well-being; and (3) supporting social inclusion.

DISCUSSION: These findings challenge existing views of healthy aging and dementia as opposite ends of a continuum. It leads us to consider how people with dementia, through their involvement in activity, can be striving toward healthy aging even as they struggle with the challenges posed by their progressive impairment.

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RECONSTRUCTING HOPE: THE HOPE EXPERIENCE OF FAMILY MEMBERS CARING FOR PERSON WITH DEMENTIA

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Study Objectives: The purpose of this study was to explore the experience of hope for family members caring for a person with dementia and to develop a substantive theory of hope in this population.

Method: Using purposive theoretical sampling 17 family members (3 male and 14 female) actively caring for persons with dementia were interviewed face to face using open-ending questions. Interviews were audio-taped, transcribed verbatim and analyzed using Charmaz's (2007) constructivist grounded theory approach.

Results: Participants described their hope to be able to continuing care giving and for "good days" for their family member with dementia. Grief and loss hindered their hope. The participants described continually reconstructing their hope, by "acknowledging reality", finding meaning and purpose in their lives and positive cognitive appraisal.

Conclusions: The results of this study provide a foundation for future research and development of ways to foster hope in family caregivers of persons with dementia.

Funding: This study was funded by the Canadian Institutes of Health Research.

Theme: Workplace Issues

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CHARACTERISTICS OF ADMINISTRATORS AND QUALITY OF CARE IN ONTARIO CARE FACILITIES

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This exploratory study investigated which administrator and facility characteristics predict quality of care in long term care (LTC) facilities. A survey was mailed to all 602 administrators of LTC facilities in Ontario; 50.2 percent of the administrators responded to the questionnaire. Quality was measured using the last certification inspection report obtained from the Ontario Ministry of Health and Long-Term Care public report on certified LTC facilities. Predictors of quality were found using multiple regression analysis. Both level of education and amount of experience as an administrator in current position had a weak to moderate positive influence on quality; however, a negative influence on quality was found between salary and amount of effort devoted to resident care. In addition, smaller facilities and facilities in less populated communities significantly affected quality in a positive manner. Recommendations for improving quality of care in LTC facilities include increasing efforts to retain effective administrators, enhancing educational and training programs for administrators, and building smaller LTC facilities with fewer beds.

ROLE OF MEDICAL DIRECTORS IN LONG TERM CARE (LTC)

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The position of medical director in LTC was created in the US and Canada during the 1970's to improve physician participation and enhance the quality of care delivered to residents. Despite the introduction of this role over thirty years ago, there is wide variation in functions and responsibilities across Canada. The purpose of this project was to develop a role description for Medical Directors in LTC that could serve as a standard across Canada.

Role functions were identified from a number of sources and were validated nationally with medical directors, directors of care and administrators using a survey. A total of 991 LTC facilities in Canada were surveyed with a response rate of 37% (n=336). The validated medical director functions covered a broad range: liaising with the director of nursing, serving on the MAC, coordinating physician response in a crisis situation, advising on infection control, providing input into policies, managing medical staff and respecting residents' rights. The resulting role description was endorsed by a national advisory group for this project.

This role description will provide a common understanding of the purpose, scope and breadth of a medical director's role in Canadian LTC facilities.

AGAINST ALL ODDS: HOW DO NURSE SUPERVISORS IN LONG-TERM CARE MANAGE TO GET THROUGH THEIR DAY?

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The importance of the role of the registered nurse supervisor in long-term care settings has been established. However, there is an absence of research on the role and responsibilities of the registered nurse, or on

how supervision is currently practiced in these settings. The purpose of this study was to develop an understanding of the nature of the supervisors' role in long-term care, as perceived by supervisors. Data were collected from 16 supervisors in 8 Ontario facilities that varied in some characteristics that could influence the nature and enactment of the supervisor role (i.e. rural versus urban, large versus small, public versus privately owned). All data was transcribed and a qualitative thematic analysis was conducted. On average supervisors worked in long-term care for 10 years and were 46 years of age. Four categories reflecting the supervisors' role in long-term care were derived: following through on routine tasks; being in the moment; filling in gaps of work not done; and supporting unregulated care workers through coaching and mentoring. We will present these findings and discuss implications of the complex role of the registered nurse supervisor in long-term care, and their need to reprioritize moment to moment to get through their day.

SPIRIT AT WORK, WORKPLACE EMPOWERMENT AND RESONANT LEADERSHIP

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A growing body of research on workplace empowerment (Laschinger, 2004) emphasizes that if health care employees are to reach their optimal performance, they should be given control over their circumstances. Research by Cummings (2006) suggests that workplace performance is positively impacted by the "nurse-leader relationship". Emerging research on spirituality in the workplace has also suggested an important relationship between positive workplace behaviors/attitudes, such as job satisfaction and organizational commitment, and specific changes in workplace structure/processes.

Spirit at work (SAW), a term used to describe the experience of individuals who are passionate about and energized by their work (Kinjerski, 2004), is being studied within the population of nurses, occupational therapists and physical therapists in Alberta, to determine its relationship to the Workplace Empowerment Model (Laschinger, 2004) and resonant leadership (Cummings, 2004). Triangulation of research methods, including a province wide web-based survey and three

focus groups, will be used to uncover this relationship. The results will be summarized for this meeting.

Research on SAW and the workplace environment, may lead to: reduction of workplace illness; the improvement of patient outcomes; and, the retention of satisfied and highly committed professionals to care for the sick and frail members of our aging population.

Theme: Depression in Later Life

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SHORT-TERM CHANGES IN AND PREDICTORS OF PARTICIPATION AFTER STROKE FOLLOWING ACUTE CARE OR REHABILITATION

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Stroke can lead to restrictions in participation in daily activities and social roles. Although considered an important rehabilitation outcome, little is known about participation after stroke and its predictors. The study aimed to compare changes in participation of people discharged home after stroke from acute care or post-acute rehabilitation, and to identify the best predictors of participation after stroke.

Level of participation in daily activities and social roles of 197 older adults who had a stroke was evaluated at 2-3 weeks (T1), 3 months (T2) and 6 months (T3) after being discharged home from acute care (n = 86) or rehabilitation (n = 111). Physical, cognitive, perceptual and psychological abilities were assessed at T1.

A significant increase in participation was found over time for both groups, especially in the participants who had more restrictions at T1. The best predictors of participation at T3 differed between the groups and between the daily activities and social roles domains. Walking and acceptance of the stroke or fewer depressive symptoms were the best predictors of the level of participation.

Participation was not optimal at discharge as it continued to increase after the return home. The importance of psychological factors in participation after stroke is

undeniable.

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ACCULTURATION AND DEPRESSIVE SYMPTOMS OF AGING SOUTH ASIAN IMMIGRANTS IN CANADA

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Despite the fact that South Asians are the fastest growing visible minority group in Canada, there is a lack of research on their mental health status, particularly on the aging adults. Acculturation or factors related to acculturation are often considered as a predictor of mental health among aging immigrants. This study examines the effects of various acculturation variables on depressive symptoms, based on data obtained from 210 randomly selected aging South Asians, 55 years or older in Calgary. Hierarchical logistic regression analysis was used to determine the effects of socio-demographic and acculturation-related factors on depression. Depression was measured by a 15-item Geriatric Depression Scale. The findings indicate that 21.4% of the participants were found to be depressive. When controlled for other confounding socio-demographic variables, older South Asians who were attached to traditional health beliefs were more likely to be depressive. In addition, being a female, having a post-secondary and higher education level, being less financially adequate, having a lower level of social support, and being Muslim also predicted a higher likelihood for one to be depressed. Prevention and intervention are needed to address cultural compatibility of health service delivery for the aging South Asians.

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THE NATURE OF INFORMAL CAREGIVING AMONG OLDER MEDICAL INPATIENTS WITH AND WITHOUT DEPRESSION

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Objectives: To describe the nature of informal caregiving and associated factors in a sample of older medical inpatients with and without depression.

Method: 154 patient-caregiver pairs were recruited from a larger prospective observational study of medical inpatients aged 65 and over. Patients with diagnoses of major or minor depression were over-sampled. Interviews were conducted to assess patient (disability, comorbidity, perceptions of support) and caregiver factors (relationship, residence, types of assistance and time spent caregiving). Time spent on the tangible tasks of caregiving (assistance with activities of daily living, physical care, transport) was estimated by caregivers. Time spent on non-tangible support was estimated only by non-coresident caregivers.

Results: Mean weekly hours of tangible support across patient groups were 20.3-26 for coresident and 8.6-9.8 hours for non-coresident caregivers. Non-coresident caregivers spent 7.7-15.8 hours each week on non-tangible support. Major depression was associated with significantly more time (>2 hours/day) spent by non-coresident caregivers on non-tangible support. Minor depression was associated with perceived inadequacy of tangible and emotional support, regardless of caregiver time spent on tangible or other support.

Conclusions: Informal caregivers play a major role in the care of medically ill older patients with and without depression. Major depression is associated with greater time spent by caregivers on non-tangible tasks of caregiving.

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RECOGNITION AND TREATMENT OF LATE LIFE DEPRESSION IN AMBULATORY CARE SETTINGS

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Objective: The objective was to assess the recognition and treatment of late life depression by family and other primary physicians (PP) in ambulatory settings over a period of 12 months.

Method: We used data from a cohort of medical inpatients aged 65 and over with follow-up at 3, 6 and 12 months, with at least one depression diagnosis (DSM-

IV). Indicators of recognition derived from administrative databases included: a PP depression diagnosis, an antidepressant prescription and a psychiatric referral. Patient and PP variables associated with recognition were identified in multiple logistic regression analysis.

Results: Among 61 patients with depression recognized during the year before admission, 63.9% were treated and a further 10.0% were recognized but not treated. Among 124 patients not previously recognized, 16.9% were treated and a further 9.1% were recognized but not treated. Recognition and treatment rates were significantly higher if the patient had persistent major depression.

Conclusion: Among older medical inpatients, previously recognized patients with depression continued to be recognized even when the diagnosis fluctuated. Among previously unrecognized patients with persistent major depression, most continued to be unrecognized by their PP

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THE EFFECT OF SOCIAL SUPPORT AND PHYSICAL ACTIVITY ON DEPRESSION AMONG ENHANCEWELLNESS PARTICIPANTS

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Objectives: The objectives of this research are to examine 1) the relationship between social support, physical activity and depression for participants entering the Health Enhancement Program (HEP); and 2) changes in depression levels at baseline and six months after enrollment in HEP.

Setting: The EnhanceWellness (EW) program, was implemented with older adults in twelve community and senior centers in six states (Maine, New York, Michigan, Illinois, California and Washington).

Method: Depression, social support and physical health levels were assessed at baseline and six months for all participants. A paired t-test for continuous variables and a McNemar test was used for matched pairs of categorical variables were used to assess the change in depression scores from baseline to 6 months. The 15-item Geriatric Depression Scale (GDC) was used to assess depression: scores of five or higher suggest

depression. Social Support was assessed from three items: 1) how many friends do you see/hear from every month, 2) how many social calls/visits do you receive every week and 3) do you eat alone most of the time. A summary score of 2 or more indicates high levels of social support. The Physician-based Assessment and Counseling for Exercise (PACE) scale was used to assess physical activity. A score of four or less suggests physical inactivity.

Results: The 985 EW participants had a mean age at baseline of 77 (SD, 6.8); data were

available for 668 participants at baseline and six months. Of the 668 participants, 130 had a GDS ≥ 5 at baseline. A strong correlation between baseline social support baseline depression scores was observed ($R = .5$; $p < .001$). At six months, compared to those who did not complete the program, those who participated in the HEP intervention were more likely to have higher levels of social support and lower depression scores ($p < .001$). When participants chose to address a particular issue in their action plan they improved on these measures.

Conclusion: EW, a community health promotion program, continues to have an effect on social support and depressive symptoms among those who participate in the program for six months. Consistent with the literature on social support, the analysis demonstrates that higher levels of social support are correlated with lower levels of depression. Higher baseline social support was also associated with lower depression scores at follow-up.

Theme: Family Matters

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"IT TOTALLY TORE THE FAMILY APART": EXPLORING INHERITANCE-RELATED CONFLICT IN MULTIGENERATIONAL FAMILIES

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The distribution of an estate has the potential to unite or divide families, yet little is known about inheritance-related conflict. Informed by an interpretive perspective, this paper presents an analysis of qualitative data from a SSHRC-funded study involving in-depth interviews with mid- and later-life Canadians ($n=50$).

Analysis considers how inheritance-related conflicts are defined and arise, and explores the effects of conflict on individual and family life. Findings reveal that conflicts relate to violations of individual expectations and perceptions of fairness. Such violations induced shock, humiliation, guilt and emotional pain for individuals. In some families inheritance-related conflict heightened pre-existing tensions. In others, conflict over an estate altered family dynamics creating factions in family networks and sometimes estrangement between relatives. Foreseeing potential conflict, some individuals and families negotiated creative solutions to circumvent disagreement. The violation of generally accepted inheritance norms, such as equal distribution, did not universally cause conflict. Some individuals did not expect, feel entitled to or perceive themselves as in need of inheritance. In planning their estates, most individuals attempted to distribute their wealth and possessions in ways they felt would prevent conflict. Findings advance understandings of multigenerational family life, conflict, and inheritance and bequest practices and have practice-related implications.

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GENDER, CULTURE, AND THE EMPTY NEST: AN EXPLORATION OF CHANGING MID/LATER LIFE PARENTAL ROLES AND PRACTICES IN CANADIAN FAMILIES

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Striking transformations have occurred in the transition to the "empty nest" for Canadian parents. Relative to previous generations, young adults remain at home longer and are more likely to return as "boomerang kids." Or, grown children can remain at home indefinitely due to other emergent patterns, such as the rise in multi-generational households. Recent research challenges the existence of an "empty nest syndrome" with an associated time of crisis and grief, especially for mothers. However, studies have yet to focus on gendered processes in conjunction with specific ethno-cultural contexts. Building upon a life course theoretical perspective, the purpose of this paper is to explore these processes, drawing upon data from in-depth interviews with a random sample of 500 parents (with children between the ages of 18 and 35). Respondents self-identify as primarily belonging to one of four cultural groups: British-, Southern-European-, Indo- and Chinese-Canadian. Both quantitative and qualitative

findings reveal considerable variation by gender and ethnocultural group, as well as by other socio-demographic and family-related characteristics (e.g., employment and immigration status, family structure, gender, age). Implications for social policy, community programmes, and health-related services in light of population aging, high rates of immigration, and changes in economic policy are also discussed.

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THE UNWRITTEN 'RULES' GUIDING INHERITANCE DECISIONS

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The purpose of this qualitative study was to explore the experience and meaning of inheritance within families. This paper describes how people arrive at 'rules' for making bequests and what these rules are. A purposive sample of fifty older adults who had received an inheritance from a parent and had two or more children or step-children participated in face-to-face interviews. Findings reveal that the most common 'rule' for distributing property and financial assets was to give equal shares to each child. This rule was followed to demonstrate a sense of fairness and to avoid conflict. Participants explained that even though some children might be less well off, they felt they could not 'play favorites' and give them a larger share. In selected cases when this rule was violated, parents gave less to a child who had previously received a financial gift during a time of need. Grandchildren were seldom included in the direct distribution of property and financial assets. One of the 'rules' guiding decisions about treasured possessions was that female offspring, either daughters or granddaughters, would receive any jewelry, china and crystal. Findings contribute to a greater understanding of inheritance decisions and the experiences and rules guiding such decisions.

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WHO GETS GRANDMA'S SILVER TEA SERVICE?: THE PASSING ON OF CHERISHED FAMILY POSSESSIONS

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One type of family legacy that has received little research attention is the distribution of cherished family possessions. This paper explores families' experiences related to the distribution of sentimental objects. More specifically, it examines what objects people identify as having special significance, the subjective meaning of these items, and how people make decisions about passing on their own possessions. This paper draws upon qualitative data from in-depth interviews with 50 older men and women who have inherited from a parent. Findings reveal that for many people, cherished possessions are a connection to the families' past and therefore should remain in the family. However, the meaning of 'family' is more complex than first appears. People talk about wanting to pass on items to those for whom they have most meaning, or to those 'they are suited for'. The distribution of possessions also appears to be gendered in a way that reinforces gender stereotypes. For example, daughters are especially likely to receive jewelry and china, while sons are more likely to receive masculine mementos, such as war memorabilia. Findings highlight the importance of cherished objects as family history and the complexity of meaning that surrounds the passing on of treasured possessions.

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AGING FAMILIES OF ADULTS WITH AN INTELLECTUAL DISABILITY: PERCEPTIONS OF HEALTH

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Families play a vital role throughout the lives of middle-aged and older adults with an intellectual disability. This presentation reports perceptions of health and health related challenges faced by older families of adults with an intellectual disability taken from Canadian research that explored perceptions of family quality of life held by members of families who had a relative with an intellectual disability aged 40+. The research used a mixed methods approach with a qualitative theoretical orientation. There were 44 participants representing 31 families; 20 parents, 12 adult siblings and 12 adults with an intellectual disability. Seven focus groups and 19 interviews were supplemented by questionnaires completed by parents and siblings. The data were grouped and analyzed according to partici-

pant family standing. Findings indicate aging families face numerous challenges that alter relationships and impact individual and family quality of life. Many parents and siblings relied on services to monitor the health of their relative with an intellectual disability and adults with an intellectual disability had limited understanding of their health. Overall need for health information and understanding health in relation to persons with lifelong disability exists. Health promotion / prevention are important aspects of work with this group of families.

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"STRENGTHENING THE TIES THAT BIND US": THE YOU AND YOUR ADULT CHILD GROUP

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For more than thirty years, Age & Opportunity's social workers have facilitated therapy and education groups for community-dwelling older adults in Winnipeg in order to address a variety of identified concerns. Foremost among these concerns have been bereavement following the death of a spouse, coping with the stresses of caregiving, dealing with domestic and family violence, and managing loneliness and depression. More recently, the counselling staff have initiated a group entitled You and Your Adult Child, for older parents who would like to strengthen their relationships with their adult children. This presentation will provide an overview of the evolution of the You and Your Adult Child group from its origins in 'Tough Love' to its current status and review the recruitment/intake process that was followed. Information on the contents of the weekly sessions will also be shared.

Theme: End of Life

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EXPLORING NURSING PRACTICE PATTERNS IN HOME-BASED PALLIATIVE CARE:

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As part of a larger ethnographic study of relationships in home-based care, the purpose of this sub-study was to explore the perspectives and experiences of community palliative care nurses. A total of nineteen individual, in-depth interviews with nurses caring for seniors with terminal cancer were conducted over a four to six month period of time. Participants were asked non-directive questions designed to trigger dialogue about their relationships with clients and families in home-based palliative care. Immediately after each interview, all interview and fieldnote data were transcribed, reviewed, and edited, followed by individual and team thematic analysis. Three dialectical, relational practice patterns were illuminated: Enabling-Disabling, Making Time-Forfeiting Time, and Growing-Withering. Study findings suggest that empowering relationships between nurses and clients and nurses and family caregivers were ones in which nurses focused on sharing power, making time to connect with clients and their families, and growing professionally in spite of perceived system constraints. In contrast, disempowering relationships were ones where nurses disconnected from clients and/or family caregivers, forfeiting the assigned time to care, and stagnating professionally in response to competing resources and demands. These findings may enable community health nurses, administrators in home health care and key decision-makers to consider areas requiring refinement in home-based palliative care

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WHAT IS A "GOOD" RURAL DEATH? FINDINGS FROM AN ETHNOGRAPHY STUDY IN ALBERTA

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Objectives. Rural and urban Canadians vary considerably on many fronts; they may also differ with regard to what is considered a good death.

Methods. A recent ethnography study in Alberta involved interviews of rural residents and focus group meetings with rural decision-makers. Qualitative data analysis revealed four themes.

Results. 1. Rural people believe they have some unique views and concerns with regard to the care of dying persons and thus the good rural death. This uniqueness was based on considerable differences through living in

a rural setting, differences which went beyond population density. 2. Rural people cared deeply for “their” community and its members, and were highly motivated to provide high quality end-of-life care in hospital and other places – so as to enable or support a good rural death. 3. A loose patchwork of end-of-life care providers had developed and was continuing to develop. They did not look to urban centers for ongoing support. 4. Rural regions had some unique challenges with regard to developing end-of-life programs and services, and thus for providing for good rural deaths.

Conclusions. These themes are insightful for policy and practice developments.

Funding. CIHR-ICE grant for: “Timely Access & Seamless Transitions in Rural Palliative/End-of-Life Care.”

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IMPROVING CARE OF THE DYING IN LONG TERM CARE FACILITIES

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The purpose of this study was to collect information on the views of Directors of Care in LTC facilities on the current state of end-of-life care in the province of Ontario, Canada. Directors of Care from 426 (76% response rate) LTC facilities completed a postal survey questionnaire. Most respondents reported that their staff were able to accurately assess when a resident was dying (N=364, 85.4%). Fewer reported that they were confident that their staff had the knowledge and skills to provide quality care for dying residents (N=283, 66.4%). Less than 60% of the respondents reported that attending physicians to their facilities had the necessary knowledge and skills to provide quality care for dying residents (N=245, 57.5%). Less than half of the respondents reported that there was sufficient pain management expertise in their facility (N=210, 49.4%). Most respondents disagreed with the statement that staffing levels for registered nurses (N=318, 74.8%) and health care aides (N=332, 78.3%) was sufficient to provide quality care to dying residents. Directors of Care endorsed the use of a number of strategies that could improve the care of dying residents.

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HOSPITAL USE AT THE END OF LIFE AMONG NURSING HOME RESIDENTS AND HOME CARE CLIENTS

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Concerns have been raised in recent years over in-hospital deaths, as care in acute care hospitals may be curative, rather than comfort oriented. The objectives of this study were to examine: a) hospitalizations in the last six months before death among nursing home residents and home care clients, and b) what factors were related to hospital use. The study included all nursing home residents (N=3056) and home care clients (N=2655) who died in Manitoba in 2003. Data sources were administrative data, including hospital files. Findings show that although only 18% of nursing home residents died in acute care hospitals, about 40% were hospitalized at least once in the last six months before death, with 10% hospitalized two or more times. In contrast, 64% of home care clients died in an acute care hospital, with 80% being hospitalized at least once in the last six months before death; 32% were hospitalized two or more times.

These findings indicate that hospitalizations are common at the end of life among nursing home residents and, even more so, among home care clients. The appropriateness of these hospitalizations, as well as the quality of end-of-life care provided in hospitals needs to be examined.

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LA PARTICIPATION DES BÉNÉVOLES AUX SOINS PALLIATIFS OFFERTS AUX AÎNÉS VIVANT À DOMICILE

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Des organismes d'action communautaires (OAC) et leurs bénévoles ont comme mission d'apporter du soutien à domicile aux aînés en fin de vie et à leurs proches. Plusieurs de ces bénévoles sont âgés. Une étude exploratoire, réalisée à Québec (2006-2007),

avait comme objectifs de mieux comprendre de quelle façon se réalise la participation des bénévoles aux services d'aide et de soins offerts aux personnes âgées à domicile et à leur famille par une équipe multidisciplinaire de soins palliatifs et de mieux comprendre ce qui favorise ou défavorise cette participation. La démarche de recherche s'appuie sur un modèle écosystémique qui propose de comprendre la contribution des acteurs en tenant compte de leurs interactions et du sens qu'ils accordent à leurs actions (Cantor). Des méthodes qualitatives ont été utilisées (Échantillon théorique, entrevues individuelles semi-structurées, analyse thématique de contenu). Pour chacun des 4 cas étudiés, le bénévole, l'aidant principal, l'aîné et un intervenant professionnel ont été rencontré en entrevue. Les résultats montrent que la participation des bénévoles est façonnée par le lien de proximité, la connaissance de la nature de leur participation et la dynamique des équipes de travail. Cette étude contribue au développement des connaissances sur la part des aînés dans la société.

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END OF LIFE ISSUES FOR AGING HOLOCAUST SURVIVORS AND THEIR ADULT CHILDREN

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This paper will demonstrate how research influenced clinical practice, resulting in a better understanding and insight into parental loss and bereavement in families with aging parents who survived the Holocaust. While parental loss is challenging for all adult children, children of genocide survivors may be more vulnerable than the norm. Today as the last of the survivors of the Holocaust are facing their own mortality, their adult children are the first group of post genocide children to anticipate and mourn the death of elderly survivor parents. Their experience with bereavement is often a paradoxical one; steeped in genocide with little practical experience of normal aging and mortality. The presentation will examine the issues, the qualitative feedback and the quantitative results of a survey that examined Holocaust survivor families and non-survivor families' response to the death of a parent. The results will be discussed in the context of improved clinical supports to families of Holocaust survivors and the implications these may have on survivors of subsequent genocides.

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OLDER ADULTS' PERCEPTIONS OF COMMUNITY ACCESSIBILITY AND COMMUNITY PARTICIPATION

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Objectives: This study focused on the relationship between older adults' perceptions of community accessibility and their community participation, examining mediating variables (functional limitations and demographics). **Methods:** A survey was distributed to 318 community-dwelling older adults recruited through the Seniors Helping Advance Research Excellence group, McMaster University. Data collected included demographic information, the Craig Hospital Inventory of Environmental Factors – Short Form (CHIEF), and the Keele Assessment of Participation (KAP). **Results:** 232 participants responded (73% return rate). CHIEF scores ranged from 0-8; mean score was 0.3932, with a skewed distribution; these scores were clustered into ordinal categories. Summary KAP scores were nominal, indicating participation restriction (39%) or no participation restriction (61%). A significant relationship existed between ratings of environmental barriers and restricted participation (Chi-square: 18.789; $p=.002$). The relationship between barriers and participation was statistically significant for people with functional limitations (Chi-square: 15.871; $p=.007$), but was not significant for people with no functional difficulties (Chi-square: .384; $p=.535$). Being female (Chi-square: 15.611; $p=.008$), and living alone (Chi-square: 12.766; $p=.012$) were statistically significant mediators, while age and self-reported health status were not. **Conclusions:** The relationship between environmental barriers and participation restrictions was strongest for women, those living alone, and those experiencing functional limitations.

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UNDERSTANDING THE EFFECT OF VARIABLES THAT MAY INFLUENCE THE DECISION OF OLDER ADULTS NOT TO PARTICIPATE IN ADULT EDUCATION AND TRAINING AND THEIR LITERACY SKILLS.

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This study examines the effect of variables that may influence the decision of older adults not to participate in adult learning activities and their literacy skills. It is guided by a composite conceptual framework of non-participation that includes Rubenson's (1977) Expectancy-Valence model, Cross' (1981) Chain-of-Response model, and Darkenwald and Merriam's (1982) Psychosocial Interaction model. These models characterized deterrents of non-participation as situational, dispositional, informational, institutional, and psychosocial. Older adults' reasons for not participating in adult learning activities were measured by the Deterrents to Participation Scale-General (Darkenwald & Valentine, 1985). Document literacy skills were measured by the Tests of Applied Literacy Scale (ETS; Simon & Schuster, 1990). Direction for this article is further maintained by the results of the International Adult Literacy and Skills Survey (OECD & Statistics Canada, 2005). The notion that non-participation is a result of complex responses to psychological, environmental, and socio-economic factors is explored. The study points to the traditional conceptions of participation from within the field of adult education are insufficient to describe the inequitable nature of older adults' participation in learning activities. Furthermore, that there is a need to use a gerontological perspective to modify and increase the validity of those instruments that currently attempt to measure deterrents to participation, in this case, the DPS-G factor structure.

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THE DEVELOPMENT OF AN EXPECTATIONS ASSESSMENT INSTRUMENT FOR PATIENTS WITH ALZHEIMER'S DISEASE AND THEIR CAREGIVERS

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Health expectations are beliefs that certain health-related events are likely to transpire, and have been associated with various behaviours including recurrent visits

for unresolved symptoms, compliance with treatment, and tendencies to self-medicate. Relatively little is known regarding what expectations individuals with Alzheimer's disease and their caregivers have concerning their illness and health care. In this presentation we discuss the development of a clinical support tool designed to assess Alzheimer-related expectations. The study adopted a two-phase methodology. In Phase I, reported here, ten patients aged 65 years and older with early-stage Alzheimer's disease, and their principal caregivers, were recruited from a geriatric specialist clinic and entered into four focus groups which explored their expectations of the condition in order to produce exhaustive lists of individual expectations. In Phase II, these items will be administered to larger development samples in each of the DementiaNET research sites in Calgary, Ottawa, Toronto, and Vancouver, where respondents will rate each item in terms of the perceived probability of their being realized using a five-point Likert scale. Participants will also complete measures of general health status, cognitive status, and affect. Analysis will examine the underlying factor structure and psychometric properties of the instrument.

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PROFILE OF PHYSICAL ACTIVITY IN OLDER ADULTS

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The goal of this study was to objectively assess the physical activity (PA) profile of older adults. We assessed the relationship between output from an accelerometer (Actigraph 7164) and energy expenditure while walking in 38 older adults (20 women, 18 men; 69.7 (± 3.5) years). Then PA was monitored in 33 participants for 7 days with minute-by-minute accelerometer measurements. The raw accelerometer counts were categorized as moderate to vigorous physical activity (MVPA) based on the mean counts per minute (1041) associated with walking at 3.2 km/hr and a mean oxygen uptake of 13 ml/kg/min. Long bouts of MVPA were defined as 20 or more minutes, short bouts were 10-19 minutes, and all remaining minutes of MVPA were labeled sporadic. Men obtained 75 (± 39) minutes of MVPA per day, with 62% of those minutes in sporadic activity, 11% in short bouts and 27% in long bouts. Women obtained 63 (± 26) minutes

of MVPA per day with 70% in sporadic activity, 9% in short bouts, and 21% in long bouts. Men accumulated 8.9 (± 1.5) hours per day of sedentary time while women accumulated 7.4 (± 1.2) sedentary hours per day. These results demonstrate that accelerometers are a viable and powerful tool for assessing older adult activity patterns.

This research was supported by the University of Lethbridge Research Fund.

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PARTICIPATION AND SATISFACTION OF OLDER ADULTS WITH DISABILITIES: ARE THEY RELATED?

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Objective: To compare level of participation in daily activities and social roles with satisfaction regarding the level of participation achieved.

Methods: Thirty older adults (17 women; mean age 79) with functional disabilities (score ≤ -10 on the Functional Autonomy Measurement System) were interviewed using the Assessment of Life Habits (LIFE-H 3.1). This questionnaire assesses 1) participation in daily activities and social roles (10 life domains), and 2) satisfaction with this participation. Results: Satisfaction was positively associated with participation for the social roles subscore (Spearman's $\rho=0.36$, $p=0.05$) but not for the daily activities subscore or the LIFE-H total score. Only five of the domains (fitness, personal care, communication, interpersonal relationships and leisure) showed significant correlations between participation and satisfaction scores (Spearman's $\rho=0.48$ to 0.78 , $p<0.01$). Conclusion: The results suggest that the satisfaction of older persons with functional disabilities is only partly related to their level of engagement in their daily activities and social roles. Other personal and environmental factors might influence satisfaction with participation. The study also supports the relevance of considering both participation and satisfaction of older adults with disabilities when evaluating their needs.

The authors received financial support from the Canadian Institutes of Health Research.

FROM RESEARCH INTO POLICY ACTION: THE STEPS TO BUILDING AGE-FRIENDLY COMMUNITIES – PERSPECTIVES ACROSS CANADA

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Given our evolving demographics (by 2041, seniors will make up 25% of the population), we need to find creative ways to keep older adults healthy and engaged in our society. Making cities and smaller communities age-friendly is an effective strategy in response to the demographic shift we are experiencing. From Research into Policy Action: The Steps to Building Age-Friendly Communities – Perspectives Across Canada is Part 2 of a two-part symposium that addresses work being conducted in Canada on age-friendly cities and rural and remote communities. The Age-Friendly Cities Project (AFCP) is a collaborative international project with the World Health Organization. It spans 33 cities in 23 countries and seeks to identify concrete indicators of an age-friendly city. The Age-friendly Rural-Remote Communities Initiative (AFRRCI) is an F/P/T initiative being conducted on a national level that builds on the Canada-WHO collaboration and include 10 rural and remote communities in 8 provinces. This symposium will focus on how these initiatives fit into the broader policy context of healthy aging, as well as, explore how the findings, the tools and resources developed from these projects will be used to develop supportive environments for seniors.

Age-Friendly Cities Project and Age-Friendly Rural/Remote Communities Initiative –An Overview

John Cox, Division of Aging and Seniors, Public Health Agency of Canada

The World Health Organization (WHO), the Public Health Agency of Canada (PHAC), and international and provincial partners have been collaborating on an Age-Friendly Cities Project, which seeks to identify concrete indicators of an age-friendly city and to produce a practical tool to stimulate and guide advocacy, community development and policy change to make

communities age-friendly. While many seniors globally live in cities (hence the WHO interest in large cities), in many countries including Canada, a large proportion of seniors live in rural and remote areas. Their experiences differ significantly from those of urban seniors. Often, rural seniors face very different social and environmental challenges that can affect their health and aging. Rural communities also face different challenges in supporting seniors. This implicit need to undertake separate research in rural/remote communities led to The Age-Friendly Rural-Remote Initiative. Participants will hear how these initiatives were developed, the collaborative approaches that were established and the future of these initiatives from a federal perspective.

Creating Supportive Environments: A Shared Responsibility

Jim Hamilton, Executive Director of the Manitoba Seniors and Healthy Aging Secretariat

Participants will learn how the Age-Friendly Cities Project and the Age-Friendly Rural and Remote Communities Initiatives can assist in creating supportive environments for seniors. Participants will learn how communities can gain important insights by engaging seniors in meaningful dialogues and help plan for an aging population by developing communities that allow seniors to maintain active, healthy, safe and independent lifestyles. This presentation will also explore how these initiatives fit within the New Vision on Healthy Aging and the healthy aging strategies that have been or are being developed across Canada. All levels of government have important roles to play in developing programs and services that facilitate seniors' contributions to family, friends and the broader community

How Can the Provinces and Local Governments Create Supportive Environments for Seniors?

Tessa Graham, Executive Director, Healthy Children, Women and Seniors, British Columbia Ministry of Health

As a participant in the Age-Friendly Cities Project and the Age-Friendly Rural/Remote Communities, this Canadian province will provide participants with an overview of its own experience, from the city and small community selection process, to the next steps. Participants will also hear about the successes and challenges experienced by the other participating cities and

rural communities, as well as how provinces and local governments are using the tools developed from the initiatives in policy development and further into local action. Examples will be drawn from British Columbia, Manitoba and Nova Scotia.

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GERONTOLOGY: MOVING IT TO THE FOREFRONT OF NURSING ACADEMIA

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Some academic institutions and professional nursing organizations have attempted to increase the number and quality of Canada's registered nurses prepared to care for its senior population. However, this work is neither consistent across the country nor within a single academic institution, nor even within a single program.

Diversity exists in how gerontological nursing content and related practice opportunities are provided to both undergraduate and graduate degree students. As an outcome of this diversity, efforts to date have not significantly increased the number of registered nurses adequately prepared to address the dramatically increasing demand for care of older adults.

A concentrated effort is needed to stimulate innovations in gerontological curriculum and clinical experiences within nursing programs. Addressed in this symposium are three perspectives on this topic.

Needed: A Cultural Change in Nursing Academia

Sandra P. Hirst RN, PhD, GNC(C)

To a large extent, the need for gerontological nursing education within academic institutions remains unaddressed. The cause is primarily a cultural one. "Organizational culture may be defined as the glue that holds an organization together through a sharing of patterns of meaning." (Siehl & Martin, 1984, p. 227). Academic settings are a cultural entity.

One might think of the nursing academic culture as a set of layers. The top layer is the visible aspects of an organization's culture; for e.g. identified courses, clinical sites. From a nursing perspective, programs continue to be organized around lifespan traditions (e.g. maternal/child)

and acute care driven (e.g. medical/surgical nursing). The layer below it, is composed of the norms for behaviour within an organization. The deepest layer describes the values of the organization.

It is argued, in this paper, that all three layers contribute to the advancement of gerontological nursing education within academic settings. Outlining these three layers suggests why it is difficult at times to make inroads into advancing this goal; however, it is suggested that by understanding these layers change can occur. In other words, gerontological nursing education can be advanced within academic facilities.

Continuing on the path: Moving Nursing Education ahead in Academia

Belinda Parke RN, PhD, GNC(C)

"You have a bright future in gerontological nursing" and "nursing older adults is a stimulating and uniquely challenging clinical area" – are these key messages first year students receive in either diploma or undergraduate nursing education programs? Evidence is mounting (Bednash, Fagin & Mezey, 2003; Wesley, 2005) that current educational programs effectively discourage nursing students from selecting older adult health as a focus of interest. In addition, despite current demographic imperatives, few undergraduate education programs adequately prepare nursing students to address the care needs of older adults (Burbank, Dowling-Castronovo, Crowther & Capezuti, 2006). Although awareness grows for the need to incorporate specialized gerontological knowledge in nursing curriculum, factors continue to exist that discourage the passionate pursuit of gerontological nursing as a career choice for newly practicing nurses. This paper reviews current research evidence and discusses the implications of a lack of gerontological nursing content and the lack of interest in education programs for this specialty.

Adding Gerontological Content to Graduate Nursing Degree Programs

Carole Lynne LeNavenec RN, PhD

The inclusion of gerontological content into the curricula of graduate nursing degree programs is paramount as Canada's population ages. Currently, many students seeking admission to graduate programs in nursing focus on physiological / pathology identified populations, such as cardiovascular health or stroke. However, what many of these same students fail to recognize is that the major-

ity of the patients with whom they will work are probably older adults. One might argue that it is almost inevitable that graduate prepared nurses will encounter older adults in their advanced nursing practice roles. In addition, these same students lack adequate preparation in gerontological nursing specific to their undergraduate programs. These are two key points that must be recognized within the curriculums of graduate nursing programs.

It is advocated that gerontological content should be freed from the confines of divisional structure (i.e., declared interest in seniors). Such content should be integrated throughout all areas of graduate programs in nursing. Explored in this paper are examples of content, strategies, and evaluation methods (drawn from an extensive review of the literature and academic experiences) that demonstrate the infusion of gerontological content into nursing courses at a graduate level. Salient characteristics of these “new” programs include: a faculty-centred approach, strength based strategies for nursing care, and an emphasis upon creative art interventions.

Articulated also are some of the challenges in integrating gerontological content into graduate programs, one of which is the lack of nursing faculty prepared in this specialty, and some innovative approaches to address them.

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**ASSESSING THE IMPACT OF ENVIRONMENTAL CHANGE
ON VETERAN RESIDENTS, STAFF AND FAMILIES
RELOCATED FROM A TRADITIONAL LONG TERM CARE
CENTRE TO A PURPOSE-BUILT RESIDENTIAL CARE
ENVIRONMENT: A POST OCCUPA**

Suzanne Maisey, MA, Lili Liu, PhD, Doris Milke, PhD, Deanna Van Soest, BSc HEC RD, Corporate Planning and Research, The CAPITAL CARE Group, #500, 9925 - 109 Street, Edmonton AB T5K 2J8 Canada (suzannemaisey@capitalcare.net) Tel: (780) 496-2502 Fax: (780)413-4748

In 2005, CapitalCare opened the new Kipnes Centre for Veterans (KCV) to replace the Mewburn Veterans Centre (MVC). The MVC (1966) was a traditional centre with a high density of people within a small, hospital-like space with mostly four-bed rooms. The resident population included 140 male veterans, 81% with dementia, who exhibited a high prevalence of negative behavioural symptoms, some of which were believed to be exacerbated

by the crowded MVC environment. The KCV (2005) incorporates the principles of therapeutic and universal design, especially features recommended for dementia, to create a non-institutional building where the physical and social environments support maximal resident functioning, increase privacy and approximate home. This resulted in a large-scale change for the 120 men who moved. Despite stresses that can accompany relocation, it was anticipated that the processes used to support the move and the improved environment would be positive overall and would, especially, reduce some of the negative behaviours without negatively impacting other indicators. This post-occupancy evaluation describes and contrasts the designs of the two buildings and examines the impact of the changed physical, social and care environments on resident, staff, environment and system indicators measured before and after the move. Information collected from satisfaction surveys, focus groups, researcher observations, mealtime measures, building assessments, and light and sound measures will be discussed to highlight the design lessons learned and describe benefits and challenges encountered by all stakeholders. The KCV design contributed to positive outcomes including significantly increased family satisfaction with home-likeness and privacy and demonstrated resident preference for the private spaces now available. Some building features raised concerns, including the staff and family perception that residents' preferences for privacy might lead to isolation and that the larger size of building might contribute to resident fatigue. Discussion will include implications for future building or renovation projects.

Relocation from a traditional continuing care centre to a purpose-built centre for veterans: how do perceptions of residents, family and staff compare?

Dr Lili Liu PhD Dr Gill Chard PhD Ms Suzanne Maisey MA

In this post-occupancy evaluation we describe how residents, staff and family members perceive the impact of relocation within the same organization, from a traditional continuing care environment to a purpose-built environment. In the traditional setting, veterans shared rooms with up to three other residents. The new environment is more homelike providing 120 veterans with private bedrooms and bathrooms, additionally kitchen/dining areas are shared by small groups of 15 residents.

A series of focus groups and interviews were held in fall

of 2005 and spring 2006, about six months after the residents move. A total of 17 residents, 17 family members and 16 staff participated in sessions before and/or after the move. All sessions were audio-taped and transcribed. Data was coded using NVivo7 and analyzed using an inductive approach.

Themes were categorized as: (1) impact on residents, (2) structural impact (3) operational impact. Participants agreed on perceived impact in some areas, but not all. For example, private rooms were considered positive by residents and staff because they offered privacy and a sense of control. However, family members preferred shared rooms for companionship. Some residents stated they would share rooms if they could choose their room mates.

Direct observation tells whether residents have the spaces they need for their activities

Dr Doris Milke PhD Ms Alana Knopp Ms Suzanne Maisey MA

Real-time observation contributes valuable information to Post-Occupancy Evaluations (POEs) because it reveals how people use spaces. This study used a method of observation called activity scanning to provide an overall picture of the typical activities done in public spaces. Trained researchers with a high degree of inter-observer reliability used a tightly defined schema to conduct systematic observations. The method is non-intrusive and individuals are not personally identified. Observers typically scan a sequence of defined spaces hourly and systematically note “who is doing what and where it is happening” by classifying behaviours into predefined categories. Behaviours are carefully defined to be mutually exclusive and comprehensive.

For this study, observers focused on how residents, staff and others used the public spaces on typical days in the old Mewburn Veterans Centre (MVC) and in the new Kipnes Centre for Veterans (KCV). Activity mapping provided strong evidence that building design had an impact on activities; for example, observations showed the demands placed on each building at mealtimes. At MVC, many spaces in addition to the dining room were needed to accommodate residents and the staff who assisted them. However, at KCV, there was no need to use any additional spaces during mealtimes.

Assessing the Impact of Relocation from a Traditional Continuing Care Centre to a Purpose-Built Veterans Centre: What changed and what do people think?

Ms Suzanne Maisey MA Ms Connie Wark RN Ms Tara Walsh BA

CapitalCare opened a purpose-built long term care centre

in 2005, the Kipnes Centre for Veterans (KCV), to replace the traditional Mewburn Veterans Centre (MVC). All residents (120) and staff were relocated, a rare occurrence providing an unique opportunity to investigate the impact of the change. To assess stakeholders' perceptions, satisfaction surveys were completed by residents, families and staff members six months before and after the move. Building-level clinical quality indicators (e.g., mortality, falls, behaviours, infection control) were collected before and after the move. As well, after the move focus groups were held with staff to discuss the impact of the changed environment and care processes and identify recommended adaptations. Finally, building assessments were completed to discover the extent to which spaces are being used as planned. Family satisfaction increased significantly in areas related to building design, including ratings of homelike atmosphere and privacy, and overall satisfaction with care. Effects perceived by staff, and attributed to the new environment, were both positive (decreased resident agitation) and challenging (increased resident fatigue). Mortality did not change significantly post-move although fall rates did increase significantly. Key implications for modifications to the current environment and future building designs will be shared.

The Effects of Relocation Stress on Food and Fluid Intake

Ms Deanna Van Soest BSc HEc RD Ms Alana Knopp Dr Doris Milke PhD Mr Stuart Cleary PhD candidate Ms Suzanne Maisey MA

The mealtime experience in long-term care is about more than eating but also contributes to quality of life for residents. The new Kipnes Centre for Veterans (KCV) provides residents with 8 small, homelike dining rooms each seating 15 housemates; a dramatic change from the two cafeteria style dining areas that served 140 residents at the old, hospital type Mewburn Veterans Centre (MVC). When residents relocated from the MVC to KCV, it was hypothesized that the new environment would have an impact on food and fluid intake and disruptive mealtime behaviours. To assess the differences in mealtime experiences and outcomes between the centres, researchers measured light and sound in the dining areas, weighed food and fluid servings to determine consumption and observed residents during the evening meal to describe behaviours and the social environment experienced. All measures were completed for ten dementia residents on 6 occasions pre-move and 6 occasions post-move. Data indicates that there was a significant difference in food and fluid intake and that sound levels decreased significantly. The differences observed between the two centres suggest the change in design and atmosphere of the dining areas has promoted an enriched quality of life for this group of veterans

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SCREENING AND TREATMENT OF DYSPHAGIA IN THE ELDERLY

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Dysphagia affects up to 10% of the older people living at home and approximately 60% of those in long-term care facilities. This condition greatly affects the health of people, often leading to severe malnutrition and even morbidity. In Canada, approximately 10,000 persons die from malnutrition caused by dysphagia.

Based at the Ste-Anne Veterans Hospital, Prophagia's team of nutritionists have developed an innovative approach to treating malnutrition related to dysphagia, and improving the health and well-being of older people with dysphagia.

The objectives of this workshop are to help participants gain a better understanding of dysphagia and the resulting malnutrition in the elderly, and provide them with the tools to better screen and treat the problem. It will also provide an overview of the treatment options currently available. The workshop will be divided into a formal presentation, a guided tasting of therapeutic foods adapted to the needs of dysphagic people (textures measured by a safe swallowing texture index), and a question and discussion period.

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RESHAPING THE LANDSCAPE: ADDRESSING OLDER ADULTS' MENTAL HEALTH AND ADDICTIONSTHROUGH CROSS-SECTORAL NETWORKING

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By bringing together older adults, family members and practitioners as well as regional and provincial organizations and government departments across the sectors of aging, mental health and addictions the Older Persons' Mental Health and Addictions Network of Ontario is working to improve the Ontario system of care for older persons at risk of, or coping with, mental

illness and addictions –and to support those who care for and about them.

OPMHAN'S workshop will provide an update on how its work as a cross-sectoral network has led to strengthened provincial capacity to address older persons' mental health and addictions and in particular to addressing issues of aging and depression through education , peer support and improved clinical service delivery. Participants will be invited to share comparable successes and to consider how best to rise to the challenge of addressing these serious concerns in their own communities

Of great urgency for all those working with older adults, the workshop will provide an opportunity to introduce OPMHAN's evolving province-wide Aging and Depression Strategy. Workshop participants will be invited to understand and discuss OPMHAN's plans for rolling out this necessary and timely initiative and to consider how best to include all older adults at risk of or affected by the devastating effects of depression. The role for policy and decision makers, seniors' centres, community seniors' agencies and the importance of supportive housing and other innovative supports and solutions will also be open for discussion.

If you are interested in being among the innovators of services and programs across the province to meet the needs of older persons' coping with mental health and /or addiction issues, this is the workshop for you...and if you are involved in developing or delivering an innovative program for this unique community –please join us to share your valuable insights!

Theme: Therapeutic interventions with Older Adults

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LIFE HISTORY EVALUATIONS BY 20TH CENTURY SENIORS: IS HAPPY ENDING AN ELUSION?

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If you were asked to describe your life, was it an adventure, a reversal of fortune, or a survival of the unfittest, what would you answer? We asked 190 seniors who lived their lives during the 20th century that very question and let them analyze their own life histories. These seniors, born from 1904 to 1938 and still alive by 1999, lived through the Great Depression and World War II, were 60 years or older when interviewed, were Caucasian of European decent, and had chronic illnesses. Seniors' perception of their life analysis showed striking accuracy with Buchan's (1931) description of these three folk and fairy tale plots, adventure, reversal, and survival. Of all plots chosen, seniors choosing the reversal of fortune motif were most likely to describe lives with happy endings. This analysis (using Denzin's Interpretive Biography, 1989) sought to know what were the epiphanies and sources of contentment or loss that shaped these seniors' evaluations of life. While all three plot-groups showed no outstanding differences, the reversal of fortune (smallest) group were outstanding in their way of looking at life with a sense of humor. Can an extrapolation of this finding be applied to our health or life practices?

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TRUST DEVELOPMENT WITH OLDER CLIENTS: A CONCEPTUAL DISCUSSION

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Older clients often have to share highly personal issues such as memory loss, incontinence, sexual dysfunction, and addiction with service providers which requires

their trust. Despite the acknowledgement of the importance of trust, there is little information on trust building. A review of the existing literature reveals the presence of three broad approaches to trust development, each emphasizing a component of a trusting relationship: the truster's disposition to trust, the trustee's personal characteristics, and the characteristics of the truster-trustee relationship.

This paper contends that these approaches are helpful in explaining the 'initial trust'; the trust that encourages the client to approach and initiate a relationship with a professional. However, to make oneself vulnerable and to disclose intimate information, the client and professional need to develop a level of trust deeper than the 'initial trust'. Drawing on the theoretical insights of symbolic interactionism, I present a fourth approach to trust development. In this approach, trust is conceived as the outcome of a complex process involving the interpretation of the situation in which clients and professionals find themselves. This paper identifies parameters used in defining the trustworthiness of professionals and offers suggestions on how to develop a trustworthy relationship with older clients.

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"GOING TO THE DOGS": THE PAWS WITH A CAUSE PROGRAM

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Since its inception in 1967, Age & Opportunity's Friendly Visiting Program has been employing a variety of innovative approaches to address the need for social contact among isolated, community-dwelling older adults. One such approach is Paws with a Cause, a community-based therapy dog program offered in partnership with St. John Ambulance in Winnipeg. This presentation will report on the development of the Paws with a Cause program, discuss the contributions made by Age & Opportunity, Inc. and St. John Ambulance toward the establishment of this new community service, and share perspectives regarding its progress. Information on two other initiatives within

the Friendly Visiting program - Family Visiting and Walk & Talk, will also be provided.

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ALCOHOL PROBLEM PREVENTION IN LATER LIFE

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In the past two decades practitioners have witnessed major changes in certain "lifestyle" choices in later life. An increasing percentage of seniors consume alcohol regularly well into their 80s. Certain types of alcohol beverages are increasingly promoted to the public by the media and industry as "healthful". However one third of all alcohol problems among seniors develop in later life.

This paper sets out key research and practice findings of the second year of Project SEAGULL, a health promotion initiative focussing on the primary and secondary prevention of alcohol use problems in later life.

Project SEAGULL examines the social and generational context of alcohol consumption in later life. It analyses the most current alcohol research in the context of risks/benefits for older adults, and reviews which seniors may become at risk (e.g. at retirement, widowhood, diminishing physical or mental health, using certain medications). This research is then placed in the context of promising approaches found in seniors' health promotion, taking into account gender, generational and cultural diversity issues, along with the health literacy of seniors and practitioners, as well as community development opportunities and challenges in prevention.

Project SEAGULL is made possible with a financial contribution from Health Canada.

Theme: Knowledge Transfer

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CREATING A CULTURE OF EVIDENCE INFORMED DECISION MAKING IN CONTINUING CARE ORGANIZATIONS

Corinne Schalm, MSG, MPA, Edythe Andison, RN, BScN,

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Continuing care organizations are beginning to recognize the importance of evidence-informed decision-making. The Knowledge Brokering Group (KBG), one of six national demonstration projects funded by the Canadian Health Services Research Foundation (CHSRF) and the Alberta Heritage Foundation for Medical Research (AHFMR), brings together researchers with decision-makers from five organizations to increase capacity for knowledge exchange and promote a culture of evidence informed decision-making in continuing care. The KBG partners administered *Is Research Working for You?*, a tool developed by CHSRF to explore how their organizations acquire, assess, adapt and apply research. Results were used to assist the KBG in determining the organizations' weaknesses and strengths in the four areas the tool assesses. Results were presented to each organization providing them an opportunity to discuss their findings, and use their results to improve research use and promote evidence informed decisions. Results from this tool demonstrated an observable difference in research use across organizations, and were the inspiration for a series of interactive sessions held to increase organizations' capacity for research use. This presentation will discuss the tool, its administration, analysis and organizational comparison, how the data led to the development of an educational series, and how well these sessions were received.

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COUNCILS ON AGING, A CRITICAL BRIDGE ACROSS SENIORS' ISSUES - INDICATORS FOR SUCCESS

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In 2001, there were 89,000 people aged 65 and older in Ottawa, 11.5% of the total population. By 2031 there will be 270,000, nearly 22% of the total population, exceeding numbers of children and youth for the first time (Fact Book on Aging 2004: Seniors in the New Ottawa, The Council on Aging of Ottawa).

The senior population continues to expand, and this significant growth includes a rising influx of multicultural seniors to the Ottawa region, resulting in increasingly complex issues and unmet needs. The Council on Aging of Ottawa has firmly established itself over its 32 year history as a trusted, innovative organization whose value and effectiveness is relied upon by municipal, regional, provincial, federal and international organizations, and most notably by seniors to provide information, collaboration, advocacy, planning and coordination to meet both emerging and longstanding community needs. COA service demands exceed each prior year's service levels.

The COA reaches over 7,000 individuals and actively collaborates with 40 organizations across the city to effectively address issues of health care, elder abuse, housing, disabilities, multiculturalism, transportation, end-of-life concerns, income security, and quality of life.

Discussion will highlight organizational success and viability strategies within limited funding across expanding senior populations.

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A COMMUNITY OF PRACTICE FOR SENIORS WITH RESPONSIVE BEHAVIOURS

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Background

Responsive behaviours are commonly associated with dementia and are often the reason for institutionalization. Understanding the reasons for the behaviour is critical to the caregivers, but access to information and approaches is often difficult in the Long Term Care and community sectors. New technology is changing this difficulty.

Purpose

One method to provide access, facilitate networking and the exchange of knowledge is a community of practice. This presentation describes how a community of practice (CoP) connects formal caregivers of seniors with responsive behaviours to share the latest research, educational methods and best practices.

Method

The community of practice includes a website that acts as a portal for information, resources, supports and networks. Members participate in educational events such as fireside chats to discuss current issues, treatments and care practices. Face to face interaction is also done to determine needs, promote knowledge sharing and make connections between caregivers.

Conclusion

Knowledge exchange and sharing has resulted in collaboration between long term care homes and the creation of a knowledge and practice change environment. Evaluation indicates that the community of practice has been helpful, instructive and promotes knowledge exchange to reduce duplication and produce positive outcomes for both clients and caregivers.

Theme: Long Term Care

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FAMILY SATISFACTION WITH NURSING HOME CARE

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In recent years, increased emphasis on quality of life and quality of care in long-term care has resulted in enhanced efforts to define and measure nursing home quality. In 2006, 56 residential care facilities in one of British Columbia's largest health authorities participated in an inaugural Family Satisfaction Survey. Adapted from the Ohio Department of Aging Family Satisfaction Survey, the survey consisted of 43 questions in 9 domains (Admissions, Activities, Choice, Receptionist, Direct Care, Nurses, Meals/Dining, Laundry, Environment), and 8 additional questions. Of the 4970 surveys distributed, 2251 were returned for a response rate of 45.3%. The majority of survey respondents were adult children. Approximately 75% of respondents reported visiting their relative/friend at least once a week. Satisfaction with the quality of care was generally high; five domains had satisfaction scores above 90%. Mean satisfaction scores were lowest for Meals/Dining and Laundry. Domain scores were compared according to facility size and per diem funding group. Small facilities had significantly higher mean scores on the Meals/Dining domain than those of medium or large sized facilities. Facilities in the lowest fund-

ing group had significantly higher scores on both the Choice and Direct Care domains than those in the highest funding group.

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HUMANISTIC NURSE-PATIENT RELATIONSHIPS IN CHRONIC CARE

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Quality of life and well-being of patients living in chronic care is determined to a considerable extent by the relationships they have with nursing personnel. Given the importance of these relationships, there is an absence of empirical research and valid and reliable measurements. The purpose of this study was to examine the nature of relationships between patients and nursing personnel in chronic care, and to explore with whom among the nursing personnel patients develop relationships that are important to them. Two scales were developed based on concepts embedded in Paterson's and Zderad's Humanistic Nursing Theory: the Nurse-Patient Importance Scale and the Nurse-Patient Experience Scale. A descriptive survey design was used to collect patient data. This paper will present findings of the first 2 phases of the study, scale construction and initial psychometric testing of the measures. Results will inform the last phase, using the newly developed scales to collect data aimed at further testing the psychometric properties of both scales and addressing the research questions for this study. Findings of this study will lead to a better understanding of the nurse-patient relationship and will support care, research, theoretical knowledge and education of nurses and patients in chronic care environments.

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MANAGEMENT OF SOCIAL WORK SERVICES: IDENTIFICATION OF INDICATORS AND CLINICAL TOOLS FOR LONG TERM CARE

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Objectives : 1) to identify and to select psychosocial and environmental indicators, which are important for the assessment of psychosocial needs and can potentially influence the social worker's workload in Long-term care (LTC) facilities 2) to select clinical tools for the measurement of the indicators.

Methods and Results: To proceed to the selection of relevant indicators, we have used a modified Delphi-Technique RAND method. This method consists of a combination of evidence from the literature and experts' opinions. A two-round postal Delphi survey was conducted with social work experts in the province of Quebec. Out of the 177 indicators submitted, a total of 105 were retained; 75 indicators were linked to psychosocial needs and 33 associated with physical and organizational environment in LTC facility. Then, a census regarding current clinical tools showed that these tools could measure

83 % of the indicators. A focus group of clinicians and researchers received useful documentation for each tool in order to proceed to the final selection of the appropriate tools in the context of practice.

Those results will be used to develop a model to predict resources required in social work by taking into consideration residents' needs and environment in the LTC facility

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IMPROVING RESIDENT QUALITY OF LIFE BY MODIFYING DINING EXPERIENCES AND FOODSERVICES IN LONG TERM CARE

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While some authors have suggested that dining experiences and food services may affect quality of life (QOL) in long term care, this study quantitatively investigates potential relationships between foodservices and residents' QOL. A total of 395 residents, aged 65+, living in 38 nursing homes participated in the study. Information on dining experiences and QOL was gathered by interviews with cognitively intact residents, while primary institutional caregivers completed a questionnaire for cognitively impaired residents.

Additional information was gathered from administrators and foodservice managers, and from participants' medical charts. Ordinary least squares regression was used to determine which foodservice characteristics were related to QOL. Number of dining companions, autonomy in relation to food, and tray meal delivery service were significantly related to QOL in both cognitively intact and cognitively impaired residents. For cognitively impaired residents, independence with eating was also related to QOL, while number of medical conditions, therapeutic menus, use of porcelain dishes, and the ratio of residents per resident assistant were related to QOL among cognitively intact residents. Modifying certain aspects of foodservices and residents' dining experiences may improve the QOL of both cognitively intact and cognitively impaired residents. (Project funded by New Brunswick Medical Research Fund)

Theme: Mental Health

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L'ÉVOLUTION DE L'ESTIME DE SOI APRÈS 60 ANS: IMPACT DES PROBLÈMES DE SANTÉ ET DE DÉPENDANCE

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Les études portant sur l'évolution de l'estime de soi après 60 ans ont amené des résultats contradictoires (McMullin et Cairney, 2004) ; probablement en partie car ces recherches ne tiennent pas compte de l'état de santé des participants, qui pourrait avoir un impact sur l'estime de soi (Collins et Smyer, 2005).

L'objectif de cette étude était : (1) de déterminer l'évolution de l'estime de soi après 60 ans dans la population âgée marseillaise ; (2) d'évaluer l'impact de la dépendance et des problèmes de santé chroniques sur l'estime de soi des aînés.

Pour cela, 400 personnes âgées de 60 à 92 ans ont été interviewées individuellement (durée moyenne 1h30).

Dans notre échantillon, l'estime de soi diminue significativement après 80 ans. Comme attendu, la dépendance et les problèmes de santé chroniques sont asso-

ciés à une image négative de soi.

Cependant, lorsque la santé des participants est prise en compte dans le modèle de régression logistique, l'âge n'est plus associé à l'estime de soi. C'est donc par l'intermédiaire de ces problèmes de santé et de dépendance que l'âge semble avoir un impact sur l'estime de soi : si les personnes âgées restent en bonne santé, leur estime de soi ne diminue pas.

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EVALUATION OF THE P.I.E. PROJET (PREVENTION, INTERVENTION, EDUCATION)

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Inspired by the Gatekeeper Model (Raschko & Coleman, 1991) the Project P.I.E, an initiative of the CSSS Cavendish's Mental Health program, aims to reach out to the community's most vulnerable or isolated older population by training non traditional sources of referral (i.e. bank tellers, superintendents, pharmacists, etc.) who through their occupation or day to day activities, come into frequent contact with at-risk older adults.

Following a brief training session, these individuals, known as Community Liaisons, learn to better recognize and assist at-risk older adults by being able to direct and refer them to the services that they may help them.

This presentation will present the Project P.I.E. as well as the pilot study done in order to document:

1. the number of referred at-risk older adults who called the P.I.E. line as well as their profile
2. the cost-effectiveness of implementing P.I.E.
3. the outcome of the trainings offered to the P.I.E. trainers and Community Liaisons regarding
 - 3.1 The number of trainings given and the number of organizations involved,
 - 3.2 Their benefits on knowledge gained and personal skills developed.
4. The impact on the main actors as a result of participating in P.I.E.

DETERMINANTS OF SOCIAL FUNCTIONING IN A COMMUNITY POPULATION OF ELDERLY PEOPLE.

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This study aimed to describe and follow social functioning of older adults living in the community and to determine its best predictors.

Social functioning of 823 people aged over 75 was evaluated three times using the social SMAF: baseline, 1- and 2- years later. In addition, sociodemographic (age, gender, level of education), clinical (functional disability (SMAF), cognitive status (MMSE), health status, empowerment, perceived health status) and environmental variables (provision of health and social services, living in individual home or collective setting, living in urban or rural environment and living in a region with or without an integrated service delivery (ISD) network) were evaluated.

Social functioning decreased statistically ($p < .0001$) over the two years, but was considered at T2 as a good level (mean Social SMAF = 2.3/16 (SD=2.4)). Multivariate linear regression analysis revealed that measures at baseline such as higher level of disability, more cognitive impairment, living in a region without an ISD network and living in a collective setting were the strongest predictors of a lower social functioning at T2 ($r^2 = 0.47$; $p < .0001$).

Consideration of functional disability and cognitive status which predict an important part of the social functioning could be useful for early identification of vulnerable elders.

A CANADIAN PERSPECTIVE ON THE EPIDEMIOLOGY OF PSYCHIATRIC DISORDER IN LATER LIFE

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Objective: Little is known of the epidemiology of major psychiatric disorder among community-dwelling, older adults. We present findings from a series of recent

analyses on this topic using the Canadian Community Health Survey – Mental Health and Well-Being (CCHS 1.2).

Method: We present the 12-month and lifetime prevalence estimates for five major disorders and examine the socio-demographic correlates of these disorders among adults 55+ ($n=12792$). We compare these estimates to data from younger cohorts and to the results from smaller, regional studies conducted in Canada, and large, international epidemiological studies.

Results: Consistent with previous work, the prevalence of psychiatric disorder and comorbidity is low in this population compared to younger cohorts (e.g. 4.42% of adults 55+ report at least one disorder, compared to 9.56% among those 15-54, while less than 1% report comorbid disorders). Although the socio-demographic markers for disorder among older adults are similar to those among younger adults, some important differences are evident.

Conclusions: While the prevalence of disorder decreases with age, we must focus on the mechanisms that may account for this finding, including greater attention to the measurement of late life disorder and psychological well-being. We also discuss the implications of our findings for service use planning.

THE ROLE OF STRESS IN AGE-RELATED DECLINE IN PERSONAL CONTROL

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Objectives: The purpose of this study is to see if exposure to life events influences age-related decline in control.

Methods: The data come from a large, nationally representative sample of Canadians ages 18 and older ($n=17,291$). The principal research question is examined by testing for an interaction between age, life events and mastery using linear regression.

Results: Similar to previous work, there is a non-linear association between age and mastery. The data suggest that exposure to life events is associated with lower levels of perceived control at any age, but that the impact of stress exposure is stronger in older adults.

Discussion: The findings from this study suggest that

exposure to life events is an important, yet overlooked, determinant of age-related decline in control. Loss of personal and social resources may be the reason older adults appear more vulnerable to the negative effects of stress.

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THE CANADIAN COALITION FOR SENIORS' MENTAL HEALTH (CCSMH): CONNECTING PEOPLE, IDEAS & RESOURCES

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The CCSMH was established in 2002, to "promote the mental health of seniors by connecting people, ideas and resources". Goals include ensuring that seniors' mental health is recognized as a key Canadian health and wellness issue, and facilitating initiatives that enhance and promote seniors' mental health resources. The CCSMH has over 850 individual members and 85 organizational members. These include provincial and federal organizations, practitioners, administrators, policymakers and caregivers. In 2005, the CCSMH received funding from the Public Health Agency of Canada, Population Health Fund, to facilitate the development of evidence-based best-practice National Guidelines in four areas:

- The Assessment & Treatment of Delirium
- The Assessment & Treatment of Depression
- The Assessment of Suicide Risk & Prevention of Suicide
- The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)

The Guidelines, along with a variety of advocacy and strategic initiatives have increased the profile of the CCSMH across Canada, and worldwide.

Objectives:

To introduce the CCSMH to conference participants

To ensure the CCSMH National Guidelines are highlighted and reviewed

To ensure all delegates are aware of current advocacy issues for seniors' mental health in Canada

Theme: Healthy Aging

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PHYSICAL ACTIVITY OF SENIORS: BARRIERS, FACILITATORS AND LIFE COURSE INFLUENCES

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In this qualitative inquiry, we explored seniors' perceptions of what constitutes physical activity and identified factors influencing physical activity among community-dwelling seniors and seniors in long-term care facilities. A total of 24 seniors participated in face-to-face interviews. Categories of exercise identified included formal exercise, informal exercise and productive activity. A deductive analysis resulted in the identification of factors that influenced exercise participation among seniors, such as the availability of physical activity programs, transportation and financial cost. Several factors emerged as both barriers and facilitators. In an inductive analysis, we focussed on underlying concerns that could have an influence on any form of physical activity among seniors. The following five themes identified illustrated the complexity of the issue of exercise participation in later life: intergenerational influences, establishment of early exercise patterns, family transitions over the life course, changing health status over the life course, and future health concerns. Our results suggest that there is a diversity of ways in which seniors conceptualise and participate in physical activity, and that a greater understanding of an individual's life history is paramount in order to increase activity participation among seniors.

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HEALTH PROMOTION AT RETIREMENT: BUILDING ON A SYSTEMATIC REVIEW OF RESEARCH LITERATURE

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Objectives. With population aging and the impending retirement of the large babyboom generation, much concern about the impact of their aging on the health system exists. Little thought has been given to the notion of health promotion at retirement. Although

health promotion is often targeted at younger persons, as lifelong health behaviours and risk avoidance are important, retirees are a highly-relevant group for health promotion - as beneficial health habits can be initiated in this time of major change for more healthy and successful aging. A systematic review was undertaken to assess existing health promotion at retirement (HPR) evidence.

Method. A prolonged search revealed only 16 published research articles. All were systematically reviewed, with information on the purpose, method, results, and conclusions specifically sought and tabled. When all articles were reviewed, a grounded theory method of constant-comparative data analysis was used to identify, categorize, and group findings.

Results. Four key considerations were apparent: 1. considerable impact of retirement on individuals and their families, and need for support for more positive retirements. 2. need to identify HPR barriers and the means of overcoming these barriers. 3. need to survey and evaluate the methods by which HRP is being introduced for sustained positive changes. 4. need to describe both the short and long-term benefits of HPR.

Conclusions. As this review revealed only introductory interest, research studies and programs of research are needed for HPR progress.

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THE CAMH HEALTHY AGING PROJECT: NEW RESOURCES, PROMISING RESULTS IN ADDRESSING MENTAL HEALTH, SUBSTANCE USE AND GAMBLING PROBLEMS IN OLDER ADULTS

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Through research and clinical service the Centre for Addiction and Mental Health (CAMH) of Ontario has developed expertise in the fields of mental health and addiction service to older people and has also been a leader in working in partnership to create evidence-based resource materials. The CAMH Healthy Aging Project has developed new education and resource materials aimed at increasing the knowledge, comfort and skills of service providers working with older adults who may have mental health, substance use and/or gambling related problems, and to improve overall rates of identification, referral and support for

older adults with these problems. These materials include two companion publications and several new training courses. The purpose of the presentation will be to showcase these new products including an overview of the content, dissemination and evaluation results to date and the learning and development strategy being used to implement the training across Ontario. Early results are positive. This presentation will conclude that this and similar approaches can have an impact in improving service providers' ability to intervene and community response to these sensitive and long overlooked problems in the older adult population can be improved.

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HOW OLD DO YOU FEEL?: DOES BODY IMAGE MAKE A DIFFERENCE?

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Research suggests that women generally report feeling younger than their chronological ages, yet little is known about how body image is related to age identity. This study examined this relationship using several indices of body image, including body satisfaction and acceptance, and a measure assessing the discrepancy between one's ideal and actual body. Given the potential importance of social comparison for age identity, a measure of the frequency of appearance related comparisons was also included. The sample consisted of 362 community-dwelling women aged 40 and older ($M = 56.6$ years, $SD = 11.69$, range = 40 to 91). Participants reported feeling, on average, 12 years younger than their actual ages ($SD = 11.94$). Unexpectedly, women with lower body satisfaction reported feeling significantly younger than their stated age ($p = .001$). The sample was divided into younger and older "felt" ages (cut above and below one SD). Logistic regression analyses showed that lower body image acceptance, greater discrepancy between actual and body ideals, and greater frequency of appearance related comparisons predicted age identity with an accuracy of 75.3%. These results will be discussed in the context of Hurd's (2000) concept of "body betrayal" and Social Identity Theory (Tajfel & Turner, 1985).

**THE FAMILY THAT PLAYS TOGETHER STAYS TOGETHER:
UNDERSTANDING THE EXPERIENCE OF
INTERGENERATIONAL FAMILY LEISURE**

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As the boundaries between work and leisure have become fractured and fluid in North American society, it is important to recognize that work, leisure, and family time exist in a complex and evolving relationship. Little empirical research, however, has examined the experience of family leisure for grandparents and their adult grandchildren. The purpose of this inductive study, therefore, is to develop an understanding of the experience of intergenerational family leisure for grandparents and their adult grandchildren. Individual interviews with 15 Canadian grandparent-grandchild dyads focused on understanding both the meaning and experience of family leisure in the intergenerational context. Guided by the theoretical lens of intergenerational ambivalence and using a social constructionist approach to grounded theory, themes that emerged from these interviews illustrate the complex nature of the relationship between grandparents and their adult grandchildren. Findings illustrate the changing nature of family leisure across the lifespan and reveal significant impacts of emotional closeness, generativity, and the negotiation of family time in intergenerational relationship. Evidence of ambivalence and reciprocity in relationships will also be discussed.

This research was funded by a Doctoral Research Fellowship from the Social Sciences and Humanities Research Council of Canada.

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**DETERMINANTS OF 1-YEAR WEIGHT LOSS IN THE
HEALTHY COMMUNITY-DWELLING ELDERLY:
PRELIMINARY RESULTS FROM THE NUAGE STUDY**

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OBJECTIVES: To examine baseline demographic, socio-economic/lifestyle [income, education, living

arrangements, smoking, physical activity (PASE)], nutritional (BMI, macronutrient, appetite, food habits/attitudes, alterations in taste/smell), and clinical (3MS, GDS, burden of diseases, medication, albumin, lymphocyte, pain, dental prostheses) factors as determinants of weight loss. METHODS: Participants who lost $\geq 5\%$ body weight (WL) between baseline and year 1 were compared to a group of weight stable participants (WS) (weight change $\pm 2\%$ or less). We used logistic regression controlling for sex, age and BMI to predict weight loss. RESULTS: In one year, 102 participants (54 F/48M) lost $\geq 5\%$ of body weight (mean=7.2 \pm 2.8%) while 571 WS participants (273 F/298M) showed weight changes of less than $\pm 2\%$. Protein intake (g/kg) (OR=0.512; CI=0.280-0.939), albumin (mg/L) (OR=0.906; CI=0.842-0.976), PASE (OR=0.996; CI=0.991-1.000), and reported appetite (OR=1.165; CI=1.046-1.299) were independent predictors of weight loss in this sample. CONCLUSIONS: There is substantial weight loss among community-dwelling apparently healthy elderly which is related to lower protein intake and lower physical activity independently of disease status suggesting that this weight loss may be preventable. Further investigation is needed for a more in depth understanding of the natural history of weight loss in this population and of its determinants. FUNDING: IRSC, FRSQ.

Theme: Dealing with Dementia

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**LIVING ON THE THRESHOLD: LIVING ALONE WITH
DEMENTIA**

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A growing international trend toward living alone is evident among older people in both developed and developing countries. The purpose of this interpretive phenomenological study was to gain a deep understanding of the meaning of living alone for older people who were diagnosed with Alzheimer Disease or a related dementia. Eight older women were recruited in Ontario, Canada through community agencies offering services to older people or through professional colleagues of the researcher. Fourteen face-to-face, audio-taped, semi-structured interviews were conducted. van Manen's method guided the iterative data collection and analysis. Heideggerian philosophy informed the

analytical interpretation through the theme living on the threshold. Seeking the middle-ground of dialectical tensions within the threshold space, participants provided insights into the meaning of their spatial experience of: (a) being here, (b) being there, (c) trading 'spaces', (d) being out, (e) getting out, and (f) keeping out. The meaning of equipment (television and radio) and structural features of the home (doors and windows) for these older women was revealed. This interpretation broadens and deepens understanding of 'space' and 'place' in the landscape of aging. The findings may also inform communication with, and support of, other older people with dementia who live alone.

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MEDICATION MANAGEMENT FOR COMMUNITY-DWELLING OLDER ADULTS WITH DEMENTIA

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The purpose of this grounded theory study was to explore the personal experiences of community-dwelling older adults diagnosed with dementia, their informal caregivers, as well as health care professionals who them. Fifty-seven interviews were completed (10 nurses, 10 pharmacists, 6 physicians, 20 caregivers and 11 patients) in the Hamilton area. The findings indicate that the processes of medication management differ according to the level of dementia. Medication management in early stage dementia is characterized by a desire to maintain independence, resistance to accepting help, denial of issues or disease, and a refusal to take medications due to a sense of anger; whereas, older adults with late stage dementia often refuse medications due to delusional, suspicious, or paranoid thinking which results in caregivers assuming responsibility for managing their medications. According to the data, the facilitators (e.g., interdisciplinary collaboration, assessment by geriatrician, administering medication in morning, caregiver respite) and challenges (e.g., limited caregiver availability or forgetful caregiver, changes to medication regime) to medication management are also unique to the level of dementia. Finally, a number of adherence strategies (e.g., compliance packaging, simplifying dosing regimens, reminder notes and phone calls, individualized medication plan) appear to be helpful based on the findings of this study. Funded by the Drummond Foundation.

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HOW ARE WE DOING IN MEETING THE NEEDS OF PERSONS WITH DEMENTIA AND THEIR UNPAID CAREGIVERS?

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With increasing numbers of persons with dementia remaining in their homes and cared for by family and friends, it is essential that appropriate health care services are provided to support the work of unpaid caregivers. The purpose of the study was to examine the experience with use of home and community-based services for persons with dementia from the perspectives of unpaid caregivers (family and friends). The study was conducted using an interpretive descriptive qualitative approach (Thorne, Reimer Kirkham & O'Flynn-Magee 2004). Six focus groups (N=36) and three personal interviews were conducted with rural and urban caregivers in Ontario, Manitoba, and Saskatchewan, Canada. Transcripts from the participants' focus groups and personal interviews were coded using Lubrosky's (1994) thematic analysis. The main themes related to availability (e.g., living in a rural area), accessibility (e.g., attributes of persons with dementia, unpaid caregivers, formal providers of care, and the health care system), and acceptability (e.g., continuity of care). Comprehensive, coordinated, and integrated models of service delivery will enhance the availability and accessibility of home and community-based services and best meet the ongoing care needs of persons with dementia and their caregivers.

The study was funded by the Alzheimer Society of Canada, Canadian Nurses Foundation, Nursing Care Partnership of the Canadian Health Services Research Foundation, CIHR Institute of Aging and CIHR Institute of Gender and Health.

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INVESTIGATING INTENTIONAL MEDICATION MISUSE IN INDIVIDUALS DIAGNOSED WITH DEMENTIA

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This paper investigated intentional misuse of prescription or over-the-counter medications in individuals diagnosed with dementia. The data were collected using the RAI-MH; the mandated assessment instrument for all inpatient psychiatry beds in Ontario during 2005-2006. The results determined that 6.5% of individuals who were diagnosed with dementia had intentionally misused medications. Logistic regression analysis revealed that the strongest significant associations with intentional misuse of medications were recent self injury, diagnosed substance use disorder, lifetime psychiatric admissions and little contact with community mental health agencies. The discussion will highlight the personal, clinical and social characteristics found to be related to intentional misuse of medication in this population, and develop ways to improve outcomes and care received.

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**CONTINUITY AND CHANGE IN EVERYDAY ACTIVITY:
PERCEPTIONS OF PEOPLE WITH RECENTLY DIAGNOSED
DEMENTIA.**

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INTRODUCTION: Receiving a diagnosis of dementia is thought to be a devastating and disruptive event. However research findings are unclear as to how this experience influences people's everyday lives.

PURPOSE: This qualitative study explores the experiences of people with a recent diagnosis of dementia in terms of how they perceive and ascribe meaning to their everyday activities.

METHODS: Repeated open-ended interviews and observations were conducted with 8 people with mild-moderate dementia (age 46-87) living in their own homes. Interviews were also conducted with family members. Themes are being developed from the ongoing interpretive analysis of transcripts and field notes.

FINDINGS: People understand themselves vis-à-vis their involvement in everyday activity. Receiving a diagnosis of dementia does not necessarily stand out as a disruptive event in relation to its impact on this involvement. Rather, people are constantly adjusting the tension between their desire to do what they have always done and their need to adapt their involvement

to their changing circumstances.

DISCUSSION: These findings have implications for better understanding how to support personhood for people recently diagnosed with dementia, in particular through their ongoing and changing involvement in activity. Further research is needed to examine particular strategies of managing this tension between continuity and change.

FUNDING: SSHRC

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DISCLOSING A DIAGNOSIS OF DEMENTIA: A REVIEW OF EVIDENCE ON OLDER PERSONS PERSPECTIVES AND REACTIONS

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Dementia has been described as the most feared diagnosis by older adults. This paper synthesizes the evidence on the meaning of dementia diagnosis for older adults, their reactions and coping responses to the diagnosis, and their preferred manner of disclosure. Relevant papers were identified by an English language search of Medline, Embase, Cinahl, Ageline, and Current Contents 1990 to 2007. Early anecdotal and empirical evidence point to a wide spectrum of insights and psychological reactions (ranging from an expression of a sense of relief from knowing the diagnosis to shock and despair), and varied preferences concerning the desire to know the diagnosis and the manner of disclosure. Many person, professional provider, caregiver and disease related factors appear to influence the response to dementia diagnosis. The uncertainties associated with the diagnosis, actual and anticipated losses, and social stigmas attached to the diagnostic label contribute to an increased sense of vulnerability of self. Based on the evidence, dementia diagnosis disclosure should not be considered a one-off event, but an ongoing process of empathic and individualized care to help the person develop insight and integrate the progressive decline into their existing identity. Recommendations are made for supportive disclosure practices and future research.

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THE "ALL-IN-ONE" 2-HOUR SUPPORT GROUP FOR PATIENTS IN EARLY STAGES OF ALZHEIMER'S DISEASE (AND THEIR FAMILY MEMBERS): PROGRAM DEVELOPMENT AND EVALUATION

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This paper presents the development and evaluation of a structured support group for patients in early stage Alzheimer's disease referred by Memory Clinic nurses. Similar groups (of patients and family members) conducted by the first author had eight sessions (with 20-minute presentation, 20-minute social/coffee break, and 40-minute separate sessions for caregivers and patients) have received positive feedback. Pragmatic considerations (e.g., planning only one group a year because of high staffing to participant ratios), however, have led to difficulties in drawing sufficient numbers to make the group viable. The need for more timely groups to "capture" participants soon after referral was considered a necessary change, to a monthly, open-attendance, 2-hour session that covers the same topics (as before) in about 50 minutes (delivered with time for questions after each section). Socializing is 25 minutes and the separate groups meet for 45 minutes. Topics include What is Dementia?, Treatments/Interventions, Managing Symptoms/Problem Solving, Stress Management, Coping with Feelings, and Social Support. Pre-Post measures of mood, coping and stress; descriptive patient characteristics using the Cognitive Behavior Rating Scale and caregivers' burden; and post-group evaluation assess the efficacy of this format in helping to improve the overall sense of well-being of patients and caregivers.

DIFFERENTIATING BETWEEN THE CONSTRUCTS OF HOPE AND EXPECTATION: THE DEVELOPMENT OF A CONCEPTUAL MODEL

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In dementia care, understanding hopes and expectations regarding health and quality of life is vital. Although both hopes and expectations are future-oriented cognitions, they are distinct from each other in that expectations are probability-drive assessments of likely outcomes, while hopes are assessments of the most desirable - but not necessarily the most probable - outcomes. Poor congruity between hopes and expectations may result in emotional distress and lower satisfaction with care. Currently, however, little work has examined what factors serve as the common antecedents of hopes and expectations, or what mechanism mediates the differentiation between these two concepts. Based on literature review, synthesis, and conceptual model development, this proposed model envisages the differentiation of hopes from expectations based on a precipitating stressor, assessments of outcome probability, and appraisals of outcome significance. Moreover, key factors such as prior knowledge, goals, self-efficacy, locus of control, and external resources may moderate the relationship between hopes and expectations. A better understanding of this relationship will shed light on how health professionals and patients can improve communication of realistic illness-related expectations while maintaining the integrity of hopes, as well as showing how anticipations of unrealistic outcomes can be managed in clinical care.

A PSYCHO-EDUCATIONAL INTERVENTION FOR ORAL BUCCAL CARE GUIDED BY SELF-EFFICACY THEORY

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Oral buccal care of individuals with functional limitations is often neglected in long-term facilities. Inadequate oral buccal care is related to such health problems as malnutrition, pain, xerostomia, disorders of the oral cavity as well as infections, diabetes related complications and cardiovascular disease. Nursing personnel play a key role in ensuring that appropriate oral buccal care is provided to persons with self-care deficits. A self-efficacy conceptual framework with a pre-post design is retained to guide a psycho-educational intervention for nursing personnel in a long-term care facility to acquire knowledge and skills relevant to oral buccal care. The measures developed to evaluate the effects of this intervention and the results of a pilot study in regard to outcome measures of knowledge, self-efficacy and skills for oral buccal care are also presented. Self-efficacy theory, within social cognitive theory, which has been shown to play a key role in behavior change, guides the specific learning strategies for the acquisition of knowledge and skills concerning oral buccal care. Given the growing number of individuals with self-care deficits in long-term facilities at risk for oral buccal related problems, and considering the lack of effective educational programs, this intervention serves to better prepare care providers in this care domain.

CHALLENGES IN RECRUITING ELDERLY HOME CARE CLIENTS: THE EXPERIENCE OF THE NEXUS PROJECT

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The Nexus Home Care Project is a multiphase research study designed to examine the experiences of home support workers, elderly clients, and family members in British Columbia, Ontario, and Nova Scotia. A major challenge of our research has been the recruitment of elderly clients in receipt of Home Care services for in-depth pilot interviews. With a targeted sample of thirty elderly participants (N=30), we were only able to

recruit thirteen (N=13). For this pilot phase, our recruitment strategies and response rates were varied and included newspaper advertisements (N=2), posters in community health and recreation centres (N=0), community group/organization presentations (N=2), personal invitations to hospital falls clinic patients (N=0), and home support agency mail-outs to clients (N=9). In addition to outlining our recruitment strategies, this poster highlights a key challenge to recruiting elderly participants; the tension between accessing an often vulnerable and isolated population while operating within current Tri-Council ethical guidelines. In conclusion our poster identifies a cost-benefit approach to recruiting community-dwelling elderly individuals for in-depth interviews.

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CHARACTERISTICS AND OUTCOMES OF OLDER ADULTS ON A RESTORATIVE CARE UNIT

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Restorative Care Units form a key part of the spectrum of care for older adults. In Nova Scotia, there is proposed expansion of numbers of Geriatric Restorative Care (GRC) beds. It is useful to document the users and outcomes of GRC, especially as these services expand.

On consecutive older persons admitted to a GRC unit, routine data were collected regarding admission source, demographic and diagnostic characteristics, level of functioning, quality of life and goals for the admission. Again at discharge, level of functioning, quality of life and attainment of goals were documented. Of the 283 persons admitted in one year, the majority (73%) came from orthopedics, and the most common reason for admission was hip surgery. Three-quarters of those admitted were female and the average age was just over 81 years.

On admission, the mean Mini-Mental Status Examination (MMSE) was nearly 26 out of 30. On average, there were more than seven unmet goals per person on admission, but by discharge there was less than

one unmet goal remaining per person ($p<0.05$). Scores on the Elderly Mobility Scale (EMS) rose from 8.2 on admission to 14.6 out of 20 on discharge ($p<0.05$). Similarly, the Barthel Index of function rose from 64.9 on admission to over 88 (out of 100) on discharge ($p<0.05$). Finally, self-rated quality of life also increased from admission to discharge, from about 51 to over 71 out of 100 ($p<0.05$).

It is interesting and reassuring to note that, in the case of the EMS and Barthel Index, average discharge scores were consistent with scores indicating ability to function in the community. Persons admitted to GRC were, on average, not cognitively impaired; they were able to regain a great deal of function during their GRC admission, and nearly 90% were able to return to the community at discharge.

AGE-FRIENDLY CITIES AND REMOTE AND RURAL COMMUNITIES

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Seniors constitute the fastest growing population group in Canada. In 2001, 13% of Canada's population was aged 65 or older. By 2041 – the projected peak of the aging population – this percentage is expected to rise to nearly 25%. It is estimated that by 2015, seniors will outnumber children in Canada. While the majority of Canadians live in urban settings, there also remain a large proportion of seniors that live in rural or remote areas. Current research on what makes for age-friendly urban and rural communities is scarce. The purpose of this symposium will be to present results from a WHO Age-friendly Cities project and a related Canadian Study of Age-Friendly Rural and Remote Communities. The objectives of these studies was:

- to increase awareness of what seniors need to maintain active, healthy and productive lives within their communities by identifying indicators of age-friendly in urban and rural/remote communities; and,
- to produce practical guides that urban and rural/remote communities can use to identify common barriers, and foster dialogue and action that supports the development of age-friendly communities.

Data for the two studies was collected through focus groups in each participating community. Eight focus groups were held in each of the three Canadian cities (Halifax, NS, Portage la Prairie, MB, Saanich, BC) – 4 with seniors and 1 each with caregivers, merchants, paid care providers and volunteers. Two focus groups were conducted in each of the 9 rural and remote communities (in NFL, PEI, ON, MB, SK, AB, BC) – one with seniors and caregivers and another with a combined group of merchants, care providers and volunteers. The focus group questions were designed to illicit information on eight

domains of daily life. Qualitative data was then coded and analyzed according to a pre-selected framework. Study results will be presented in three papers.

Age-friendly cities project: a comparison of younger and older seniors perspectives of age-friendliness.

Elaine M. Gallagher, Holly Tuokko and Dawn Nickel

While it is tempting to classify all older people together when talking about seniors, clearly there are differences among persons just turning 65 and those in the older old group of persons over age 75. This paper addresses the question: Are the perspectives of persons age 60-75 different or similar to those of persons age 75 and over? In addition to presenting the combined study findings from the three cities involved with the WHO Age-friendly Cities Project, this paper discusses the implications of the findings for making modifications that will result in more age-friendly cities.

Age-Friendly Communities/Cities Project: A Comparison of Perspectives in Rural/Remote Communities versus Urban Centres

Verena H. Menec, Denise Cloutier-Fisher, & Bonnie Hallman

Although a large proportion of the Canadian population lives in cities, there are also many small rural/remote communities, many of which have a high percentage of older adults. This study was designed to address the question: Do the perspectives of older adults and service providers of what constitutes an age-friendly community differ in rural/remote communities as compared to larger urban centres? Using a standard protocol, questions focused on eight domains: outdoor spaces and buildings; transportation; housing; respect and inclusion; social participation; civic participation and employment; communication and information; and community supports and health services. Findings of this paper will focus on similarities and differences in perspectives in rural/remote communities versus urban centres.

Age-Friendly Cities Project: A Comparison of Canadian Cities - Similarities and Differences

Janice Keefe

Are all Canadian cities similar in terms of how seniors and their care-givers perceive their friendliness towards older people? This paper compares data from three Canadian Cities that participated in the WHO Age-friendly Cities Project. Common themes and unique perspectives will be explored and the implications of these similarities and difference will be discussed.

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SUPPORTING RELATIONSHIPS BETWEEN FAMILY AND THE HEALTHCARE TEAM IN TRADITIONAL CONTINUING CARE SETTINGS

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In an Edmonton-based study, the relationships between families of residents of traditional continuing care settings and the healthcare team were explored using a Participatory Action Research (PAR) approach. The aim of the study was to identify practical ways to support and enhance these relationships. The research was based on previous work in relational ethics, an approach that calls attention to relationships as the place of ethical action in health care. Continuing care settings offer particularly rich opportunities to increase our understanding of healthcare relationships because, uniquely, such relationships may be extended over months and even years. Of particular interest were the relational elements of engagement and mutual respect, as well as family and staff perspectives of environmental supports, constraints, and barriers that exist to forming and sustaining these relationships.

This study was funded by The CAPITAL CARE Foundation

Ethical approval was given for this study by the Health Research Ethics Board (Panel B)

Supporting Relationships between Family and the Healthcare Team: The Participatory Action Research Process

Wendy Austin, RN, PhD

Participatory Action Research (PAR) is research carried out by a team composed of professional researchers and members of a community or organization that seek knowledge and change. It integrates research and action, theory and practice. In contrast to conventional approaches to research in which those being researched are passive subjects, PAR actively engages some members of the organization and/or community in the search for knowledge and for ideas for response to that knowledge.

A Participatory Action Research (PAR) design was used for the Supporting Relationships between Family and the Healthcare Team in Traditional Continuing Care Setting study. Applied to the study of family-staff relationships in traditional continuing care settings, the design reflected the collaborative nature of the family-staff relationship. It also established the necessity of having the active involvement of both the family of residents and health practitioners in the creation of better relationships. A research Working Group, composed of the research team and representatives of family and staff, guided the project. This presentation will review the PAR process undertaken, how it evolved, and the unique challenges it presented.

Supporting Relationships between Family and the Healthcare Team: The Context of Continuing Care in Alberta

Gillian Lemermeyer, RN, BScN

In Canada, continuing care services are not considered essential health services which must be provided by the publicly-funded provincial health care systems. Rather, they are offered as optional healthcare services that are regulated by each province and provided with limited government funding. This funding was severely restricted when, in the mid-1990s, healthcare reforms were undertaken that changed the organizational model from 'medical professionalism' to one of 'business-like healthcare'. Funding to all areas of health care was cut, usually in the form of bed closures, shortened hospital stays, and the reduction and de-professionalization of staff. These cuts directly affected the provision of care throughout the system and, by the time of this study (2004-2006), conditions within the continuing care sector had reached a crisis as reports of neglect and abuse began appearing the media, resulting in public inquiries and the revision of care standards. This presentation will review the changing

context of continuing care and its influence on family-staff relationships in traditional continuing care settings.

Supporting Relationships between Family and the Healthcare Team: Results

Agnes Mitchell, RN, BScN, MN, GNC(c)

While it is often necessary, it is a difficult decision to place a relative in continuing care. Once the family member has been placed, most families remain actively involved in the resident's care and continue to visit regularly. Even though family and staff share a common goal of quality care for the resident, these relationships are often difficult to negotiate. Results of the study indicate that the resource constrained context of continuing care has impacted family and staff relationships. Furthermore, they indicate that staff and families have similar expectations of one another. Findings will be discussed using the themes of 'Everybody Knows Your Name,' Loss and Laundry, It's the Little Things that Count, The Chasm of Us Versus Them, and Becoming a Team.

Supporting Relationships between Family and the Healthcare Team: Recommendations for Change

G. Helen Lantz, RN, BScN, MHSA

Central to the Supporting Relationships between Family and the Healthcare Team in Traditional Continuing Care study, was the development of strategies to enhance the family-staff relationships in traditional continuing care settings. Working with the study's findings, a series of recommendations were drafted by the Working Group. These included both micro and immediately applicable recommendations, as well as larger, long-term, system-wide recommendations for change. Recommended strategies include concrete methods by which a team environment can be fostered, problematic facility processes can be improved, and unrealistic expectations on the part of both family and staff can be addressed. This presentation will present the recommendations outlined and discuss their feasibility within the current continuing care context.

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CAREERS IN GERONTOLOGY: MANY PATHS TO SUCCESS

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As the field of gerontology continues to grow, so does the number of gerontological career options available. This interactive session will provide both students and professionals with the chance to explore a wide range of exciting and challenging career opportunities that exist or are emerging within the field. A panel of five professionals will provide helpful strategies for planning a successful career in gerontology. Dr. Maggie Gibson, Psychologist at St. Joseph's Health Care in London Ontario and Adjunct Professor in the Clinical Psychology Program, Department of Psychology at the University of Western Ontario, will share her experiences pursuing a career in geropsychology, including clinical service, applied research and program development. Dr. Gloria Gutman, Professor in the Gerontology Department at Simon Fraser University (SFU), Director of the Dr. Tong Louie Living Laboratory, and developer and Past Director of the Gerontology Research Centre and the Gerontology Program at SFU, will offer insights for students planning a career in research and teaching. Dr. Sandi Hirst, Associate Professor in the Faculty of Nursing at the University of Calgary and President of the CAG-ACG, will focus on taking challenges and the relationship between career and community service provision. Ms. Corinne Schalm, Vice President of Business Resources & Planning at the Shepherd's Care Foundation in Edmonton, will address career options available within health care management, policy, and strategic planning. Ms. Laura Watts, Program Director of the Canadian Centre for Elder Law Studies, will share tips on pursuing a career in elder law and advocating for older adults. Workshop attendees are encouraged to bring questions and to share experiences that have helped them succeed in a gerontology related career.

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INTERDISCIPLINARY COLLABORATION IN RESEARCH ON AGING AND CARE: CHALLENGES, CHARMS AND CHOICES FOR SUCCESSFUL TEAMS

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Over the last decade, the Social Sciences and Humanities Research Council has been actively working to encourage interdisciplinary and collaborative approaches to acquiring and disseminating knowledge. In addition, current SSHRC funding, particularly on Major Collaborative Research Initiatives (MCRI), requires that grant applications include a breakdown of how projects will actively include and benefit students.

Though great in theory, in practice interdisciplinary collaboration requires certain structures and processes to be in place along with a huge leap of faith to be open to the organic and dynamic nature of collaborative projects. Successful interdisciplinary collaborative research across the social sciences and humanities requires a reconfiguration of the ways that we work together. Through a fully participatory workshop we will show how interdisciplinary collaboration has worked in the Hidden Costs, Invisible Contributions Research Program, a five year SSHRC-funded MCRI based at the University of Alberta. This workshop will provide a forum to explore the structures, processes, and outcomes of interdisciplinary collaboration, including the benefit to students and young scholars. Drawing upon the personal experiences and reflections of the presenters supplemented with data from qualitative interviews conducted with key HCIC team members, we will provide examples of the challenges and charms of working together with people from different backgrounds toward a common goal. Through hands-on exercises and discussions, this workshop will enhance participants' knowledge about interdisciplinary collaboration and provide strategies for effective team building.

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