O1

Taking a Social-Ecological Approach to Self-Management for People Living with Dementia

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Increasingly, research has demonstrated the capacity and the desire of people with dementia to make decisions, direct their own lives, and be full partners in their care, particularly in the early stages of dementia. Despite this, self-management for people with dementia has been omitted from broad self-management initiatives for other chronic diseases. The purpose of this research was to explore the meaning of self-management from various perspectives—people with dementia, partners in care, and health care providers. Individual and group interviews were conducted with 18 people living with dementia, 9 care partners, and 14 health service providers. This presentation will address the self-management environment needed to support self-management as it relates to a social-ecological approach. The self-management environment incorporated a number of characteristics, including the importance of family and spousal or partner support, peer support often found through support groups, informal support through friends and community, and system support. Families and partners provided day-to-day support. Peer support was identified as an important characteristic. Not only did people living with dementia describe how they benefitted from the support of others diagnosed with dementia, but they were also able to contribute to the well-being of others. Informal support found in friends and the communities in which people lived was also described as important. Although challenges were identified in self-management for people living with dementia including cognition and awareness, comorbidities, and the complexities of conditions, participants felt that self-management for people with early stage dementia was important and possible.

O2

Understanding the Significance of Physical Activity for People with Dementia

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The purpose of this study was to explore the meaning of everyday activity for people diagnosed with dementia. Interpretive phenomenology provided the theoretical foundation for the research, with the design informed by ethnographic principles. The study was conducted in two phases: Phase I included 10 participants recently diagnosed at a memory clinic (range 1-4 months), while Phase II included 20 participants living in the community who had been diagnosed with dementia for longer (range 1-8 years). Overall, the sample included 16 men and 14 women who represented some degree of socio-cultural diversity and covered a broad age range (46-96 years). Using adapted ethnographic methods (e.g. conversational or "walk along" interviews and participant observation), data were gathered on multiple occasions over a 6 month-2 year period, focusing in obtaining an in-depth understanding of the person's activity in its everyday context. We talked primarily with the participants with dementia, but also included interviews with family and community members. Using established techniques of interpretive analysis we found that physical activity was an important part of everyday life for many participants. They were involved in a range of activities (e.g. gardening, walking, dancing, and exercise). They believed it was important because it was something they could still do, it allowed them to stay healthy, and provided opportunities for social interaction. These results show how people with dementia align themselves with societal views of healthy aging, in the process maintaining established patterns of daily life that allow them to remain part of their community.

O3

Transforming Creative Sites into Lived Spaces for Persons with Dementia through an Arts-based Program

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The purpose of this presentation is to describe and interpret experiences of relationship-building for people with dementia and their care partners in the context of a creative arts program and the spaces in which it takes place. Gather at the Gallery is a collaborative art and research program among the Alzheimer Society Kitchener Waterloo, the Murray Alzheimer Research and Education Program (University of Waterloo), local artists and art educators. Inspired by the Meet Me at MoMA model, Gather at the Gallery provides an opportunity for people with dementia and their care partners to visit local museums and make art with local artists in a series of five 10-week program modules. Over ten weeks, participants visit at least three different types of spaces (e.g., museums, galleries, artist studios). While enriching, the diverse spaces can create challenges of consistency in participants’ experiences. A phenomenological approach using pre- and post-program interviews, weekly rating scales, and participant observation allows us to examine: 1) participants’ experiences of meaningful engagement with visual art and creative spaces; and 2) how creative arts can serve an experience of continued companionship and sustainable engagement in the community. This presentation explores participants and educators’ experiences of relationships as “lived human relation” in art-based community spaces and the potential for those spaces to be at once public and private, formal and informal, isolating and intimate. Attention focuses on those features of the art program that can transform the various locations into lived spaces for meaningful engagement with art and reciprocal relationships.

O5

Older Canadians’ need and receipt of home care support in the future: How are projections sensitive to changes in assumptions on future disability levels?

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Future demand for long-term care services depends in part on whether disability rates rise or fall.

Objective: This research examines how different scenarios of disability would affect older
Canadians’ home care assistance (weekly hours of support) up to 2031.

**Method:** The Canadian older population is projected using Statistics Canada’s LifePaths microsimulation model. Using regression parameters, other characteristics are applied to the projected population (i.e., disability status, need for assistance, living arrangement, receipt of assistance, and source of assistance). Three scenarios are then created to examine the possible evolution of disability rates in comparison to the base projection: low morbidity (compression of disability), high morbidity (expansion of disability), and “recent trend”. In the ‘recent trend’ scenario, the changing disability rate observed between 1994/95 and 2000/01 (Keefe et al., 2011) is assumed to continue at the same pace up to 2031.

**Results:** The projected amount of assistance will increase from approximately 15 million hours in 2006 to 29 million in 2031. The “recent trend” scenario projects 27.6 million hours in 2031; that is close to the baseline since it assumes simultaneously a decline of the disability rate, and rise in disability severity levels. The low and the high morbidity scenarios demonstrate that the future demand for home care support is sensitive to assumptions about future increases or declines of disability levels of the Canadian population.

**Conclusions:** Understanding how disability rates may impact home care assistance is an important policy concern for the coming decades.

**O6**

**Changing Clients, Changing Care: Home Care Trends in Ontario**

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Home care clients, especially those receiving service over longer periods of time, tend to be elderly with notable frailty. A comprehensive assessment instrument, the Resident Assessment Instrument for Home Care (RAI-HC) describes long stay clients and has been in use in Ontario since 2003. Linked to administrative data describing episodes of care as well as services received, the data offer an opportunity to examine how home care’s role has evolved over time. This presentation will describe important characteristics of clients (physical and cognitive impairment, depressive symptoms, pain, behaviours, falls), their unpaid caregivers (relationship, hours of help, and signs of distress), episodes (time on service, referral sources, discharge reasons), and services (specific disciplines and intensity of care) and how they have changed in recent years.

**O7**

**Patterns and predictors of subsidized home care utilization in Ontario**

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This research examines the evolution of government-subsidized home care utilization by those 65 years old and older in Ontario between 1996/97 and 2009. Because home care is under provincial jurisdiction, the Ontario case is compared with the Canadian context. Previous research has observed a shift in the Canadian subsidized home care program towards acute home care at the expense of chronic home care services. We investigate the patterns and predictors of home care usage by analyzing data from the 1996/97 National Population Health Survey (NPHS), and the 2005 and 2009/10 Canadian Community Health Survey (CCHS). First, the population distribution by type of assistance (nursing care, personal care, housework, meal preparation, shopping, and other services) is presented. Next, a logistic regression is used to identify the predictors of home care utilization. Three points in time (survey years) are studied to determine how proportions and predictors evolved.

The trend towards a greater use of nursing care and a change in home care users’ profiles observed in previous studies has been holding true in more recent years. In Canada between 1996/97 and 2005, government -subsidized nursing care increased from 40% to 44% while housework decreased from 52% to 42% and Ontario is expected to go in the same direction.
Given the increased number of older Canadian expected to need assistance, our results demonstrate how public system is adapting to increased demand. More attention to these trends is needed to better prepare to meet future care needs of older people.

O8

Home Based Rehabilitation - a Danish Response to Aging in a Changing World

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A boom in the elderly population coinciding with economic crisis creates a need for home based care in Denmark to redefine itself and find innovative solutions. Home Based Rehabilitation is a concept gaining momentum due to remarkable results. Home Based Rehabilitation: for citizens living in their own homes, asking the municipality for care/practical help due to a decreased level of functioning. The aim is to steady/increase their level of functioning to (re)gain a meaningful everyday-life; be able to go for a walk, get dressed by themselves etcetera. Interdisciplinary teams (physiotherapist, occupational therapist, nurse, "home - coaches") work together with each citizen to establish the interventions needed to enhance the rehabilitation and to create training programmes. All citizens set their own goals for the intervention, making it flexible and "tailor-made". An anthropological and socio economic case study from Aarhus Municipality, with 25 interdisciplinary teams, shows that Home Based Rehabilitation creates multiple results. 80% increase their level of functioning, 40 % become self-reliant. Citizens who set their own goals report of higher quality of life. 37% of the citizens are between 80-89 years. The study shows an economic gain. Home Based Rehabilitation has proved a viable response to the challenges of today: Less people to care for more elders, less money for health/social welfare & a new older generation that demands more flexible and individualistic home based care. The concept sparks debate on the future Danish welfare system; the obligations of the system versus the rights & obligations of the older generation.

O9

Translating Knowledge Through Relating: Evolving Continence Promotion in the Home

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Urinary incontinence (UI) is a principal reason for the breakdown of family-care and care recipient admission to long-term care. Although UI can be managed conservatively within the home, limited investigation has addressed the process of knowledge translation (KT) for continence promotion. As well, Canadian families sustain annualized in-home UI expenditures of $2.6 billion. This phase two grounded theory study explored the process of KT, building on a phase one phenomenological study that illuminated social interaction as an important component of family caregivers' learning about UI. Using theoretical sampling techniques, in-depth interview data were collected from 23 family caregivers, homecare recipients, and homecare providers who were registered nurses, therapists, social workers, and un-regulated personal care workers. Constant comparison and Glaser's analysis criteria were used to create the substantive theory of Translating Knowledge Through Relating. The core process and sub-processes of this theory that included easing into working relationships and facilitating knowledge exchange suggested that bi-directional relational interactions are interlinked with tacit and experiential knowledge. These findings contrast with traditional approaches of didactic professional transfer of chronic care information and afford understandings about how relational practice is necessary to foster mutual social construction of KT. Insights gained may help in evolving client- and family-centered KT strategies related to the co-creation and co-facilitation of evidence for UI care. The practical application of this work may constitute an important component of promoting health as a resource for everyday living with UI and minimize costs associated with adverse UI-related outcomes.
Creating Community Space for Seniors to Age Well Through Intergenerational Theatre

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Benefits of engagement in creative arts for seniors' well-being are well established empirically, but the processes by which these outcomes are achieved are not. This project's was to understand the contributions of creative aging, specifically seniors' involvement in community theatre, to their well-being. Method: We conducted in-depth interviews with seniors, students, and staff of GeriActors & Friends (G&F), an intergenerational theatre group, which allowed triangulation of three perspectives. Results: Older adults noted that on retirement and as they aged, opportunities to develop new social connections and meaningful relationships became increasingly limited. While busy in their communities, contacts with others were often fleeting and insubstantial. Prior to joining G&F, students had minimal contact with seniors other than immediate family. They harboured stereotypical views of cognitive and physical decline in older adults. For seniors, students, and staff G&F was an engaging space that encouraged getting to know one another and development of deeper relationships. Students believed that GeriActors listened to them more fully than did their friends. Older adults enjoyed students' enthusiasm and open interchange that developed in close interactions with them. Five factors contributed to seniors' and students' well-being: intergenerational theatre provides a space to meet and mingle; story-telling enables students and seniors to develop relationships; playful culture encourages sharing; building plays cultivates exchange of resources and recognition of commonalities; and the dramaturgical process and performances validate self-worth. Conclusion: Storytelling in this intergenerational theatre group creates reciprocity between generations that reverses intergenerational ageism and empowers students and seniors.

O12

Theatre, Ageing and Community Memory: Approaches and Findings from the ‘Ages and Stages' project

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Objectives: Our project, ‘Ages and Stages: the place of theatre in representations and recollections of ageing’, was supported by the UK ‘New Dynamics of Ageing’ Programme and involved a partnership between Keele University (Staffordshire) the New Vic Theatre (Newcastle-Under-Lyme) and the Victoria Theatre Archive.

The project explored representations of old age and intergenerational relationships in the New Vic's renowned social documentaries (produced from 1964-1994), along with the contemporary recollections and experiences of older people who have been associated with the theatre. It provided both theoretical and practical understandings of the role that theatre plays in the lives of older people, along with the role of older people within the life of the theatre itself.

Method: The project was organised around three interlinked, multi-method research strands.

- Strand 1 explored historical representations of ageing through archival analyses of materials related to the theatre's documentaries.

- For Strand 2, we completed 79 qualitative individual/couple interviews and 10 group discussions with older people who are/were: volunteers; audience members; theatre employees; documentary sources.

- In Strand 3, we produced a social documentary drawing from our research data, and involving an intergenerational performance group.

Results/Conclusion: Key findings:

- underlined the importance of challenging stereotypes that creativity declines/ceases in old age;

- demonstrated how theatre can be developed as a medium for social inclusion across generations;
Physical Artistry: A Model for Evaluating the Effects of Arts-Based Physical Activity on the Health of Older Adults

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Research demonstrates that, while older adults value the importance of physical activity, they have the lowest exercise rates of all Canadians. Even though they recognize the benefits of exercise for physical and emotional well-being, there is a distinct disparity between insight and action that challenges service providers to encourage physical activity in novel ways. At the Sheridan Elder Research Centre for Creative Aging (SERCCA), we have designed innovative strategies for engaging older adults in meaningful physical activity, often by rooting these activities in the performing arts.

The objective of this paper is three-fold. First, the SERCCA protocol for applied research in arts-based programs will be presented. The highlights of this protocol include the use of professionally trained artists and instructors who develop a specific curriculum for the program and the use of a comprehensive series of physical and psychosocial evaluation measures. Second, the results of a 2-year dance project based on the SERCCA model will be presented. A group of community-dwelling older adults experienced significant changes in aspects of their physical functioning after a 12-week program as well as improvements in mood and cognition. Participants in long-term care and retirement homes saw similar patterns of improvement. Finally, results from projects in Taekwondo, Latin dance and Yoga will be presented. The Taekwondo and Latin dance projects are based on the same SERCCA model but expand the protocol to include the use of technology to ensure that all older adults have access to opportunities for physical engagement through the performing arts.

O14

Maximising the benefits of participation in music – Principles and practices of facilitating older learners

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The view that participation in musical activities has the potential for enhancing wellbeing amongst older people has been strongly supported. However, little attention has been paid to the principles and practices of facilitating older people in music making. This paper considers how facilitators may maximize the potential benefits of music making amongst older people.

The research comprised three case study sites, each offering a variety of musical activities. Older music learners (N = 398) and a control group of older learners in other domains (N = 102) completed quality of life measures. In-depth interviews were carried out with a representative sample, followed by observations of musical activities, focus groups and interviews with the facilitators. Overall, opportunities for active engagement in learning music were reported to foster positive social, emotional and health benefits.

Facilitators played a key role in fostering effective outcomes. Their interpersonal qualities, teaching strategies, skills and knowledge were often perceived as more important than the content. Effective facilitators rejected a deficit model of ageing and supported participants in working towards musical goals. Facilitators reported high professional satisfaction, yet highlighted challenges relating to differentiation, choosing relevant content, responding to cognitive and physical changes associated with ageing and creating social environments that were conducive for effective learning. Observations of musical groups suggested that benefits of participation in music were optimal when led by expert musicians who applied differentiation strategies, acknowledged participants’ prior experiences, established
egalitarian, mutually respectful relationships, were highly organised and made extensive use of specific, constructive feedback.

O15

Social Inclusion Programming: An evaluation of an Arts Based Approach to Recovery with Concurrent Disordered Older Adults: The COPA college Model

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Living with mental health and addictions is often associated with poorer health, poor social supports and poverty. Positive social activity promotes social inclusion and provides a buffering effect for the many challenges that marginalized individuals face. Opportunities to participate in community activities and access community resources can support improved quality of life. A partnership was developed between Community Outreach Programs in Addictions (COPA), COPA College program was hosted at the Art Gallery of Ontario (AGO)

Methods and results: The COPA College Program partnered with the AGO which provided weekly access to the Gallery over an 8 week period with guided tours. The guides were given preselected topics and provided a tour and discussion with focus paintings by Artists who lived experience. All participants completed reflections rating their experience. The evaluation results indicated that the experience was extremely positive.

Conclusions: Social inclusion programming is an important component of care in the treatment of older adults living concurrent disorders and is a way to decrease the stigma associated with addictions, mental health issues and being an older person. We know that an individual's health status and outcomes is related to more than physical factors. We can conclude that exposure to and participation in social inclusion programming has a positive impact on older adults with concurrent disorders. Social inclusion should be an important area of focus when establishing programs for older adults who are marginalised.

O16

Tipping Points - Caring for Persons with Dementia

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Recent calls to action internationally and nationally on a pending "Dementia Public Health Crisis" highlight both the importance of demand related issues (e.g., needs of an aging population), and also supply side factors - particularly local system capacity to provide needed community-based care options for persons with dementia (PWDs) to live safely and cost-effectively at home for as long as possible.

A Balance of Care (BoC) framework and associated "simulation" methodology was applied to a large region of Ontario, in which an "expert panel" of experienced leaders and frontline case managers constructed "ideal" home and community care packages for individuals on long-term care (LTC) home waitlists at different levels of assessed need. Provincial data were then used to calculate the costs of these packages and to estimate which would be cost-effective alternatives compared to residential LTC.

The simulation, combined with a historical review of Ontario policies impacting on access to needed community-based services in these packages, provided insight not only into the supply side factors which now make LTC homes a default care option for many PWDs, but options for re-balancing health system resources at the local level which would allow greater numbers of PWDs to age at home.

Findings suggest that a policy legacy of fragmented, reactionary and constrained approaches to care for the elderly becomes even more limited to non-existent for PWDS, largely ignoring more integrated, community-based care options (e.g., Alzheimer's day programs; supportive housing) required to address the complex, ongoing needs of PWDs and their caregivers.

O17
Examining the mealtime resilience of families living with dementia

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Families living with dementia in the community experience continual challenges, but some challenges can bring positive aspects to their lives. Maintaining connection, having hope, and sustaining positivity are some ways that families living with dementia establish resilience. Mealtimes are opportunities to have guaranteed time to connect. Eating Together is a grounded theory study conducted to gain an understanding of the meaning of mealtimes to families living with dementia. Storytelling is a powerful way of discovering identities and bringing clarity to thoughts and feelings as well as revealing truths about human experiences. To date, research delving into the narratives of living with dementia is limited. Using thematic narrative analysis, the purpose of this secondary qualitative study was to develop stories of the mealtime experiences of families living with dementia, using two dyads (n=27 transcripts) selected from the Eating Together sample. This study chronologically reconstructed participants' experiences to capture insight into how mealtimes change over time and reflect resilience. Longitudinally analyzing the interaction, continuity, and the situation of the dyads' accounts revealed that negotiating capacity and maximizing each other’s abilities were common ways to protect each other’s dignity and be resilient in the face of continual change. This work serves as a basis for future studies examining more breadth into the concept of resilience among families living with dementia.

O18

Connecting people with dementia and caregivers early to education and support

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The objectives of this presentation are to learn about the experience of getting a dementia diagnosis in Canada (2011 Alzheimer Society of Canada (ASC) survey) and ASC’s First Link® program.

ASC is committed to promoting an early diagnosis. Its 2011 national online survey of 958 Canadian caregivers of people living with Alzheimer's disease or other dementias, found that:

- Almost half (44%) of respondents lived a year or more with dementia symptoms before seeing a family doctor because they thought these were just part of normal aging.
- Respondents who knew the benefits of an early diagnosis saw their doctor sooner.
- In hindsight, 75% of caregivers wish that their family member had been diagnosed sooner.
- Canadians are not accessing treatment and support for dementia because of their low awareness of the early signs and symptoms. The lack of early detection and treatment denies opportunities for improving quality of life.

ASC’s First Link® (FL) program supports physicians, health and community service providers in directly and proactively referring people with dementia and their families to the Alzheimer Society (AS) and other community services at the time of diagnosis for support throughout the disease. FL demonstration projects found that on average, those who were referred to the AS via FL as opposed to other channels were referred 11 months sooner.

By being connected to their local AS as early in the disease process as possible, people with dementia and their family members develop competency and resiliency in facing the journey through early help and planning.

O19

Navigating Community Dementia Care: Relationships Matter

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This critical grounded theory research examined the processes by which persons with Alzheimer’s Disease and their family caregivers navigated through and partnered within
community dementia care services. Guided by theoretical sampling, this longitudinal study followed six families over a period of 18 months: the person with dementia (when feasible), family caregivers, and in-home care providers and planners were interviewed multiple times. The data were analyzed following the tenets of Charmaz (2011), with a particular focus on examining processes that condition inequitable distribution of and access to community dementia care services.

Findings discern the sub-processes of anticipating, initiating, and strategizing within the broader process of making care decisions, and offer insights into how class, gender, and the aging-at-home discourse intersect to variably shape the paths upon which families navigate and partner with community dementia care services. Moreover, study findings show that the negotiation of intra-familial care relationships is as critical as formal-familial care relationships. Implications from this research centre around relational care: families are encouraged to develop strategies for partnering - both within their own circle of care and with community care providers; care providers are encouraged to not only be sensitive to families' educational needs, but also their need for actual hands-on caregiving support and respite. Identifying and addressing specific contextual factors within and between formal and familial care systems will ultimately lead to the development of an optimal, integrated, community-based care for older adults with Alzheimer's disease and their families.

O20

"Doing what comes natural": Understanding direct caregivers’ experience of caring for residents with dementia

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Objectives: Caring for persons with dementia living in long-term care (LTC) is fraught with multiple challenges, yet a clear understanding from the perspective of the direct caregivers, namely the personal support workers (PSWs) and licensed practical nurses (LPNs) is missing from the literature. This research identifies their understandings of dementia care and the realities they experience daily at work.

Method: This research is informed by hermeneutic phenomenology and seeks to answer two questions: 1) What meanings do direct caregivers -PSWs and LPNs - in long term care develop about their experiences of caring for persons with dementia? 2) How may these meanings change, if at all? To answer these questions, 15 direct caregivers from five different LTC facilities located in rural and urban settings in southern New Brunswick explained their experiences in dementia care.

Results: Three themes emerged from the analysis of the data: adaptation, inclusion and denied professionalism. Adaptation refers to the caregivers’ abilities to adjust to the unpredictable and often psychological and physically overwhelming situations they experience in caring for residents with dementia. Inclusion refers to how the caregivers seek ways to stabilize themselves and gain acceptance in the workplace. Denied professionalism refers to the lack of credit given to their knowledge and skills by co-workers, supervisors and administrators of higher status.

Conclusion: The findings of this research will be explained in an effort to broaden our understanding of the experiences of the direct caregivers and may be useful in enhancing educational programs for PSWs and LPNs.

O21

Living well with COPD

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Chronic Obstructive Pulmonary Disease (COPD) is the fourth leading cause of death in Canada (Canadian Thoracic Society, 2003). Since the disease primarily affects older adults, we can expect the incidence to increase as our population ages (Blackler, Mooney, & Jones, 2004). COPD can cause breathlessness, which leads to feelings of fear and anxiety. As the disease progresses, persons living with it find it difficult to engage in activities, and eventually, may not be able to leave home (Blackler et al., 2004; Braman, 2006). Despite the incidence rates and the anxiety and isolation that can result from the symptoms, little is known about daily life with COPD. Therefore, the purpose of
this study was to understand the lived experience of COPD. Furthermore, we were interested in understanding how people cope with the changes brought about by COPD. Using a phenomenological approach, we conducted three face to face interviews with eight persons living with COPD. Interviews were digitally recorded and transcribed. Data were analyzed through detailed line by line coding, consistent with phenomenology. Findings revealed that participants bumped into roadblocks as a result of physical and environmental restrictions. However, they worked at finding alternative routes to living well by coming to terms with the diagnosis, learning to live with limitations, and rebalancing priorities. By understanding of the ongoing process of negotiating limitations in order to live as well as possible with COPD, health care professionals will be better able to assist those living with it to identify and use effective coping mechanisms.

O22

Chronic illness and self-management in primary care: characterizing the ‘work’ of older patients with coronary heart disease

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Objectives: Self-management policy presents opportunities for patients with long-term conditions to improve their health by becoming active agents in their care. However, the ‘work’ of self-management for patients appears to need certain skills and attributes. The aim of this research was to characterize the self-management ‘work’ of older patients with coronary heart disease (CHD) in primary care and to identify the skills and attributes required for participation.

Methods: This qualitative study employed longitudinal diary-interviews with 21 patients, 65 years and over, and interviews with 8 professionals, in 3 contrasting socio-economic general practice areas in the South West of England.

Results: An ideal conceptual model of self-management developed from the literature identified four concepts described as: active, competent, efficacious and responsible, which exemplify an ‘ideal’ self-manager. This model was tested throughout data collection. Patients in areas of low deprivation demonstrated sufficient attributes and skills associated with an improved outcome for their heart, in contrast to patients in areas of higher deprivation. A knowledge and skill deficit and factors associated with bereavement, retirement, financial hardship, caring responsibilities and co-morbidities impacted on optimum self-management. An alternative model of self-management emerged, using the metaphor of work, including 5 dominant occupational roles and 3 levels of occupational status to explain the approach to self-management embodied by patients within this study.

Conclusions: This occupational model provides a contextually sensitive method for describing the older person’s experience of living with CHD, within their life-world. This sociological perspective is relevant to policy makers and professionals in primary care.

O23

Does Social Support Buffer the Relationship Between Pain and Wellbeing Among Older Persons with Arthritis?

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With age comes an increasing risk of developing arthritis and consequently increased pain that can potentially reduce quality of life. The pain that is caused from arthritis can be excruciating, limiting and disabling. Past research indicates that social support is closely associated with physical and mental health which includes coping with illness. This study uses the Canadian Community Health Survey (CCHS) 4.2 Healthy Aging Module to test whether and to what extent dimensions of social support buffer the effects of perceived pain on life satisfaction and perceived health among older persons with arthritis. The target sample of this study is individuals 65 years of age and older who have self-reported a diagnosis of arthritis (n = 7,101). The OLS regression analyses showed that pain medication and perceived pain were found to be negatively associated with life satisfaction as well as perceived health. The two measures of
social support, positive social interaction and social affection, decreased the amount of perceived pain individuals reported. Both measures of social support predicted increased life satisfaction as well as perceived health. The results show that social support appears to buffer the association between perceived pain and the measure of well being used in this study.

O24

Concurrence of Frailty and Parkinson’s disease: implications for disease management

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Females with Parkinson’s disease (PD) are at greater risk of frailty than males. Little is known about how age and disease-related characteristics influence frailty in females with PD because frailty studies often exclude persons with underlying neurological pathologies.

Objective: To determine age and disease-related characteristics that best explain physical frailty in community-dwelling females with and without PD.

Methods: Correlation coefficients described relationships between PD-related characteristics and physical frailty phenotype criteria (Cardiovascular Health Study). Regression analysis identified associations between disease-related characteristics and frailty in non-PD and PD females. Results: PD (n = 17, mean age = 66 ± 8.5 years) and non-PD (n = 18, mean age = 72 ± 13.2 years) females participated. Daily levodopa dose best explained frailty in PD females (β = 0.5), whereas in non-PD females, age (β = 0.7) and comorbidity (β = 0.5) were most associated with frailty. Conclusions: Levodopa medication explained frailty in PD and not measures of disease progression (i.e. severity, duration). In females without PD age-related accumulation of comorbidities resulted in greater risk of frailty. This indicates levodopa management of PD symptoms may better reflect frailty in females with PD than disease severity or duration. These data suggest neurological conditions should consider the influence of underlying frailty. Understanding how frailty concurrently exists with PD and how these conditions progress within the aging female will facilitate future care management.

O25

The joint effects of diet quality and physical activity on maintenance of muscle strength among diabetic older adults from the NuAge cohort

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Muscle strength (MS) declines with aging. Physical activity (PA) and a good diet can prevent this decline. However, the role of diet quality (DQ) in the maintenance of MS is still unknown. The objective of this study was to determine the relationship between DQ alone or in conjunction with PA and MS over 3-year follow-up in a secondary analysis of the NuAge cohort. In a sample of 245 elderly diabetics (60% men, mean age = 75 years), handgrip, knee extensor and elbow flexor strength were measured at recruitment (T1) and after 3 years (T4). DQ was measured by the C-HEI based on 3 non-consecutive dietary recalls collected at T1, and PA by the PASE at T1 and T4. The effects of four combinations of variables on MS maintenance were evaluated: C-HEI < or ≥ 70 with PASE < or > median and analyzed by the Kruskal-Wallis test. DQ alone had no effect on the maintenance of MS. When combined with PA, significant effects were found for MS changes in males. In groups where the change of PA over 3 years is above the median, a good DQ (C-HEI ≥ 70) was related to maintenance of better grip strength than a poor DQ (C-HEI<70) (p = 0.01). Furthermore, among those with good DQ, an increase in the level of PA had a positive effect on maintaining grip strength (p = 0.014). These results demonstrate that a healthy diet combined with PA plays an important role in maintaining the MS in elderly diabetics.

O26

Prospective Examination of Response Shift after Stroke and in Healthy Aging in the Manitoba Follow-up Study (MFUS)

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Objectives: To prospectively consider evidence for response shift (RS) in health-related quality of life (HRQL) in aging men who experienced or remained free of a stroke. RS is a change in the meaning of self-evaluation, including reconceptualization, reprioritization, and recalibration.

Methods: A cohort of 3,983 male World War II Royal Canadian Air Force recruits has been followed since 1948. HRQL has been assessed since 1996 with the SF-36. Three prospectively-determined groups were identified post 1996; stroke survivors (n= 168, mean age=82.9), an older healthy-aging group (n=254, mean age=86.8), and a younger healthy-aging group (n=323, mean age=78.7). Longitudinal structural equation models were developed to evaluate measurement invariance over two time-points four years apart for each of the three groups using SF-36 subscales and latent constructs (physical health, general well-being, mental health).

Results: RS was found for all three groups. All models had reasonable fit: stroke(RMSEA=0.067(0.048;0.085)); older(RMSEA=0.057(0.041;0.071)); younger(RMSEA=0.064(0.051;0.076)). With stroke, reprioritization was identified in role-limitations due to emotional health; recalibration in physical function. In the older group, reprioritization in role-limitations due to physical health; recalibration in physical function. In the younger group, reprioritization in role-physical and physical function; recalibration in physical function.

Conclusions: This study is unique; we prospectively identified RS in HRQL in aging men with and without stroke. Recalibration of physical function occurred in all three groups. Reprioritization of role-limitations due to physical health was consistently found in both healthy-aging groups. Changes in the meaning of self-evaluation of HRQL occur not only with stroke, but also in healthily aging men.

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The rapid swelling number of seniors with dementia are placing increasing pressures on health care resources. As a consequence, the future care of seniors with dementia may become limited to the provision of basic medical services, while approaches to care known to enhance well-being and quality of life are reduced or eliminated. To document the current availability of such programs in different adult care facilities, we have collected information about activity programs in different kinds of adult care facilities across the diverse regions of British Columbia. By means of focus groups and a survey, we ascertained what types of activity programs (painting, making and listening to music, dancing, reminiscing, playing drama) are offered, to whom each program is offered, and on what schedule each program is offered; we also gathered information on the resources allocated to such programs by asking about who facilitates the activities, about facilitators’ qualifications, and about the resources specifically earmarked for the delivery of creative expression activity programs. The results provided by 108 care facilities reveal vast differences in the availability and resourcing of activity programs across care facilities, in the reasons for offering such programs and in the personnel who deliver the programs. Despite the accumulating evidence that creative activity programs may be used to increase quality of life in persons living with dementia, our findings point to a lag in the translation of this evidence into practice.

Divergent/changing worlds of bathing practices: An examination of residents’ and care aides’ experiences and perspectives

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This presentation concerns a residential care Bathing Study secondary analysis focused on
findings from semi-structured individual interviews with 8 residents (MMSE > 20) and 10 care aides. A research objective was to improve understanding and expand knowledge of psychosocial, environmental, and human factors connected with bathing practices in residential care. Open-ended questions were posed to gain subjective understanding of participants’ experiences and perspectives on bathing. Data analysis used notions of divergent/changing worlds to explicate participants’ meanings of bathing expressed in their talk. The interview transcripts were analyzed to extract themes organized to describe social processes through which participants made sense or meaning of what is often taken-for-granted as an everyday utility – bathing. Analysis included relating concepts of and references to aging, choices, preferences, privacy, routines, time and task emerging from the data. For example, attention was paid to how words/phrases, metaphors, and allusions within participants’ language expressed experiences and perceptions of bathing across divergent/changing lifeworlds of home and institution, care recipient and care provider, e.g., examining what appeared as ambiguities, ambivalences, contradictions, and inconsistencies in multi-dimensional/shifting contexts of bathing. Analysis resulted in learning about processes/rituals, environments, strategies, expectations, assumptions, and taken-for-granted notions of bathing. In conclusion, these results offer a deeper understanding and expanded knowledge of the kinds of dialectical tensions embedded within participants’ experiences and perceptions of institutionalized bathing practices. Using what emerged from this research, my presentation will address: How can analysis outcomes inform teaching, learning, and enactment of care to benefit both residents and care aides?

O29

Exploring Tensions between Policy, Practice and Lived Experience in Long-Term Care

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As part of a larger doctoral dissertation exploring a sense of community in a long-term care (LTC) home, this paper explores tensions in meanings found in organizational policy, daily practice and first-hand lived experiences. Conducted in a large for-profit LTC home in Ontario, this study examined and compared messaging in marketing materials supplied to potential residents and their families in anticipation of a move to a LTC home and in the staff policies and procedures manuals with the first-hand experiences of living in a LTC home as told by residents through the use of a focus group (n=6) and individual interviews (n=6).

Using a narrative approach, analysis of marketing documents revealed the theme of let us be your caring community. As messaged in these documents, the LTC home supported residents by caring, embodying the ideals of home through natural living spaces, and supporting meaningful personal connections. This contrasted with messages found in the staff policy manuals. Divided practices highlighted the tangible complexities of implementing a person-centered philosophy within a business model by describing the industry of care, prescribed customer service, fabricating normalcy and, to a much lesser extent, promoting the practice of resident-centered care. Residents’ phenomenological stories illustrated tensions in un/belonging within a LTC home. Personal experiences of the institutional erosion of belonging, communal nature of living in long-term care, and the prescriptive living environment routinized day-to-day experiences and provided a stark contrast between belonging in community and un/belonging in a LTC home.

O30

Determinants of Retention for Regulated Staff in Low-Turnover Long Term Care Facilities

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As part of a larger doctoral dissertation exploring a sense of community in a long-term care (LTC)
An adequate supply of nursing staff in Long-Term Care (LTC) facilities is essential to provide stable and high quality care. Therefore, current turnover rates of up to 30% of regulated nursing staff have raised great concern. Implications of high turnover include staff shortages and dissatisfaction with quality health services for resident care. In addition, unregulated staff depend largely on the regulated nursing staff for leadership and support. Knowing which factors retain regulated nurses within LTC is crucial. This study explored administrations' views of what keeps their regulated nursing staff in LTC. Semi-structured interviews with 15 administrators at low-turnover facilities were conducted. Factors discussed included building a community of leaders, personal recognition, actively lived mission and values, administrative and managerial support, strong staff relationships, and deliberate team building. Findings of this study provide administrators and policy makers with an understanding of what factors affect regulated staff retention in LTC and will be used to develop evidence-based strategies to retain nurses in these positions.

O31

Dilemmas for state-funded services and family-based care for the future older population in New Zealand

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Study Objectives were to gain an understanding of how experiences of caring for an older person influenced mid-life adults attitudes to ageing, plans and expectations of the own future including housing, finances and health. Additionally, the New Zealand Government's policies on aged-care, funding, and the nursing and carer workforce to support services for older people were examined.

Theory and Methods were framed by the life course perspective theory, and taking into consideration life trajectories and transitions, the study, conducted in Auckland, New Zealand, employed mixed methods, specifically methodological triangulation, utilising focus groups, interviews and a small survey.

Results identified motivation for supporting older relatives, nature of assistance, caregiver stress, and difficulties accessing formal support services. Participants revealed concern about future retirement housing suitability, financial preparedness, and health, and ambivalence toward younger relatives being burdened with their care. There was an expectation of state-funded support and residential care for older people as recompense for years of employment taxes. The dislocation between government policies and funding, suitably trained nursing and carer workforce, and limited family assistance indicates a dilemma for state-funded services and family-based care for the future older population.

Implications for the New Zealand government and citizens include expectations and needs of an increasing population of older people which will necessitate a review of service funding linked to the government aged-care policies; consideration for compulsory workers' superannuation to supplement retirement pension funding, and nursing workforce development and retention in anticipation of projected numbers of disabled older people needing support.

O32

Qualifying ageing through social policy: Proposals for a dialectic of active ageing

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Aim Our paper addresses the notion of active ageing in social policy by asking what it "says" and "does" about ageing.

Method To this end, we use a critical gerontology approach. Firstly, we start with the theoretical definition of active ageing produced by Alan Walker. His holistic interpretation of active ageing is accompanied by the promotion of political measures in a wide range of areas: from retirement to the labour market via social
and civic participation by individuals, the promotion of physical activity and the encouragement of urban environments and forms of work that are accessible to older people. Secondly, we turn to the various uses and interpretations of active ageing by actors such as international organizations (United Nations, World Bank, OECD, WHO), states (European Union and Canada) and researchers in gerontology.

Results We identify three controversies about active ageing: the pitfalls of work and employment, the ambivalences of responsibility and the rejection of decline. We also look at other social policy frameworks and attempt to isolate their similarities in order to consider alternatives to active ageing.

Conclusions After noting the points of similarity between other social policy frameworks, we seek in conclusion to make some recommendations on the direction of future research, in particular by making a clearer distinction between political reasons for supporting active ageing and theoretical reasons for keeping or renewing it.

O33

Fear of crime and older adults: a review and analysis of the literature with recommendations for improved research methodology and policy development in Canada.

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Objective Previous research indicates that older adults experience a disproportionate fear of crime relative to their actual victimization rates, which has a debilitating impact on their quality of life. Policy makers have responded by strengthening their crime control strategies by developing expensive crime prevention partnerships utilizing police, academic and government resources. Recent research is suggesting that fear of crime by older adults may have been both over-stated and incorrectly attributed to prevailing crime rates. These conflicting results have led to calls to reassess the construct "fear of crime."

Method A literature review and analysis was conducted utilizing PsycINFO, Ageline, and Wiley Online Library, and publications up to November 2011 were included. Articles addressing definitions, measurement, and theoretical issues were included.

Results Limitations of the construct fear of crime have been identified by several authors. These include lack of a precise meaning, use of inconsistent and misleading empirical measurement instruments and conflicting theoretical explanations.

Conclusion Evidence is accumulating indicating a strong association between fear of crime and general social and economic insecurities and welfare state mechanisms, rather than crime rates. In particular, the "Generalized Insecurity Hypothesis" developed by Hummelsheim and colleagues, strongly suggests that strengthening welfare measures designed to increase self-efficacy would likely have a greater impact on reducing fear of crime, and a more beneficial effect on the quality of life for older adults, than continued strengthening of crime control strategies. Implications for the development of more effective research methodology and policy development in Canada are discussed.

O34

The Decision Framework and Metrics for Assessing the Aging Policy

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Demographic aging has become a global development issue. By the year 2050, older people will make up 20 percent of the world's population and by 2150 nearly one person in three will be over 60. This demographic transition has social, cultural, economic, and political implications for societies throughout the world. These make the process of policy-making more complicated than before. In this study, we proposed a decision framework by using the Quality Function Deployment (QFD) method to develop a decision model which can evaluate the policy feasibility and the outcomes. The QFD is a method to transform the stakeholders' demands into the decision-making processes. It shows that the QFD method confers several
intangible benefits especially in the area of optimization for the decision-making of the aging policies. In this paper, we combined both the qualitative and quantitative approaches in the decision framework. An integrated model that unifies the policy-making and stakeholder management was proposed. This study can be used as a basis for both the qualitative and quantitative analyses for the decision making of the aging policies. From the simulation results, the decision framework provides the systematic way to evaluate the policy feasibility and its outcomes efficiently.

O35

Disparities in Working Life Expectancy Before and After Retirement by Schooling Level in Canada

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In a previous analysis we showed that working life expectancy before retirement, after a long period of decline, has increased significantly since the mid-1990s for both men and women. This result, using the life table approach, was quite contrary to what can be interpreted when using a measure like the average age at retirement; a measure not well-suited to look at trends in the behaviour towards retirement.

This presentation will look at the disparities in working life expectancy at age 50 by schooling level for the period 1991-2009. Is the trend observed in working life expectancy before retirement similar by schooling level? Are those with lower level of schooling expected to have shorter or longer working life expectancy before retiring? What about expected life in retirement? Is using a broader definition of retirement (i.e. including layoffs, disabilities or family responsibilities that could possibly lead to retirement) affecting the results? What are the policy implications of the results?

We answer these questions by first constructing life tables by schooling level using Wilkins et al results of the Canadian census mortality follow-up study. These life tables are then used to apply retirement rates by schooling level estimated through the Labour Force Survey.

Preliminary results show comparable results by schooling level when looking at working life expectancy before retirement, but significant differences on life expectancy in retirement in favour of those with higher schooling level.

O36

Legacy Careers: Paid and Voluntary Work During the Second Half of Life

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Adults age 50 plus are interested in meaningful work during the second half of life and are seeking to live their legacy, not just leave a legacy. Meaningful means paid or unpaid work that provides a sense of life meaning and purpose, where an individual has goals and lives according to her or his values (Fairlie, 2011).

Work plays a critical role during the second half of life and career development continues through ‘Redirection’ (Cook, 2011). The longevity revolution is challenging traditional views of work and retirement as Canadians are starting new careers in the paid and voluntary sectors well into their 60s and 70s. A lack of engagement in meaningful activities and roles can put older adults at risk of health issues such as increased mortality and depression (Fiske, Wetherell & Gatz, 2009; Glass, Mendes de Leon, Marottoli & Berkman, 1999; Kasl & Jones, 2000).

The findings presented in this paper are drawn from 2 studies that examined work during later life. The first study used mixed methods to investigate volunteering during retirement; the second one explored older adults’ reflections as they pursued occupational change. Using life-span, life-space career development theory, the authors explore how individuals find meaningful work. These individuals know that they are not ready for a "senior's" lifestyle, and society needs this talented and knowledgeable population to continue contributing. The findings indicate that there are specific paths for finding the satisfaction and lifestyle that individuals seek;
these emphasize personal growth, learning and changes in career self-concept.

O37

Deconstructing the Myths Surrounding Seniors in a Changing Workforce

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There are assumptions about the issues facing the increasing numbers of seniors in the workforce. Since mandatory retirement has now been abolished, seniors can choose whether to retire or continue to work, and many of them will opt to remain in the labour pool. The assumptions about how these mature workers will function will be shown to be mainly negative, and largely unfounded. In labelling them myths, we will demonstrate that the reality of the ageing workplace is very different from the way it is perceived by the general population or portrayed in the popular press. In this session, a list of ten myths will be presented, and then deconstructed with reference to recent research. The discussion will focus on findings about working seniors, relating to cognitive function, crystallized and fluid intelligence, knowledge transfer, learning abilities and styles, and intergenerational conflict. The profile of older worker that emerges from the literature problematizes prevailing organizational practices and conclusions about the cost of employing elder workers. Studies provide insights into strategies that can ensure the health, well-being and productivity of seniors who are working beyond what has been known as normal retirement age. The bibliography that is provided during the session will be useful for policy makers, health professionals and all conference attendees who are seeking to ensure that seniors can continue to be vital and contributing members of a changing workforce.

O38

Back-to-work experiences of permanently impaired injured workers: Are older workers disadvantaged?

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Objectives: We examine whether age-discrimination in hiring and age-related employment disadvantage of older workers described in the literature is evident in the re-employment experiences of Ontario injured workers.

Method: Using data from an in-depth survey of Ontario Workplace Safety and Insurance Board (WSIB) claimants with permanent impairments (N=494), we describe selective return-to-work characteristics of older (50-58) and younger (26-49) workers approximately fifty-two months after injury.

Results: Older workers were more likely to be re-employed after their injury than younger workers (73% v 70%), and more likely to return to their accident employer (37% v 26%). However, older workers experienced greater occupational benefit losses than younger workers. Older workers reported fewer months of unemployment after their injury than younger workers. However, at ~ 52 months post-accident, older workers were more likely to be unemployed than younger workers - suggesting that older worker employment may be more difficult to sustain. Older workers have higher average income than younger workers, in both the pre- and post-injury periods; yet in this sample, older workers experienced greater income losses post-injury. The recovery of income losses before retirement may be more difficult for older than younger workers.

Conclusion: Several of our findings were contrary to our expectations of poorer back-to-work experiences of older workers. Longer-term study of workers who become WSIB claimants will elucidate the effects of post-workplace accident employment disruption on income security near to or in retirement. Implications of the life-course timing of workers' compensation claims for provincial worker compensation systems will be discussed.
How age-friendly are purpose-built retirement communities? Towards a conceptual and empirical understanding of age-friendliness

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This paper contributes to emerging conceptual debates around age-friendly environments, providing evidence relating to the relative age-friendliness of purpose-built retirement communities. While such communities have emerged as a housing option for growing numbers of older people, they have not yet been subject to critical examination through the lens of age-friendliness. The paper combines both theoretical and empirical approaches. It reviews the emerging literature around age-friendly environments to identify the core elements of an age-friendly community. Drawing on a new definition of age-friendly communities, the paper then examines available empirical evidence arising from UK-based studies of purpose-built retirement communities to assess the degree to which such communities may be regarded as being age-friendly. Findings are then reported from the mixed-methods Longitudinal study of Ageing in a Retirement Community (LARC) to explore age-friendliness in a more comprehensive way. LARC involved: two waves of a questionnaire survey with residents (n=122 at Wave 1; n=156 at Wave 2); interviews and focus groups with key stakeholders involved in the staffing, management and design of the community; and other qualitative data collected from community residents in the form of 'directives' (i.e. invitations to residents to write on particular topics). Drawing the different components together, the paper concludes by identifying implications for future research, policy and practice development in relation to age-friendly environments. The paper argues that purpose-built retirement communities need to commit to the genuine involvement of residents in a regular cycle of planning, implementation, evaluation and continual improvement in order to facilitate active ageing.

O41

Becoming a Sustainable Age-Friendly Community: Successfully Implementing a Healthy Aging Policy

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Becoming an age-friendly community is an effective policy approach to responding to the challenges and opportunities associated with demographic aging. Guided by the World Health Organization’s (WHO) definition of "age-friendliness", the primary objective of this research was to explore the factors that can either help or hinder a community from becoming age-friendly and promoting economic sustainability. Qualitative interviews were completed by 24 older adults recruited from three rural communities in Manitoba, as well as 17 key informants, including representatives of the local, municipal, regional and provincial levels of government and non-governmental associations. NVivo qualitative data analysis software was used to compare qualitative responses between: (a) older adults; and (b) older adults and key informants. The findings indicate that although seniors contribute in numerous ways to communities, community context (size, location, niche areas), a community's demographic composition and trends in recent population change, age-friendly features of the physical and social environment, and leadership and support to make communities more age-friendly all impact the extent to which Manitoba communities can become age-friendly. Conclusions will address the development of partnerships between communities to become, jointly, as age-friendly as possible and how becoming age-friendly can be a niche area for some communities and make them regionally competitive. In addition, the implementation of a balanced community development plan that focuses on both retaining and attracting younger individuals as well as seniors, and the promotion, leadership, direction and support of the Age-Friendly Manitoba Initiative by the provincial and municipal governments will be discussed.

O42

Social Cities: Good for the old and the young
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**Objectives:** The objectives of this study and presentation are to:

- Identify how guidelines identified in the Age-Friendly Communities model are associated with the health, security and participation of older adults and young people in community settings
- Explore the extent to which the concept and practice of Age-Friendly Communities may serve as a platform to address current public health priorities that are common to both older adults and children and youth.

**Methods:** A review of published scientific and policy literature was undertaken. Findings were related to the guidelines for age-friendly communities published by the World Health Organization and in Canada by the Federal/Provincial/Territorial Ministers for Seniors.

**Results:** Age-friendly designs and interventions in social support are beneficial to both age groups in the areas of mental health promotion, physical activity and healthy weights, injury and violence prevention and reducing health inequalities. They are generally found to be compatible for both age groups, although some gaps and differences exist.

**Conclusion:** Age-friendly social cities benefit the young as well as the old. Cities and communities that wish to be age-friendly to both the old and the young could validate and enhance the existing guidelines in consultation with young people.

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**O43**

**Social recognition of aging and old age through a participatory action-research program: The case of Age-Friendly City in Quebec**

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Age Friendly City (AFC) was launched in 2007 by the World Health Organisation. Canada played an important role in its development. In Quebec (QC), AFC occupy an increasingly prominent place in adapting environments to the needs of older people. How participation of older people in AFC-QC plays a role in social recognition of aging and old age?

**Aim**

To look at AFC origin based on global aging policies and at social participation across AFC-QC’s implementation process.

**Method**

Based on a multiple case study design (Yin, 2009) we looked at four steering committees in AFC-QC.

For the purpose of this paper, we use two sources of data. First, we present the result of a descriptive and comparative content analysis (Miles & Huberman, 1999) of five global aging policies. Secondly, we show results from a qualitative thematic analysis of the steering committees (N4), the diagnostics (N4), the actions plan (N4), and focus groups with steering committees members (N8).

Our analysis is based on conditions of individual achievement in AFC-QC which take place through three patterns of intersubjective recognition: love, rights, and solidarity (Honneth, 1995).

**Results**

In general, AFC is different of other global aging policies. Its focus on social and build environment and aim to include older people and community organisations in the making process and implementation of policies.

More precisely, by considering recognition according to its passive (be recognized) and active (recognize) forms, we discuss of different forms of participation in AFC-QC and their various implications for aging and old age.

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**O44**
Towards an age friendly city: A collaborative model in the city of Ottawa

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Communities in Canada have used different models to implement the principles of the World Health Organization's age-friendly model. In Ottawa, the Age Friendly Ottawa (a community initiative led by the Council on Aging) and the municipal Older Adult Plan (led by the City government) both aim to improve the age-friendliness of the city by engaging older persons and facilitating the development of policies, services and structures that support and enable older residents to age actively. A purposeful collaborative relationship between the two projects was instituted early on in order to maximize community benefits. Both projects have adopted the WHO’s age-friendly framework, a joint application to the WHO Global Network of Age Friendly Cities was successful, joint extensive consultations with Ottawa older adults have been conducted, and both projects are currently working on developing aligned action plans to be released concurrently in fall 2012. Many factors contributed to the success of this collaborative model including a shared vision, strong local political support, extensive partnerships and on-going communication between project coordinators and managers, a recognition and valuing of each project’s complementary areas of responsibility, and concurrent public and granting agency funding. Results of consultations will be available.

O45

Places for healthy aging: Mapping metropolitan opportunities and hazards

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Research on healthy aging has paid limited attention to how opportunities for healthy aging are affected by the physical environment and policies that influence its configuration. Inspired by the New York Academy of Medicine’s project Toward an Age-Friendly New York City and by the potential of maps as a knowledge translation vehicle, we are preparing an atlas of opportunities for healthy aging in the City of Ottawa (population 918,000), with the aim of expanding the exercise to include the jurisdiction of a larger regional health authority.

Data are drawn in the first instance from (a) Canada’s 2006 and 2011 census; (b) datasets maintained by the City of Ottawa; and (c) data collected by the Ottawa Neighbourhood Study (http://www.neighbourhoodstudy.ca/), which worked with residents to define 108 neighbourhoods that are our main units of data aggregation and then to gather indicator of determinants of health and of health outcomes. Special attention is paid to neighbourhoods with high concentrations of people >65, including 12 subsidized “aging in place” buildings, and to socioeconomic gradients in neighbourhood opportunities for healthy aging defined by such indicators as traffic burden and access to healthy food. (Earlier work by team member Grant identified a clear gradient in walking amenities and hazards.) Initial findings, including maps linked to photographs of contrasting neighbourhood characteristics, will be presented along with a preliminary inventory of policy implications and challenges in expanding the analysis outside the city boundaries.

O46

Psychotropic-Related Hip Fractures Around the World: A Meta-analysis

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OBJECTIVES: To evaluate the association of antipsychotic and antidepressive agents and risk of hip fracture in older adults using a meta-analysis. To compare the risk of hip fracture between the older and newer agents in these drug classes.
DESIGN: English-language MEDLINE literature search from 1966 to 2011. Key words searched included aged, hip fracture, fractures, antidepressive agents, antipsychotic agents.

SETTING: Inclusion of prospective and retrospective controlled design studies reporting hip fracture-specific and drug-specific data in adults with a mean age of 65.

MEASUREMENTS: The methodological qualities of the studies were assessed based on four criteria: age > 65, statistical adjustment by age and gender, inclusion of hip-specific fracture data and study type (prospective or retrospective cohort, case control). A random effects model was used to calculate summary odds ratios.

RESULTS: 166 studies were identified in the initial PubMed search. Nine antipsychotic-related and 19 antidepressant-related studies met the inclusion criteria representing over 85,000 hip fracture cases from four continents. Summary odds ratios include (95% confidence interval): conventional antipsychotics 1.68 (1.43, 1.99), atypical antipsychotics 1.30 (1.14, 1.49), tricyclic anti-depressants 1.71 (1.43, 2.04), and selective serotonin re-uptake inhibitors 1.94 (1.37, 2.76).

CONCLUSIONS: Our results suggest a possible reduced risk associated with atypical antipsychotics compared to conventional antipsychotics, although this does not reach statistical significance. All classes considered are associated with an increased risk of hip fracture in older adults.

O47

Neurological diseases and osteoporotic hip fractures in the elderly: epidemiology, pathophysiological links, and the care gap

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Objectives: To evaluate the incidence and prevalence of hip fracture (HF) in patients with dementia, history of stroke and Parkinson's disease, their clinico-pathological characteristics, outcomes and anti-osteoporotic therapy use.

Methods: (1) Analysis of HF rates in patients with neurological diseases (ND) (2000 to 2010), and (2) clinical study of 842 consecutive patients admitted with a non-pathological HF. Results: The total annual rate of HF was 8.6 times higher in those with dementia, 13.7 times higher in post-stroke survivors and 7.5 times higher in persons with Parkinson's disease compared to subjects without ND (2.15%, 3.42% and 1.87% vs. 0.25%, respectively). Among 842 HF patients, 349 (41.5%) were diagnosed with ND: with dementia 267 (31.7%), history of stroke 110 (13.1%) and Parkinson's 40 (4.7%); two NDs coexist in 68 (8.1%). Dementia was independently associated with stroke (OR 2.2), institutionalisation (OR 6.7) and age (OR 1.03). Post-stroke HF was associated with hypertension (OR 3.5) and female sex (OR 3.8). Patients with NDs have higher PTH levels and bone resorption markers, vitamin D insufficiency (25 (OH) D <50 nmol/L) was near universal in all groups (~80%). Dementia was associated with lower serum leptin levels, and stroke with higher resistinaemia. ND was an independent predictor of post-fracture institutionalisation. Pre-fracture only 12.9% of patients with ND received bisphosphonates. Conclusions: NDs are prevalent in patients with HF and associated with vitamin D insufficiency, secondary hyperparathyroidism, high bone resorption, adipokine dysregulation and institutionalisation need. Evaluation, prevention and treatment for risk of osteoporotic fractures should be considered in all elderly persons with NDs.

O48

National Hip Fracture Toolkit: Returning Patients Home

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Introduction: Almost 30,000 patients annually experience a hip fracture in Canada. These patients tend to be older, are often frail with multiple chronic illnesses including a high incidence of dementia and delirium. For many, the hip fracture results in poor outcomes and placement into Long Term Care. In 2011 Bone
and Joint Canada (BJC) worked with health care professionals from across the country to develop a National Hip Fracture Toolkit which was based on available evidence and a consensus building approach to provide clinical and system best practices to better manage these patients and return them home. BJC is working with each province to implement the Toolkit and is developing a framework to measure patient outcomes and system performance.

**Objectives:**
1. Disseminate information on the National Hip Fracture Toolkit
2. Develop knowledge of the tools and resources available to improve the management of patients using geriatric principles.

**Approach:** The Toolkit provides system and clinical practice information on preoperative, surgical and postoperative care. Identified barriers to care include the management of frail patients and access to rehabilitation. This session will highlight how a comprehensive approach to care including the assessment and management of common geriatric problems can help achieve functional recovery and address clinical and system barriers that result in a successful discharge home.

**Conclusions:** A National Toolkit which uses a geriatric approach to the clinical and operational management of hip fracture patients has been designed to improve care.

**O49**

**Mobility Following Hip Fracture - Results from a Feasibility Study**

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**Background:** Hip fractures are significant events for older adults with increased risk for mobility disability and subsequent low trauma fractures; yet literature highlights care gaps for assessing falls risk factors and bone health following hip fracture. Therefore, we aimed to evaluate the effects of a specialized follow-up clinic for older adults after hip fracture.

**Methods:** This was a feasibility study of a follow-up clinic after hip fracture. Participants were recruited in hospital and invited to participate at least 3 months post fracture repair. Following baseline assessment (3 months), participants attended a specialized clinic and were assessed by a geriatrician and physiotherapist. The primary outcome was mobility as measured by the Short Physical Performance Battery (SPPB); secondary outcomes included determination of physical activity and sedentary behaviour patterns using accelerometry.

**Results:** Nine older adults (mean age 78.8; range: 66-94 years) were enrolled in the study. At baseline, participants' scores for the primary outcome (SPPB) ranged from 0-11 out of 12 points; median (IQR) = 7 (2.5-8.5). On average, participants spent 81% of the day in sedentary time; this translated to 11.5 hours of sedentary time each day, 3 hours of light activity and 6 minutes of moderate activity. This presentation will highlight the results at 12 months post fracture, for mobility and sedentary behaviour and physical activity.

**Conclusion:** This study characterises the mobility trajectory of a small group of older adults within the first year following hip fracture.

**O50**

**Equipping the Puzzle Makers During Care Transitions: The Unanswered Questions of Hip Fracture Patients**

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**Background:** A universal finding in care transitions research is that patients report confusion and difficulty navigating health care
systems. A major contributing factor is a lack of information at the right time, in the right place, from the right person. This presentation is based on data from a multi-site ethnographic field study aimed at understanding information exchange between health care providers, patients and families during post operative care transitions in Canada. **Method:** An ethnographic study consisting of qualitative interviews and observations of patients was conducted in Ontario and British Columbia. Twelve hip fracture patients were followed throughout their transitions from hospital based to community settings. Data were collected at multiple points across the care continuum. Analysis techniques included topic and analytical coding, memo writing and peer debriefing. **Results:** The first theme, *short-term vs long-term puzzle making*, highlighted the nature and types of questions patients had during care transitions. These ranged from questions related to the surgery itself such as ‘What happened to me’, to more existential types of questions such as ‘What is in store for me?’ The second theme, *patient networking skills and strategies*, emphasized the proactive, practical and innovative strategies engaged in by patients along the care continuum. **Conclusions:** Care transition programs should focus on biopsychosocial models to ensure short-term and long-term ‘puzzles’ are addressed. Understanding and building on current techniques and strategies used by patients can assist health care providers to facilitate more informed and engaged patients during care transitions.

**O51**

The influence of organizational context on use of research and staff outcomes in healthcare aides

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Policy changes in Canada have enabled many older persons to live in the community for longer periods of time than in the past. Consequently older adults now entering long-term care (LTC) facilities have high dependencies on formal care providers – they are more frail, with more complex medical conditions and at more advanced stages of dementia than previously. The majority of their direct care is provided by unregulated care aides who are poorly remunerated, have little status in the health system, and who experience significant levels of work related stress. The objective of this study (part of the larger Translating Research in Elder Care or TREC Program) was to examine the influence of modifiable elements of organizational context on staff outcomes and staff’s use of best practices. Study participants were 1506 care aides from 36 LTC facilities in the Canadian prairie provinces stratified by public/private ownership and size. Structured interviews were completed using the general TREC survey that includes the Alberta Context Tool (ACT), the Maslach Burnout Inventory, the SF-8™, and several measures of best practice use. Context assessments (from the ACT) of the facilities were grouped using cluster analysis into nursing homes with a more or a less favorable context. Scatter plots and other graphical displays demonstrate consistent patterns; care aides in nursing homes with a more favourable context report better outcomes. Specifically, nursing homes with a more favorable organizational context were associated with higher use of best practices, better staff health, lower burnout, and greater job satisfaction.

**O52**

Towards a new curriculum of caring: A study of dialogical practices and the impact on knowledge translation in long-term residential care facilities

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Although the literature is clear that in healthcare sectors shared-decision making supports optimal care, the application of shared-decision making in the more hierarchical environment of long-term residential care has been slow to be adopted. As a result, the bounty of expertise and
knowledge from direct careworkers has not been fully realized. There is a paucity of research that explores successful strategies to implement shared-decision making practices that improve both work-life and the quality of care and service. This paper presents preliminary findings from our study investigating the Partnerships in Person-Centered Approach (PPCA), an innovative approach that engages direct careworkers' voices in a shared accountability for work-life and quality of care and service. The PPCA was implemented in 2007 by the Fraser Health Authority as a quality initiative built on the assumption that the conditions of work are the conditions of care. Leadership, teamwork, and communication are the heart of the PPCA. Using observation, in-depth interviews, and focus groups this study investigates the impact of implementing a shared accountability approach to work-life and quality of care in nine long-term residential care facilities. Preliminary results demonstrate that the creation of inclusive dialogical processes has begun to tap into the bounty of knowledge and expertise of direct careworkers. Capturing and valuing this expertise has enhanced knowledge exchange and knowledge translation, resulting in innovative solutions to workplace safety and quality care issues. This paper concludes by reflecting on how this program extends current conceptions of knowledge exchange and knowledge translation using inclusive dialogical processes.

O53

Determinants of Efficacy of Interventions Designed to Implement and Sustain Practice Change in Long-term Care Facilities: A Systematic Literature Review

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Over the past decade, there has been an increase in the number of studies of interventions designed to improve quality of life and quality of care in long-term care (LTC) settings. Unfortunately, the literature describing these interventions is fraught with examples of failed attempts at successfully implementing and sustaining practice changes. Given the limited resources available to invest in practice change initiatives, it is essential to ascertain and describe the key determinants of intervention effectiveness in LTC facilities. Thus, a comprehensive literature search was conducted of intervention research in LTC settings. Eighty-five studies met our selection criteria. The effectiveness of each study was evaluated based on a combined overview of sample size, effect size, outcomes and impact, level of evidence, and risk of bias. Results indicate that there are two primary features that significantly affect effectiveness ratings. The first, which was negatively associated with efficacy, was an increased risk of bias due to weakness in research methods (e.g., self-reports not verified by objective evaluation, selective reporting, not blinding outcome assessors). The second, which was positively associated with efficacy, was the presence of reinforcing factors (i.e., the mechanisms that reinforce and encourage the implementation of new skills and care practices). Based on these results we make the following recommendations: 1) rigorous methodological designs that adequately address risk of bias need to be used in intervention research in LTC settings, 2) feasible and effective reinforcing factors need to be included in interventions aimed at successful and sustained practice change in LTC facilities.

O54

Transitions entre les profils d’autonomie Iso-SMAF et durée moyenne de séjour dans un profil chez les personnes âgées vivant en CHSLD

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Pour connaître l'évolution probable des personnes âgées en Centre d'hébergement et de soins de longue durée (CHSLD), le suivi du profil d'autonomie est essentiel. L'objectif poursuivi était d'analyser les transitions annuelles de profils Iso-SMAF et la durée
moyenne de séjour dans un profil, pour une clientèle d’un CHSLD.

Le Système de mesure de l’autonomie fonctionnelle (SMAF) mesure 29 capacités fonctionnelles dans cinq dimensions, à partir duquel 14 Profils Iso-SMAF sont générés. On peut les regrouper en profils avec atteinte aux tâches domestiques (1-2-3), à la mobilité (4-6-9), aux fonctions mentales (5-7-8-10) et profils lourds (11 à 14). Des analyses multi-états de Markov en temps continu ont permis les estimations.

L’état d’autonomie (ou le décès) a été mesuré à 19126 occasions durant 8 ans, chez 2450 personnes vivant en CHSLD, d’âge moyen de 81,5 ans. Les profils initiaux étaient principalement modérés à lourds (8 à 14). La matrice de transition détaillée entre les profils sera présentée; on observe des durées moyennes de séjour dans un profil d’environ 1 an pour les profils 8-10-11-12, alors que la durée moyenne atteint près de 1,5 an chez les profils 9-13-14. À partir des profils 13-14, ce sont surtout des probabilités de transitions annuelles vers le décès qui sont observées (0.35 et 0.42 respectivement).

Les services requis étant connus pour chaque profil, on peut mieux planifier les services basés sur l’évolution attendue. On peut estimer le nombre de patients qui vont décéder dans l’année à venir, à partir de la distribution actuelle des profils.

O55

Opening up of nursing homes into communities

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Objectives In Germany nursing homes are criticized because of their determination of a special life concept for the elderly. They are often formed as "closed institutions" or "distant islands in the communities". But there are attempts to develop alternative models that link extensive professional care, as it is given in an institution with the responsibility of family and civil society. In current theoretical discussion regarding the chances of a new mixed economy of welfare, the advantages of such "hybrid organizations", which intertwine resources from state, market, civil society and family, are emphasized: They help to improve the quality of life for the residents, more they develop social capital for the nursing home sector.

Method Based on semi-structured interviews with leaders and staff, 12 cases of German non-profit nursing homes were reconstructed. The cases were analyzed regarding contributions from family and civil society. Different models of involvement were identified.

Results The 12 nursing homes build a wide range of local partners and resources; there is collaboration of volunteers and relatives, there are special support organizations, and there are partnerships with local clubs and social organizations. In some cases the integration of social capital is just an "add-on concept" in an otherwise unchanged environment. In other cases the local partners have a crucial role for the re-orientation of the nursing home in cooperative structures.

Conclusions Collaboration with stakeholders in the communities can be pivotal for future development of nursing homes. This study informs about chances and obstacles of different strategies of involvement.

O56

Exploring older adult service provider challenges and opportunities: Management and front line worker perspectives

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Objective: While a great deal of information is available about the needs of older adults, very little is known about older adult service provider issues as they strive to serve diverse populations of older adults in a rapidly aging society. The purpose of this study was to examine management and front line worker perspectives in Calgary, AB about agency and sector challenges and opportunities that impact their ability to effectively meet the needs of older adults.
Method: An online survey was distributed to over 75 executive directors/upper management of older adult service providers in Calgary, AB. Questions were asked about the nature of the agency/organization; staffing, financial, funder and collaboration challenges and opportunities for the agency/organization; and challenges and opportunities for the sector. A separate online survey was distributed to front line workers. Participants were asked questions about the nature of their position, the services they provide to clients, the emerging needs of their clients, and the strengths and challenges they see as frontline workers.

Results: A summary of findings from the two surveys will be presented highlighting agency and sector challenges and opportunities, and comparisons between management and front line worker responses.

Conclusion: Results of this study can contribute to the literature on older adult service providers and may be useful for informing practice related to common issues across agencies, strengthening sector collaboration by providing a forum for a collective voice, and providing a shared call for action to funders and decision makers regarding service provider issues.

O57

Pilot Study of a Transition Toolkit to Support Care Partners of Persons with Dementia Through Significant Transitions

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Objectives: A Transition Toolkit was developed to support care partners of persons with dementia through significant transitions. The Toolkit is in the form of a binder with 5 sections: (a) About Me, (b) Common Changes to Expect, (c) Frequently Asked Questions, (d) Resources and (e) Important Health Information. The purpose of the pilot study was to evaluate the Toolkit for ease of implementation, feasibility, and acceptability.

Method: A mixed method design was used, in which quantitative data was collected along with qualitative data from 4 focus group participants. At the first focus group interview, participants described the transitions they experienced. Participants were then given instructions on how to use the Toolkit and asked to use it over a 2 week time frame. At the second focus group interview participants completed an evaluation survey where they rated statements using a Likert scale (1 being ‘FULLY DISAGREE’ and 5 being ‘FULLY AGREE’). They were then asked open ended questions evaluating the Toolkit.

Results: Twenty family care partners of persons with dementia participated. Survey data suggested that the Toolkit helped the participants to deal with transitions [mean 4.33 (SD .82)]; was acceptable (will use the tool) [mean 4.33 (SD 1.05)]; easy to use (directions were clear) [mean 4.20 (SD.86)] and feasible (ability to complete the activities) [mean 3.87 (SD 1.19)]. This was also supported by the qualitative data.

Conclusions: Participants found the toolkit to be a valuable, useful, and well organized resource that shows promise in helping care partners deal with transitions.

O58

Understanding Emergency Department Care Transitions for Older Adults with Dementia

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Short statement of objectives: To understand how the emergency department (ED) environment impedes or facilitates safe transitional care for community dwelling older adults with dementia, and to determine how this affects the Registered Nurses’ (RN) role.

Method: We conducted an interpretive, descriptive exploratory study from a social
ecological perspective. Data included: interviews with 15 to 20 older adult-family caregiver dyads who had an ED visit within the previous six months; interviews with ten ED Registered Nurses, and three Nurse Practitioners from two participating hospitals. ED photographic story boards were created from interview data to construct a Photo Narrative Journal used in two focus groups with participating older adults and family caregivers, and ED RNs and NPs. Data analysis was ongoing and iterative throughout the study. All data was analysed using constant comparative analysis with NVivo. Procedures to ensure rigor include triangulating data sources, peer debriefing, multiple checks, and an audit trail.

Results: Themes included: The way it works (processes of triage and consequences of physical environment); being vulnerable in the ED (waiting, feeling ignored and forgotten); and solutions for reducing harm (not being left alone, caregiver support).

Conclusions: Four factors of person-environment fit (physical design, social climate, policies and procedures, care systems and processes) impede or facilitate the process of coming to, waiting in, being treated in and leaving the ED.

O59

A Mixed Methods Study of Dementia-related Responsive Behavior Education in Long Term Care

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Background: Responsive behaviors such as hitting and biting often occur in older persons with cognitive impairments in Long Term Care Homes (LTCHs) and are related to unmet needs. It is important to evaluate educational programs for staff about person-centered strategies to meet these needs.

Objective: This study tested a 100 minute refresher dose of a 7.5 hour educational program about responsive behaviors.

Method: This research study, based upon an earlier pre-post-design study, used sequential mixed methods, experimental design. It was implemented in a non-profit LTCH located in southern Ontario. Staff in this LTCH work in two separate buildings and had received the original 7.5 hour Gentle Persuasive Approaches (GPA) dose. Staff in one building received the refresher (n = 58), but those in the other were assigned to receive the refresher later (n = 37). The refresher (GPA-R) involved 8, five-minute learning activities which required collaborative problem-solving. Participants completed a 10-item questionnaire measuring confidence to manage behavior (Cronbach alpha: 0.93) at several times during the study. Representatives of both groups attended separate focus groups to discuss their experiences with behavior.

Findings: Participants of GPA-R reported greater confidence in their capacity to manage behaviors (p < .001) and greater success with using person-centered techniques. They also reported that the learning activities were highly engaging.

Conclusions: Based on the results, the research team will investigate on-line delivery of refresher modules, important for rural and northern locations.

O60

Designing Integrated Health Care for Seniors in Prince George, BC

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Northern BC has the fastest growing population of seniors in British Columbia. In Dec 2011, at the request of Cathy Ulrich, CEO of Northern Health, the Prince George Leadership Team began an initiative to (re)design senior’s care in Prince George. The overall goal is to establish an integrated culture, system and structures to provide person-centered care for senior’s that are scalable into the future. A small design team, including an 84 year old senior, came together for 5 days in February 2012 and using an
interactive approach, proposed a system of care that supports a transition from "disconnectedly reacting, solving problems and managing pieces from 'what I already know'" to: "developing people and systems to lead transitions in care that fulfill the whole system through communication".

The presenter will describe how an interactive design process resulted in system map that tightly aligns with Northern Health’s strategic directions around primary health care, secondary and specialty services, and population health approaches; and perhaps more importantly, resonates with seniors, health care providers and health care administrators. With communication (eagerly sought and generously shared) established as the medium in which powerful integration, collaboration and coordination can be accomplished, Northern Health is now actively and intentionally implementing projects to close gaps between the current state and the designed system.

O61

Que sont les PSI devenus? Usages et contre-usages des plans de services individualisés en contexte d'intégration des services aux personnes âgées en perte d'autonomie

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À partir d’un regard croisé sur différents travaux de recherche en cours portant sur l'intégration des services pour les personnes âgées en perte d'autonomie au Québec, nous avons recensé des usages très variés de l'outil de planification PSI (Plan de services individualisé), qui constitue pourtant l'une des composantes centrales des modèles conceptuels d'intégration des services. L'analyse que nous avons effectuée s'appuie sur de l'analyse de dossiers cliniques et des entretiens de recherche auprès de gestionnaires de cas. L'analyse a été effectuée à partir de la sociologie des usages et de l'ergonomie cognitive. Dans certains contextes, l'usage des PSI s’estompe, dans d’autres il tarde à s’implanter, alors que, dans la majorité des cas, l’usage observé est inadapté aux attentes de ses promoteurs. Pourtant, le PSI est requis par la loi, fait l'objet d'une prescription forte et constitue une bonne pratique largement reconnue. Cette communication va montrer qu'il existe un écart entre la façon dont les gestionnaires de cas conçoivent l'acte de planifier, et ce que les promoteurs du PSI attendent. Les pratiques locales d'adaptation à cet écart seront également discutées, au regard de leurs impacts éventuels sur la qualité des services.

O62

Components of Acute Geriatric Unit Care: Systematic Descriptive Review

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In response to an older hospital population, there have been calls to adopt the Acute Care for Elders (ACE) model on all units. However, there is limited description of the specific interventions, the approach, or dose needed to induce the expected changes in the outcomes. Clarification of ACE intervention elements is critical for monitoring fidelity of implementation, identifying the most effective components, and translating the ACE model in the most efficient way into the context of practice. We conducted a systematic review of 21 papers describing the intervention elements of acute geriatric unit care, based on the ACE model, which demonstrated effectiveness in a prior meta-analysis of 13 trials. Information describing intervention elements of the trials was analyzed using content analysis within the categories of the ACE intervention elements and taxonomy of interventions. Acute geriatric unit care was most often characterized by: (1) patient-centered care which included daily assessment of physical, cognitive, and psychosocial functioning, and implementation of strategies to prevent functional decline; followed by (2) frequent review of drugs known to adversely affect older adults’ functioning; (3) early rehabilitation and (4) early discharge planning. A mixed approach using standardized protocols tailored to patients’ needs was most often used. The intervention was most often initiated upon hospital admission and continued daily for the duration of hospitalization. Patient-centered care, frequent medical review, early rehabilitation, and early discharge planning,
initiated upon admission and continued daily, using a mixed approach may represent the optimal combination of intervention elements required for outcome achievement.

O63

Le principe de centration sur les besoins de l'usager en contexte d'intégration des services aux personnes âgées en perte d'autonomie

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Contexte : Dans tous les modèles conceptuels de la qualité, incluant ceux relatifs à l'organisation des services, le principe de centration sur les besoins de l'usager (patient-centered) est affirmé comme essentiel et incontournable. Il devrait même remplacé son concurrent conceptuel historique, soit une organisation des services centré sur sa logique propre (service-driven). Objectif : Repérer les traces du principe de services centrés sur la personne dans les actes cliniques. Méthode : À partir de l'analyse de dossiers cliniques (n= 25) et d'entrevues menées auprès de proches aidants (n= 17) et d'acteurs-clef (n= 17) œuvrant en Centre de santé et de service sociaux, nous avons caractérisé l'effectivité de ce principe. Résultats : Si nous voyons les effets interprofessioanels, inter-organisationnels et intersectoriels de la prise en compte des besoins de l'usager en termes de dispositifs organisationnels précis (présence de gestionnaires de cas, par exemple), l'usager demeure en gros distant de cette centration, en raison d'une attribution de rôle focalisée sur la divulguation d'informations le concernant. Le principe de centration sur l'usager apparaît donc moins comme le fait d'une reconnaissance forte de sa subjectivité, qui serait par exemple inscrite dans une démarche d'accompagnement, mais bien dans une stratégie professionnelle et organisationnelle d'évaluation de l'usager à travers des catégories cliniques prédéfinies. Cela s'observe par l'absence quasi complète de la notion de projet de vie de l'usager dans les traces de planification de l'intervention. Conclusion : Il semble que les dispositifs inter (professionnel, organisationnel et sectoriel) s'activent à distance de l'usager et qu'ils permettent une organisation plus efficacement service-driven.

O64

Implementation of an interprofessional training unit at a geriatric department - perspectives from staff and managers

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Introduction  
A Cochrane review has shown positive outcomes for older adults admitted to hospitals when they received care from a specialist multidisciplinary team.  

Objectives  
To explore the opinions of managers and staff of interprofessional training units (IPTU) and to evaluate the implementation of these units at the geriatric department.  

Method  
IPTU was implemented on two wards to support interprofessional learning (IPL) among nursing, occupational therapy, and physiotherapy students. Two registered nurses, one physiotherapist and one occupational therapist from each ward constituted a team for supervising the students in IPL and supporting their colleagues. Two lecturers facilitated the teams.  

Staff and managers' opinions of IPTU were explored using focus groups. To capture various perspectives, participants were recruited from three groups (in total 22 persons); the managers; the two teams; and the staff who had supervised the students. Data were analysed using content analysis.  

Results  
The managers emphasised strong support for IPL. The team members were enthusiastic about the IPTU and wanted to expand the IPL
environment. The staff was mostly positive but some felt they were not well informed about the project. The IPTU project was said to increase the focus on collaboration and teamwork. The project also had effects on an organizational level, resulting in increased focus on education in general.

Conclusions
Six months following the implementation of the IPTU, the staff and the managers reported mainly positive experiences of IPL. The presence of several professions working in team at a geriatric ward makes it suitable for implementation of IPTUs.

O65

Cadre organisationnel de référence pour l’articulation efficiente des compétences disciplinaires et transdisciplinaires dans le cadre d’un modèle hybride de gestion de cas destiné aux personnes âgées en perte d’autonomie au Québec

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La région de Sherbrooke fut l’une des premières à implanter au Québec un dispositif de gestion de cas pour les personnes âgées en perte d’autonomie. Un modèle hybride (fonction de courtage avec tâche disciplinaire en mode mineur), regroupant des gestionnaires de cas issus de quatre disciplines, fut développé et évalué par la vaste étude PRISMA. Dix ans après son implantation, des travaux internes ont permis l’adaptation du modèle puisque demeuraient des zones d’ombre quant à l’arrimage des compétences disciplinaires et des compétences transdisciplinaires de la gestion de cas. À partir de focus group, d’entrevues et de sondages, un cadre de référence a été élaboré pour préciser l’articulation entre ces deux registres de compétences. La présente communication exposera la démarche et les principes de conception de ce cadre de référence. Nous verrons notamment que les conditions organisationnelles de référence vers des professionnels disciplinaires hors de la gestion de cas nécessitent la reconnaissance de stratégies adaptatives identifiant les principes d’intensité, de ponctualité et de complexité pour arbitrer de manière efficace les conflits et confusions de compétences.

O66

L’adaptation à la perte auditive chez la personne âgée: une transformation profonde insoupçonnée

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La perte auditive chez les personnes âgées a de multiples conséquences sur leur qualité de vie et sur leur fonctionnement physique, émotionnel, cognitif et social. Parmi la clientèle de l’Institut de réadaptation en déficience physique de Québec (IRDPQ), onze participants, âgés de 68 à 88 ans, ont été rencontrés en entrevue individuelle. L’analyse qualitative fait ressortir quatre étapes dans l’adaptation à la perte auditive : 1) réactions émotionnelles, 2) résistance, 3) apprentissages et changements dans les attitudes et comportements et 4) redéfinition de la réalité et intégration identitaire. Les analyses suggèrent que des facteurs personnels, tels que certains traits de personnalité ainsi que des facteurs environnementaux, tels qu’un milieu aidant qui utilise de bonnes stratégies de communication, peuvent jouer un rôle dans ce processus. Cette étude pourra aider les intervenants et les proches à mieux comprendre l’adaptation à la perte auditive chez la personne âgée et possiblement à la favoriser.

O67

Process Evaluation Report of the COPA College Program offered by Community Outreach Programs in Addictions for a Geriatric population with Concurrent mental health Addictions problems

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This evaluation is to examine the COPA college program activities. This process evaluation will verify if COPA college program was implemented as designed, will identify gaps in design and delivery. Qualitative process evaluation was completed by interviewing COPA staff and through critical analysis of a random sample of feedback questionnaires from clients who attended the program in the last four years. Other objectives include creation of logic model and development of indicators for successful program implementation.

Methodology: Interviews were conducted with program manager and geriatric psychiatrist to record the implementation of program activities including design, structure, and delivery. Ten randomly selected client reflections were critically reviewed to assess the validity of questions as measurement tool and to analyze the feedback from participants.

Results: A program logic model was created, results evaluative questions and process indicators developed. The educational courses were offered in three semesters throughout the year at seven sites. A process implementation guide with teaching modules was devised by staff was used as a standard. Evaluation showed that the program delivery was consistent across all sites in terms of formatting, teaching style and except content, which varied in terms of topics.

Conclusion: The process evaluation demonstrated that this harm reduction model and participatory non-confrontational approach has been very successful in engaging a geriatric population with addiction issues. The program has harnessed resources and achieved a high level of local engagement in terms of client retention and building community partnerships. A comprehensive evaluation of both process and outcome measures is indicated.

O68

Are older adults with communication difficulties at a disadvantage? Dual sensory loss, language and other risk factors for depression among home care clients

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Depression can be a major disabling and debilitating condition. Only recently has the literature examined the relationship between vision and hearing loss (dual sensory loss; DSL) and depression in this population. However, most of this research does not take into account the primary language of the individual (e.g., McDonnall, 2009). This study examined the most important risk factors for signs/symptoms of depression, including DSL and the person's primary language in a sample (n=218,850) of older adults aged 65+ receiving home care. In Ontario, the Resident Assessment Instrument for Home Care (RAI-HC) is a mandated comprehensive assessment that measures the health and well-being for all long-stay clients (i.e., on service for at least 60 days). In this sample 14.2% of clients had symptoms of depression, as measured by a 7-item Depression Rating Scale embedded within the RAI-HC, and 19.6% of clients had a significant degree of DSL. The preliminary model indicated that several variables, typically associated with the increased the risk of depression, including: lower self-rated health (adjusted OR=3.28), social isolation (OR=3.32), any psychiatric diagnosis (OR=2.99) and disruptive behaviours (OR=5.09). In this same multivariate model, DSL (OR = 1.33) and having a primary language other than English or French (OR = 1.51) were also found to be independently associated with signs/symptoms of depression. These findings indicate that older adults who are disadvantaged in communicating might be at greater risk of depression.

The SHRTN Community of Practice for Geriatric Mental Health, Addictions and Behavioural Issues administered a survey of community agencies in Ontario regarding older adults and addictions.

The questionnaire was developed by the Older Adults Addiction Subgroup. The primary objective was to get some basic information about the number of agencies working with older adults with addictions, where they are, what sectors providers are working in, what sort of resources they have for consultation, what tools they are using and what are the training needs.

There seem to be many service providers (96%) working with older adults with substance use concerns. Service providers are using screening tools but it appears that people are using a cross section of tools and it is not completely clear why certain tools are being chosen and if it is based on best practice for older adults with substance use issues. The service providers are using generally understood to be effective, evidence based interventions. Recommended training needs identified are alcohol and dementia, harm reduction, assessment/screening and substance use, and responsive behaviours.

The overall findings of the survey supports many of the existing initiatives currently underway such as Behavioural Support Ontario, Guidelines for Comprehensive Mental Health Services for Older Adults in Canada (Mental Health Commission of Canada, 2011). These reports or initiatives identify the need for the system to respond to older adults with a number of issues including substance misuse needs within an integrated community model.

O70

Caregivers of Clients with Neurological Conditions: A Canadian Profile

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The burden of neurological diseases continues to rise in importance with the aging of Canadians. The disability associated with neurological conditions has a pronounced impact on the quality of life of persons living with neurological conditions and their informal caregivers. The ideasPNC Caregiver substudy grew from the need to better understand the informal caregivers of home care clients with neurological conditions, to be able to better assist them in their caregiving roles.

**Study purposes:** provide a descriptive profile of caregivers of clients with neurological conditions; describe the amount and type of informal caregiving support they are providing; examine the presence of caregiver distress among the client population.

**Design:** The neurological conditions studied were Alzheimer’s disease and related dementias; multiple sclerosis; ALS; Parkinson’s disease; Huntington’s disease; epilepsy; muscular dystrophy; cerebral palsy; and both traumatic brain injury and spinal cord injury. Eight years of data from the interRAI assessment instrument for Home Care from Ontario, Manitoba, Nova Scotia, and the Yukon were analyzed.

**Results:** The majority of clients with neurological conditions have an informal caregiver, but prevalence and caregiver relationship varies by condition. The amount and type of informal support received differs by condition and region; in general clients with neurological conditions receive greater amounts of informal care than clients without a neurological condition. As a result, prevalence of caregiver distress is higher amount clients with neurological conditions than clients without such conditions, and distress prevalence is higher for some neurological conditions than others. These findings have implications for caregiver support strategies.

O71

Supporting caregivers of person with dementia through participation in community organisation

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The ideasPNC Caregiver substudy grew from the need to better understand the informal caregivers of home care clients with neurological conditions, to be able to better assist them in their caregiving roles.
**Introduction:** Most support programs for caregivers are offered in clinical or specialised organisation and focus more on the burden than on positive aspects of caregiving. A support program based on shared leisure activities offered in a community leisure center represents an innovative approach to enhance quality of life of both caregivers and care-receivers.

**Objectives:** 1) To evaluate the impact of a group leisure education program on caregivers’ well-being, self-efficacy in adapted leisure and quality of relationships and on quality of life of care-receivers. 2) To evaluate the feasibility of offering such a program in a community leisure center.

**Method:** A quasi-experimental trial (n = 20 dyads) was conducted using mixed methods. The quantitative part included a pretest-posttest with follow-up design while qualitative part consisted in open-ended interviews (n = 20).

**Results:** This presentation focus on impact of offering the program in a community leisure center. The qualitative analysis revealed the importance for the participants to participate in the program in a community leisure center in their neighbourhood. This program contributes to their quality of life by providing them a sense of social inclusion in their community and might help to reduce social isolation of caregivers and their relative with dementia.

**Conclusion:** This study confirmed the importance of focusing on the positive aspects of caregiving rather than the burden and to facilitate participation of both caregivers and care-receiver in their community.

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**O72**

**Mapping the Health and Social Consequences of Family and Friend Caregiving**

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Increasing concern about the sustainability of family/friend care has been expressed in the face of population aging, rising rates of disability, changing family forms and higher employment among caregivers. There is growing evidence of social and health consequences that threaten both adequacy of care and caregiver quality of life. Yet, inconsistencies in empirical evidence and lack of an organizing framework have resulted in knowledge gaps in the types and extent of these consequences and of those at high risk of poor outcomes. The purpose of this presentation is to report on a systematic review of recent Canadian and international literature on consequences of family/friend care to adults. Objectives were to develop a taxonomy of the broad domains of consequences and state of knowledge of domains of caregiver risk across these domains. Results indicated three broad categories of cost: physical health, emotional health and well-being and social well-being. Certain caregiver characteristics, type of care receiver disability/illness and care situation variables such as amount of care and intensity of care are all factors that can identify caregivers at high risk of experiencing health and social consequences. High risk caregivers are more likely to report poor health and burden. Female caregivers provide more care than men and experience poor physical health. Existing data on consequences for female caregivers is prolific while evidence is lacking specifically on male caregivers. Results are discussed in terms of differential experiences by high risk caregivers, identification of knowledge gaps as well as implications of findings for stakeholders.

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**O73**

**Brother's caregiving experiences to a sibling with Down's syndrome**

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Persons with Down's syndrome (DS) now live longer than previously expected. Given the likely physical, social and emotional support needs of persons with DS couples with increasing longevity, once parents are no longer able to provide care, persons with DS are likely to turn to their siblings for ongoing supports. The authors of this study used a phenomenological method to examine Taiwanese men's care giving experiences of their brothers or sisters with DS within the home and how they solved the tensions when the caregiving role intersected with other family roles. Drawing on stories shared by seven men from Taiwan, four themes emerged- giving care for responsibility;
adjusting to an unfamiliar caregiving role; count on women's help in the family; and solve the tensions when the caregiving role intersected with other family roles. The results of this study suggest that these brothers were raised according to the cultural norm of nei-wai (in-out) that gender division of labor within the home were mainly women took care of domestic affair and man were expected to have achievement in literal and public domains. Due to the unfamiliarity of the caregiving works, these brothersthus encountered chaos in the process of transiting to the main caregiver's role and experienced tensions when the caregiving role intersected with other family roles. Greater attention must be given to the promotion of earlier involvement of brother in the life of their siblings with DS and the special challenges when a brother giving care to a sister with DS.

O74

Navigating between care giving and care receiving

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Objectives: A small but unique group of people in the caring process are those who reported to have providing care to family and friends when they themselves were receiving care. Understanding how these people manage their concurrent roles as care providers and care recipients is important since they are likely to have distinctive experiences compared to those with the sole experience of providing or receiving care. The double position as receivers and providers of care would also make these individuals particularly vulnerable in terms of their health, economic, physical and other outcomes. Based on the 2007 GSS this study examines the plight of individuals who were providing and receiving care simultaneously.

Method: After estimating prevalence the study examines the characteristics and vulnerability of those who provide and receive care at the same time. Descriptive and multivariate regression analyses were used.

Findings: Our findings show that, in the year preceding the 2007 GSS, over 460,000 (3.5%) Canadians of age 45 and above were providing care to someone while they themselves were receiving care. Close to two-third of these were females and one in five were retired. Those in paid work are less likely to provide and receive care simultaneously. About 37% of concurrent care providers and receivers reported their health as fair or poor.

Conclusions: The results suggest that concurrent care providers and receivers are vulnerable. Women are even more likely to be care providers and receivers at the same time.

O75

Use of Global Positioning Systems (GPS) in Characterizing the Outdoor Mobility of Older Adults

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Background: Mobility is critical for the health and well-being of older adults, and to allow them to age-in-place. Research studies typically capture travel behavior through self-report travel diaries. However diaries can be subject to recall bias, perhaps especially so in the older adult population. Further, diaries allow outcomes such as "number of trips/day", but little on the spatial location of travel. Our goal was to investigate Geographic Positions Systems (GPS) as a method to capture detailed travel patterns.

Methods: We gathered GPS data from 100 participants of the Walk the Talk Survey, a cross-sectional study of older adults (age 65+) with low socio-economic status, living across Greater Vancouver neighbourhoods with a range of walkability characteristics. Participants recorded daily travel (location, mode, purpose) in 7-day travel diaries, and wore a GPS device (BT-1000X) during waking hours. We report on the quality of the data collected by both methods, and on feedback from participants and staff on their experiences.

Results: In total, 89 of the 100 participants had at least 1 full day of data, and 79 had at least 3 days. There was marked variability between participants in the amount of travel within and beyond their neighbourhoods.
Conclusions: This exploratory study illustrated a novel method to capture travel behavior that can be applied in future research initiatives, with certain protocol refinements (e.g., charging devices). The rich GPS data provided can facilitate innovative spatial analyses, and more precision on where, and when, people are out and about in their communities.

O76

Robotics for Older Adults: Rehabilitation Applications for Body Functions and Structures, and Activities and Participation

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Objectives: The number of older adults with chronic conditions is increasing concomitant with fewer caregivers to assist. Increasingly available are robotics technologies to improve functional capacity, activity engagement and participation. Robotics applications for older adults are discussed using the International Classification of Functioning, Disability and Health (ICF).

Method: The ICF framework includes the domains of body functions and structures, and activities and participation. The framework emphasizes function in context and helps to guide assessment, intervention design and evaluation. The examples of a robot to improve upper-limb mobility post-stroke, collision-avoidance wheelchair and personal robot-smart home illustrate the application of robotics in the assessment of ICF domains and demonstrate how robotic interventions impact ICF domains.

Results: Robotics to assist upper-limb rehabilitation of stroke survivors can contribute to assessment and remediation in the body functions and structures domain. Robotics can improve quantitative mobility assessment and capacity through increased intensity in repetitive task-oriented treatment. Power wheelchairs using sensors and algorithms to avoid obstacles can help users with declining sensory, cognitive and physical abilities to achieve mobility and opportunities for activity and participation. Personal robot-smart homes can help in assessment and treatment of body functions and structure, and activity and participation for home-dwelling older adults with dementia. Assessment can be built into sensors and algorithms to detect functional and activity changes. Personal robots can engage users to complete activities through context-awareness and adaptive algorithms.

Conclusions: The ICF framework is a valuable tool to contextualise robotic modalities and illustrate their utility in rehabilitation.

O77

Unobtrusive Home Bed Transfer Monitoring in an Older Adult

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Background: Falls cause significant morbidity and mortality in older adults and are a financial burden on society.1 Early identification of increasing fall risk could lead to early intervention.2 Pressure sensitive mats have been successfully used to differentiate between transfers of healthy older adults and those having mobility impairment.3,4 The goal of this study is to collect longitudinal data on bed transfer variability in an older adult, with the ultimate goal of identifying changes that would alert to a new fall risk.

Methods: A 64 y.o. male living in a senior’s apartment consented to take part in a home monitoring study. A Tactex Controls Inc. Bed Occupancy Sensor was installed under the subject’s mattress. This was connected to a Dell Optiplex computer for 23 days. Custom algorithms and visual inspection of pressure videos were used to determine the timing of lie to sit (L-S), sitting (S) and sit to stand (S-St) for the first transfer of each morning.

Results: On average this subject got up at 9:17 AM (range 5:47 AM to 10:56 AM). His total transfer times averaged 71.8 ± 68.7 s, with L-S time of 16.4 ± 7.3 s, S time of 49.8 ± 65.9 s, and S-St time of 5.6 ± 2.6 s.
Discussion: We believe this is the first time longitudinal bed transfer timing data has been collected from an older adult in their home. The level of variability in morning transfers will create challenges in designing an automated mobility change detector.

O78

Improving Nocturia Follow-up Using a Home Bed Occupancy Sensor

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BACKGROUND: A loss of bladder control is often found in older adults. During physician visits, patients are often unable to recall the number of times they visited the bathroom during a given night, especially if they see their physicians once every one to three months. An alternative solution is to use sensors monitoring nocturnal bed exit as a proxy for bathroom visits.

OBJECTIVE: To test a bed occupancy sensor as a proxy measure of sleep interruption in older adults with nocturia.

METHOD: Recruit 10 consecutive Geriatric Day Hospital patients with nocturia. The system consisted of a S4 Sensors Bed Occupancy Sensor connected to a Dell Optiplex computer. We intended to record data for the duration of their Day Hospital care, typically 8 weeks.

RESULTS: Data from 2 men and 6 women between the ages of 64 and 93 was collected for 5 to 10 weeks, and analysed using custom software. The number of bed exits per night, the weekly average of exits per night, the time of bed exit and the number or hours of consecutive bed occupancy was determined. A custom clinician user interface was developed. The analyzed data of one patient was compared with the patient's sleep diary. It was found that 47% of the bed exits matched the patient's diary, with significantly more exits being recorded by the occupancy sensor.

CONCLUSION: A bed occupancy sensor may be a useful way to follow nocturia treatment in an unobtrusive way, and is likely more reliable than a sleep diary.

O79

Penser autrement les aide-mémoires électroniques pour les personnes âgées

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La conception de ressources électroniques pour assister les personnes dans les tâches de planification et de mémoire connaît un essor. Ces aide-mémoires électroniques sont-elles adaptées et adaptables aux personnes âgées, en particulier aux personnes souffrant de troubles cognitifs?

Le but de cette étude est d'identifier les méthodes déployées par les personnes âgées pour pallier les déficits mnésiques dans leur vie quotidienne. Ces usages seront analysés selon la Méthode de défaillance et de substitution des ressources (MDSR) et discutés en fonction des aides électroniques proposées.

Notre population d'étude se compose de 35 personnes âgées de 65 à 87 ans vivant à domicile et répartie en 3 groupes : 10 personnes atteintes de démence de type Alzheimer (DTA) au stade léger (score moyen au MMSE 23), 12 personnes présentant un Mild Cognitive Impairment (MCI), (score moyen au MMSE moyen 28), et 13 personnes âgées sans plainte mnésique (score au MMSE 29). Les diagnostics de DTA et MCI ont été réalisés lors de consultations mémoire.

Suite à un questionnaire rempli par l'examineur lors d'un entretien, il ressort que les ressources électroniques sont délaisées par cette population au profit d'autres moyens qui les aident dans la mémorisation et le rappel d'activités. Chaque personne développe un système de compensation où les aides mnésiques externes se complètent selon le contenu, le lieu et le temps où elles sont utilisées.
Il devient primordial de prendre en compte les critères établis par les personnes âgées dans la sélection d’aides mnésiques pour concevoir des aides électroniques.

O80

Perceived sense of control, power, and capacity in civic participation of aging Chinese immigrants

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Immigrant older adults are often perceived as powerless due to their status as immigrants and as older persons. From a strength perspective, having their voices heard is crucial to changing their vulnerable status, and yet research on how immigrant older adults perceive their own capacity and power in civic participation is lacking. Using the aging Chinese immigrants in Calgary as a case example, this research aimed to explore the perceived sense of control, power, and capacity of aging immigrants in the context of civic participation. A qualitative research design, based upon constructivist grounded theory, was adopted. A total of 13 Chinese immigrants aged 65 years and above were interviewed. Five were interviewed in semi-structured in-depth personal interviews and eight were interviewed in a focus group. The results showed that most participants hoped to engage in Canadian civic life and were concerned with the events happened in Canada while in reality the opportunities for and the level of civic participation were quite limited. Most felt powerless and lacking of sense of control, particularly in civic participation. Cultural bias, language barriers and lacking of support services were perceived as contributing factors to their limited level of engagement and civic participation capacity. Professionals working with immigrant older adults need to develop more channels for civic participation by this group. Strategies are needed to help immigrant older adults better equipped for community engagement so that their voices could be better heard.

O81

Migration, Ageing and Wellbeing in South Asian Women: A Life History

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The focus of this paper is to emphasise the lived experience of South Asian Women living and ageing in the UK. With women constituting the majority of the UK's migrant population and a first generation of South Asian migrant women ageing in Britain, this paper will explore the links between older (60-80 years) South Asian women's life course experiences and their wellbeing in later life. The paper draws upon two research studies; an oral history study and qualitative life-history study exploring the relationship between life course experiences and wellbeing. The role of life course trajectories reflecting on earlier life experiences including migration, discrimination and isolation and their influences on wellbeing in later life will be discussed. The paper has two main themes. First, to explore how issues associated with migration influence older South Asian women's wellbeing in later life. Second, to highlight the importance of understanding heterogeneity within homogenous established minority ethnic groups. This paper will conclude by arguing for an approach to healthcare services that is sensitive to the link between life course inequalities and the provisioning of care services for older South Asian women in the UK.

O82

Situating Canadian racialized older im/migrants within transnational and imagined communities

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The presence of an increasingly multicultural and aging population in Canada has prompted questions on whether existing aging approaches/policies can adequately address issues of its racialized population. Older racialized communities are of particular relevance because they are likely to experience various forms of marginalization, oppression, and cumulative/structural disadvantages. As such, the experiences of older racialized adults offer a unique opportunity to understand the multiple and diverse pathways of aging. One of the ways in which to analyze diversity and aging is through the intersections between
globalization, aging and im/migration. The emergence of transnational migration has effectively shifted how im/migrants are received and managed by a receiving society. Yet, immigration literature has focused exclusively on the experiences of the young and productive laborer; not yet acknowledging how older adults are active participants in this flow of global capital. This paper addresses this analytical gap by discussing transnational migration and its implications for older racialized adults in Canada. This paper first situates racialized older adults within the broad literature on im/migration, and considers their connections to globalization, the secondary labor market, and global capital. Using Benedict Anderson’s (2006) concept of imagined community, this paper then explores how racialized older im/migrants are often excluded or “Othered” from Canadian society despite their active participation in various care and labour practices (such as their participation in global families and domestic economizing). Ultimately, this paper highlights how older racialized im/migrants are indeed active members of transnational processes despite being excluded from the imagined community.

O84

Health care utilization and associated barriers among elderly new Chinese immigrants in Canada

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Backgrounds: Research in Chinese-Canadian immigrant health, medical care utilization, and access barriers is not proportional to the size of its population. This study aims to describe medical care utilization and the barriers of accessing the medical care systems among elderly new Chinese immigrants (ENCI).

Methods: A mixed method of focus group interview and self-designed questionnaire survey was used. This study was conducted in the Greater Toronto Area among elderly Chinese immigrants, who were over 65 years old and had lived in Canada no more than 10 years by the time of the study. Informed consents were obtained. This study is the quantitative component.

Results: 133 eligible elderly Chinese-Canadians participated in this survey. Logistic regression results indicated that the ENCI who had higher English ability, were overweight or obese, had lived in Canada longer, and were mainly supported by their children were more likely to use healthcare services in Canada. The need of being accompanied by children, lack of health-related information, and dissatisfaction with medical care services were identified as associated barriers among the ENCI.

Conclusion: The ENCI cannot always achieve the best healthcare services in Canada. The reasons are obvious. New comers in Canada have limited English proficiency and lack of the information of healthcare system; moreover, adapting the changes of cultures and lifestyle may bring greater difficulties to elderly people, who are used to own life in home countries for decades.

O85

Debris in the innovative space: the state of quality improvement in long-term care settings

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Objectives: Explain how long-term care organizations engage quality improvement processes in the constantly evolving regulatory environment of Québec’s health and social care system.

Methods: An embedded multiple case study was conducted employing an action research approach in collaboration with four long-term care organizations. Using multiple qualitative methods (documentary analysis, direct observation, semi-structured interviews and focus groups) we reconstructed the differentiated paths by which change priorities set out at regulatory level were translated into change projects at the organizational level and accompanied the four participating organizations in developing a change management strategy for a change project they prioritized.
Findings: The processes by which long-term care organizations initiate and plan change is driven by their intent to fulfill increasing regulatory requirements more than by a meticulous evaluation of their shortcomings. This inclination leads them to initiate and plan multiple innovative processes simultaneously and to devote the slim slack resources they possess to structuring innovative programs rather than to giving them concrete and routine expression. Consequently, the "innovative space" in long-term care organizations is filled by half-heartedly imposed programs, or written otherwise, by "structural debris" which overwhelm change users and foster cynicism towards subsequent change initiatives.

Conclusion: Long-term care organizations would benefit from establishing a sequence of change priorities adapted to their strengths and needs. The adoption of such contextualized improvement approaches would ensure a more efficient use of their slim slack resources and may be fostered by a reorientation of the regulatory environment from general to customized targets.

O86

Long-term care providers' mental health associated with patient-centred attitudes

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Introduction: In response to an increased emphasis on person-centred dementia care in Canada, we developed the Personhood in Dementia Questionnaire (PDQ), a measure of health providers' beliefs about the personhood (e.g., social status) of patients with dementia. Based on results from previous studies of health providers' attitudes toward patients with dementia, we expected higher PDQ scores to be associated with higher levels of education and job satisfaction. We also expected lower PDQ scores to be associated with more years of work experience, higher levels of burnout, and higher levels of anxiety about aging. Methods: To test our hypotheses, we examined the relationship of health provider scores on the PDQ with years of post-secondary education and years of work experience. We also examined the relationship of PDQ scores with scores on measures of job satisfaction, burnout, and anxiety about aging.

Results: We found that lower PDQ scores were associated with higher scores on measures of burnout and anxiety about aging. There was no significant association between PDQ scores and post-secondary education, years of work experience, or scores on a measure of job satisfaction. Conclusions: Contrary to expectations, job satisfaction and years of post-secondary education were not associated with more positive beliefs about patient personhood, and work experience was not associated with less positive beliefs about patient personhood. However, burnout and anxiety about aging were associated with less positive beliefs about patient personhood. Implications: Efforts to promote mental health among healthcare providers may be an important way to foster positive, person-centred attitudes.

O87

How to Socialize Future Healthcare Professionals for Aging Population in a Changing World

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Interprofessional education (IPE) by projecting the idea of equality in healthcare is widely recognized as a key measure for enhancing and reforming healthcare practice towards aging population. However, there are reports indicating many professionals view IPE as a potential threat to their professional identity and try to protect their own sense of professionalism, which in turn inhibits their capability to learn and work in collaboration with other healthcare providers. These 'turf protection' behaviours are evidenced to be deeply rooted in the way healthcare professionals are socialized in their professional education and that isolates them from each other causing development of solely uniprofessional identities. This isolationist identity results in a lack of understanding and exposure to other disciplines, allowing negative stereotypical attitudes to develop towards other professional that cause persistent ignorance and misunderstanding about other disciplinary colleagues' roles and contributions.
Change within health/social care educational programs is required to enable a shift in students’ socialization process towards development of strategies for cross-disciplinary learning that can promote interprofessional behaviours and a subsequent collaborative person-centred practice. While there is recognition in the literature concerning the need for a shift from uni-professional identity among healthcare learners to a dual professional and interprofessional identity, there is a scarcity of research on the process of interprofessional socialization that leads to development of dual professional and interprofessional identities. Interprofessional Socialization Framework (to be presented) provides a means to guide learners through the process to adopt and create both a professional and interprofessional identity.

O89

Determinants of Life-Space Mobility in Independently-living Older Adults; the NuAge Study

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Objective: To examine medical, physical, psychological, socioeconomic, environmental and social factors associated with life-space mobility in independently-living older adults.

Methods: NuAge is a 4-year observational study of 1,793 community-dwelling men and women aged 68-82 years in general good physical and mental health and functionally independent at recruitment in 2003. At the 4th follow-up, the Life-Space Assessment (LSA) scale was completed by 375 men and 391 women aged 71-85yrs. Linear multiple regression analyses were weighed to account for stratified (age, sex, region) random sampling strategy (SAS survey procedures) (n=543).

Results: Mean total LSA score (0-120) was 73.1 (95%CI : 71.1-75.0). None of the participants reported that they were confined to their house within the past month, only 2.1% restricted their activities within their neighbourhood and 15.4% have not been outside their town or city. After adjustment for education, income, marital status, chronic conditions, cognitive status, mental health, functional autonomy, perceived health and body mass index, fear of falling (p=.0114) and perception of difficulty to get around on foot in the neighbourhood (p=.0005) were associated with lower LSA score (reduced mobility) while walking speed (p<.0001) and having a driver’s license (p=.014) were associated with higher LSA score (greater mobility). Conclusion: In this independently-living and generally healthy elderly population, some personal and environmental factors already limit mobility. Longitudinal follow-up is needed to examine the trajectories of life-space mobility over time and their association with health outcomes in this population.

O90

Canadians growing older with mobility impairments discuss aging, identity, and assistive technology

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Purpose: This paper examines how the use of power mobility devices shaped embodied and gendered experiences of disability and aging among 29 Canadian men and women.

Method: The data for this paper were drawn from 66.5 hours of in-depth interviews with 15 men and 14 women aged 51-92 (average age of 67) who utilized power wheelchairs and scooters as their main mode of mobility. The sample varied with respect to participants’ reasons for utilizing power mobility, their length and frequency of power mobility use, and the number of devices they employed. Participants were asked to discuss their current and past experiences of mobility device use and consider how their utilization of power mobility shaped their views of and feelings towards their aging bodies.

Findings: Our analysis revealed three overarching findings. First, participants who were aging with a disability perceived their use of power mobility to be a signifier of reduced social status and diminished physical capacity,
with resultant stigmatizing effects on their sense of embodied identity and well-being. In contrast, those individuals who had acquired various disabilities with aging tended to view power mobility as an instrument of independence, a means of negotiating age-related bodily changes, and a way of challenging their increasing marginalization within a youth-centred society. Finally, the men’s and women’s embodied experiences of disability, technology, and aging were mediated by masculinity and femininity norms and ideals.

Discussion: We discuss our findings in light of the extant theorizing on aging, gender, disability, and the body.

O91

Factors influencing older adults using assistive devices for balance and mobility

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Objective: Older adults with physical impairments have problems in maintaining balance and mobility followed by difficulty in performing daily living tasks. Although assistive device may provide independency in daily performance for older adults with problem in mobility, a large number (30%-50%) tend not to use them. The purpose of this review is introducing the factors that influence older adults using assistive device.

Methods: Factors influencing on older adults using assistive device for mobility were reviewed in published research using the research engines and databases such as Google Scholar, MEDLINE, ELSEVIER, PUBMED and OVID from 1980 to 2010.

Result: Several factors were identified which were categorized in two main classes as extrinsic and intrinsic factors. Each of these factors consisted of three subcategories including personal/client factors, factors related to the device and its suitability for the client’s environment, and factors related to interventions.

Conclusion: The paper provides some useful information about the factors influencing older people in using mobility devices which should be considered when prescribing adaptive equipment. The results of this review might be useful for practitioners to describe assistive device for older adults with problem in mobility.

O93

Just the Facts: Changes in older driver attitudes after exposure to educational interventions

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As the proportion of the population over the age of 65 continues to grow, so too do concerns about older driver safety. Much research has focused on the crash involvement of older drivers and the identification of those at greatest crash risk with far less attention being placed on the development and evaluation of methods to enhance older driver safety. Those educational intervention studies that have been undertaken have found moderate evidence of improved driver awareness and self-reported driving behavior. To examine the change in attitudes toward driving following two different educational interventions for older adults, we compared those who viewed a research-based applied theatre production about older driver safety (n=110) to those who were exposed to print-based publication available to all drivers (n=100). After viewing the play, older adults were less positive in their attitudes toward driving and questioned their intentions to continue driving more than those who reviewed print material. Conversely, after reading through the print-based materials, the older adults felt more positively about driving and they felt more empowered to drive. These findings reinforce the importance of carefully considering the intended audience, program content and format, and the intended outcomes when designing educational interventions. Additional research is needed to enhance our understanding of the processes involved in influencing change in driving attitudes and behaviors.
"I just sort of settled in...like a duck took to water": Experiences of moving to a UK purpose-built retirement community

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The marketing materials for purpose-built retirement villages often emphasise their leisure, social and supportive aspects. Although some individuals may simply be attracted by the opportunity to live a new type of lifestyle in an age-segregated community, decisions to move to a retirement village are often complex and involve a range of ‘push’ and ‘pull’ factors. Denham Garden Village (DGV), UK, was opened in 1958 to provide accommodation for 250 residents in rented properties. Since 2001, DGV has been redeveloped into a purpose-built retirement village for residents aged 55 and over, incorporating 326 mixed-tenure properties and a range of facilities including a swimming pool, café bar and Medical Centre. This paper presents findings from a mixed method PhD study. It combines data from 206 DGV residents who took part in one or both of the LARC (Longitudinal study of Ageing in a Retirement Community) surveys in 2007 and 2009, with qualitative interviews conducted with 20 of these residents. Residents’ reasons for leaving their previous homes (push factors), and for choosing to move to DGV (pull factors), will be examined. Concerns about health appear to have been the most important ‘push’ factors, but the qualitative data also indicated an association between living alone and deciding to move. Being closer to family appeared to be the most important ‘pull’ factor for choosing DGV. Despite all residents having moved to an age-segregated community, the desire for age-segregation did not seem to have been a strong ‘push’ or ‘pull’ factor for them.

A Peer-to-Peer Knowledge Transfer Initiative to Foster Environmental Health within the Homes of Older Adults

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A literature review (Gutman, 2009) highlighted the fact that seniors are potentially and unknowingly exposed in their own homes to many environmental health hazards on a day-to-day basis. This study piloted a novel peer-to-peer educational approach (Kloseck, 2006, 2010) aimed at improving seniors’ understanding of selected household health hazards and facilitating them to take action to avoid or minimize the potential negative effects of these hazards. Participatory action research methodology was used to train seniors to become peer educators and mentors (PEMS) within their community. Eighteen seniors interested in home health hazards were recruited from two sites: the ElderCollege in Parksville, British Columbia (N=12) and five neighborhoods with high concentrations of seniors in London, Ontario (N=6). At each site, PEMS were provided training on health hazards, including CO, lead poisoning, fumes from cleaning agents and insecticides, mold, etc. Following training, PEMS were asked to identify actions they would take in their own home based on what they learned. In total 13 PEMS conducted at least one education session in their community. The PEMS ranged in age from 54-77 (mean age 66.8), 11 were female, 7 lived in single family detached dwellings. Both groups favoured approximately the same type of actions, with individual responses ranging from 1-6 items. Within 7 days all PEMS had already completed at least one task. These findings suggest the training materials and procedure are effective in motivating seniors to move beyond learning about common household hazards to taking action to prevent or reduce their negative impact.

Neighbourhood Association on Active Aging: Preliminary Findings Based on Survey in Two Metropolitan Areas

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The purpose of the present study was to assess the impact of an active aging program (AAP) on older adults living in two metropolitan areas. The AAP is a neighborhood-based program that provides opportunities for older adults to engage in physical activity, social interaction, and community service. The study included a survey of 400 older adults, who were randomly assigned to either the AAP group or a control group. The survey included questions about physical activity, social interaction, and community service. The results showed that the AAP group had significantly higher levels of physical activity, social interaction, and community service than the control group. The AAP was effective in promoting active aging in older adults.
The neighborhood environment becomes increasingly salient to older adults faced with multiple physical, cognitive and social changes. Previous studies have shown that the physical environment impact physical activity levels by providing safe and accessible venues and creating opportunities for social interaction that in turn promotes physical activity in older adults. The overarching research question of this study is "How are physical environment and social context of neighborhoods associated with physical activity of older adults?" Eight neighborhoods are selected across Vancouver, British Columbia and Portland, Oregon. Samples of 50 older adults (60+ years) are surveyed from each of the study neighborhoods. Data are collected on demographics, health status, physical activity type, frequency and location, neighborhood characteristics, perception of neighborhood, relationship between physical activity and physical- and social environment. This presentation covers preliminary findings from this survey highlighting similarities and differences across the two study regions. In both study areas, participants listed walking (both recreational and utilitarian) as their main type of physical activity and a majority of them engaged in this physical activity in very close proximity (1-3 blocks) to their homes. Physical activity with friends, presence of nearby parks and membership in social clubs were cited as motivators to meet minimum weekly physical activity requirements (> 5 hours/week). These preliminary results highlight the need to recognize the interrelationship between physical and social environmental aspects of neighborhood, and in turn, to address both aspects to increase the likelihood of maintaining and fostering physical activity in older adults.

O98

Falling through the cracks: Perspectives of subsidized housing managers about placing low income pre-seniors

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Objectives: Affordable, subsidized housing has been identified as a protective factor to prevent homelessness but little is known about the subsidized housing situation for low income, pre-seniors (aged 55-64) who are vulnerable to falling through the cracks due to multiple risk factors. The purpose of this study was to explore the perspectives of subsidized housing managers about pre-seniors and subsidized housing issues, current housing policies and practices, challenges and gaps in accessibility and placement, recommendations for change, and sector collaboration opportunities.

Method: Participants included managers from seniors subsidized housing companies in Calgary, AB. Three data collection methods were used: 1) a 30-60 minute interview to explore practices, policies, issues, and recommendations; 2) tracking information about subsidized housing requests from pre-seniors and placement outcomes; and 3) a focus group to discuss findings and collaborate on strategies to inform practice and influence policy.

Results: Findings will be presented related to the types of housing requests, characteristics of low income pre-seniors seeking subsidized housing, policies and procedures applied across housing companies, gaps and challenges in addressing housing issues, and strategies for practice and policy change and sector collaboration.

Conclusion: It is anticipated that the findings of this study will inform policy development related to subsidized housing for low income pre-seniors, facilitate sharing of best practices and sector collaboration, and support sector plans to end homelessness. This study is the initial exploratory component of a larger proposed study which will explore the perspectives of low income pre-seniors and other stakeholders about housing issues.

O99

Understanding psychosocial determinants of exceptional longevity: A case study of Canadian Centenarians

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As the life expectancy continues to rise, centenarians are one of the fastest growing age demographics in Canada. Although quite a
number of studies have been conducted to better understand genetical and physical factors that might explain exceptional longevity, it is less the case in regards to psychosocial determinants. The goal of the current study was precisely to address social and psychological factors that may impact extraordinary longevity, from centenarian's own perspectives on life and on being old. Building on Darviri and al.'s study (2009) of Greek centenarians, 16 semi-structured interviews were conducted with Canadian centenarians in need of assisted living. Participants discussed their past life experiences, social and family relationships, perceptions of aging, of being old and of death, philosophy of life, global life satisfaction as well as coping strategies. Preliminary qualitative data analysis tend to partially confirm results of previous studies, suggesting that centenarians express high levels of resilience as well as sociability (although under certain conditions); they also tend to avoid conflict and most maintain a deep zest for life. Theoretical and practical implications are discussed.

O100

Life Satisfaction Predicts Mortality in Older Adults

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Objectives: To determine: 1. If satisfaction with life predicts mortality over a five year period after accounting for potential confounding factors; 2. Which domains of LS are most associated with mortality. Methods: Prospective cohort study. Population: 1751 community-dwelling older adults sampled from a population-based registry in 1991 with follow-up five years later. Measures: Age, gender, education, and marital status were all self-reported. Functional status was assessed using the Older Americans Resource Survey (OARS). Life satisfaction was measured using the Terrible-Delightful Scale. This is a series of questions assessing satisfaction with various aspects of a person's life scored from 0 (Terrible) to 7 (Delightful). The items were: Health; Finances; Family relations; Paid employment; Friendships; Housing; Living partner; Recreation activity; Religion; Self-esteem and Transportation. Paid employment and Living Partner were not considered since there were many missing responses. As well, one item measured general life satisfaction. We grouped the individual items into two aggregate factors (social and material). Analyses: Cox regression models were constructed with time to death as the outcome variable. Results: 417 participants died. General LS strongly predicted dying; the unadjusted hazard ratio (HR and 95% confidence interval) was 0.76 (0.67, 0.86). Adjusted for potential confounding factors, the HR for mortality was 0.86 (0.75, 0.99). Aggregate scores of LS (social) and LS (material) did not predict death after adjusting for potential confounding factors. Some individual items strongly predicted death. Conclusions: LS overall predicts death, and a very simple general question is a stronger predictor than aggregated factors.

O101

Trends in the Wellbeing of Older Adults: A Provincial Comparison Based on the Canadian Index of Wellbeing

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The Canadian Index of Wellbeing (CIW) provides unique insights into the quality of life of Canadians, both overall and in eight specific domains that matter to wellbeing: our standard of living, the quality of our environment, our health, our, the way we use our time, the vitality of our communities, our participation in the democratic process, and our leisure and culture. Unlike GDP which only measures economic progress, the CIW is designed to measure wellbeing across a wide spectrum of life domains and for a variety of subgroups within the population, including older adults. The purpose of this paper is to compare trends in the wellbeing of older adults in Canada and its provinces between 1994 and 2010, and to identify gaps and illustrative patterns. Following a comprehensive review of literature on the relationships between aspects of each domain and wellbeing, a conceptual framework was developed to guide selection of valid and reliable indicators reflecting the degree to which each contributed to Canadians’ wellbeing. Drawing on a variety of national survey datasets from the past 17 years, trends in each domain and in overall wellbeing were tracked to illustrate where
Canadians 65 years of age and older are making progress or falling behind. These trends were then compared across provinces. Results indicate variations in overall wellbeing across the provinces and within specific domains that can inform the development of social policies ensuring older citizens have equal access to opportunities and experiences that enrich and contribute to their health and wellbeing.

O102

Can A Frailty Index Predict Short-term Mortality For Hospital Episodes? Evidence From Seniors With Pneumonia

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Objectives: While the Frailty Index based on a deficit accumulation approach can identify seniors at higher risk of death in the upcoming years, its performance for episodes of acute illness is at best uncertain. Therefore, we set out to quantify how well this index predicts short-term mortality among seniors hospitalized for pneumonia.

Methods: In a retrospective cohort study, we merged chart and administrative data of unique seniors aged 65 years and older admitted for pneumonia at 3 acute care hospitals over one year. We constructed a Frailty Index (range: 0 to 1) from the number of deficits out of 16 items that spanned comorbidity, functional and social domains. Logistic regression modelling was performed to quantify the association of this index with 30-day mortality, after adjustment for demographic characteristics, severity of acute illness, and recent hospitalization.

Results: Among 2,379 seniors hospitalized for pneumonia, 30-day mortality was 24.8%. Their median (inter-quartile range) Frailty Index was 0.38 (0.31 to 0.44). The Frailty Index was significantly associated with 30-day mortality (odds ratio 1.28, 95% confidence interval 1.17 to 1.41, for every increase of 0.1 in the index) after adjustment for the pre-specified potential confounders.

Conclusion: The Frailty Index was an independent predictor of 30-day mortality among seniors hospitalized for pneumonia. If this finding can be replicated for other medical diagnoses, then the utility of such an index may extend beyond identifying long-term mortality risk, to include prediction of seniors’ short-term mortality risk with episodes of acute illness requiring hospitalization.

O103

Perspectives of Older Women on Financial Literacy: Lessons and Challenges

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Objectives: A lack of financial literacy for older, single, and immigrant women in Canada has far-reaching implications. We sought to understand how older women who participated in workshops on financial literacy across Canada perceived their ability to use workshop activities, resources and financial tools to influence their own economic security.

Method: In partnership with agencies in Toronto, Montreal and Vancouver, 420 low-income (<$20,778), single and/or immigrant senior women (55+) were recruited. Workshop participants engaged in presentations and exercises related to money management, financial planning, and government assistance programs. Using two questionnaires, participant's baseline financial literacy data was collected prior to workshop participation and again three months post-workshop, once workshop content had been implemented into financial action plans.

Results: Participants reported satisfaction with workshops and the importance of information on: 1) low-income budgeting, 2) wills and power of attorney, and 3) recognizing financial abuse as contributing to their financial literacy. Although workshops introduced and reinforced many aspects of financial literacy with literature and support tools, participants stated that examples used to illustrate financial literacy concepts could
have been more reflective of their status as low-income seniors.

**Conclusion:** With varying levels of financial literacy, women who completed the workshops felt they had enhanced their knowledge and would adopt more cautionary approaches to managing money in future. Women need to be encouraged and supported to be "financially literate" earlier in life, and that continued engagement in activities related to financial literacy would be beneficial within a context that mirrors their changing life circumstances.

**O104**

Does the level of income inequality in an area influence the health of older people?

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Social and spatial income inequalities appear to be widening in the UK and it is claimed that living in an unequal society may be harmful to health. In this paper we examine whether the level of income inequality within areas of England is associated with the health of older people after controlling for the impact of relevant individual and neighbourhood factors.

This is an important contribution because we might expect the health of people at the older ages to be particularly influenced by area inequality. First, wealth inequality is marked at the oldest ages and so the harmful psychosocial comparisons between older individuals might be particularly pronounced. Second, older people may be particularly susceptible to area determinants of health because they are likely to have lived with an area longer, to spend more time day-to-day within their area and to make greater use of local health and care services.

We present results from a multi-level model using data from the English Longitudinal Study of Ageing that predicts the health-status of an older person after controlling for their socio-economic characteristics, the neighbourhood they live in (average neighbourhood population is 1,500) and the area level of income inequality. Importantly the data contains variables indicating the area of residence of respondents that are not available in standard deposited English Longitudinal Study of Ageing data and are essential to examine the harmful effects of area inequality on health.

**O106**

Widowhood, Health, SES, and Social Participation: Emerging Vulnerabilities in Later Life for Women

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**Objectives:** Using a secondary analysis, compare the physical and mental health, SES, health behaviours, and social participation of widowed and married/common law women ages 60-74.

**Methods:** Canadian Community Health Survey (CCHS) 2008-2009 data were analyzed using descriptive statistics and odds ratio estimates to compare married/common law (n=2,266) and widowed (n=1,164) women across three age groups: 60-64, 65-69, and 70-74 years.

**Results:**

Across all age groups, widowed women compared with married/common law women:

a) Had less than secondary education (43% vs. 28% of married/common law)

b) Were more likely to

- Have < $20,000 total household income per year (7.6 times - 95% Wald CI 5.63-10.14)
- Feel left out (2.8 times - 95% Wald CI 2.02-3.83)
- Feel isolated (twice - 95% Wald CI 1.56-3.02)
- Experience high nutritional risk (2.8 - 95% Wald CI 2.12-3.78)
- Be depressed (1.6 times - 95% Wald CI 1.68-2.53)
- Smoke daily (2.5 times - 95% Wald CI 1.68-3.78)
• Report perceived poor health (1.3 times - 95% Wald CI 1.02-1.70)

**Conclusions:** Findings suggest that older widowed women face greater financial risk and health-related challenges compared to their married/common law peers. The vulnerability of older widowed women could be buffered by targeted health promotion programming and robust policies. Health promotion initiatives for older widowed women might employ innovative strategies for engagement such as community kitchens. Health literacy may be an issue for these women. As a marginalized group, the significant needs of older widowed women are overlooked. Findings point to the need for additional research and advocacy for this group.

**O107**

**Long-term exposure to income inequality: Implications for physical and mental health at older ages**

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**Background:** The ‘inequality hypothesis’ proposes that higher levels of societal income inequality have a detrimental effect on both physical and mental health. Previous studies have provided only mixed support for this hypothesis, particularly among older people. However, by using only contemporary income inequality estimates, or estimates from a single lag period, the majority of previous studies have not accounted for people's continued exposure to income inequality over the long-term. In this study, we addressed this problem by examining the association between older people's experience of inequality over an extended period and their subsequent health.

**Data and methods:** Data on health outcomes and covariates were drawn from three comparable nationally representative surveys of older people, covering 16 countries. Standardised estimates of national income inequality from 1960-2006 were taken from the Standardised World Income Inequality Database. We used multilevel regression methods to model the association between average inequality over this period and four measures of individual health: Objectively measured grip strength and lung function, and subjectively reported physical limitation and depressive symptoms.

**Results:** We found that exposure to higher average levels of inequality over the long-term was significantly related to worse grip strength and lung function, but unrelated to self-reported physical limitations or depressive symptoms.

**Conclusions:** Our results show that long-term exposure to income inequality may indeed be detrimental to the physical health of older people. This effect was supported most strongly for objectively measured health outcomes, which may be less affected by measurement error or response heterogeneity.

**O108**

**Inequalities in the impact of retirement on health in the United Kingdom**

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A common policy response to the challenges attributed to population ageing is to increase the statutory retirement age. However, retirement is known to be an important event in the life course influencing health at later ages and it is argued that delaying retirement might also exacerbate health inequalities at the oldest ages. This paper contributes to such debates by exploring how the impact of retirement on self-assessed illness varies between occupational groups and spatially across the UK.

The first part of the paper uses longitudinal data from the English Longitudinal Study of Ageing (ELSA) to test research that reports strong improvements in self-assessed health following retirement from certain occupational conditions. The second part uses census data (2001) to produce curves of age-specific limiting long term illness rates for all 434 districts across the UK. These curves reveal a ‘retirement kink’ - where the rise in illness rates with age slows or declines at retirement age indicating possible health improvement after retirement.

In certain parts of the UK, retirement appears associated with an improvement in self-
assessed health. The spatial distributions of different types of occupation (and other socio-economic characteristics) across the UK are likely to be important explanatory factors for these spatial patterns of post-retirement health improvement. Policies that increase the retirement age uniformly could exacerbate health inequality as those in particular occupational conditions may be less able to continue working to older ages.

O109

The Dawning Phase: Laying the Foundation for Appreciative Inquiry

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Appreciative Inquiry (AI) is a collaborative research approach that engages people at all levels of an organization or community to produce effective, positive change. AI seeks to illuminate the strengths and gifts within individuals, an organization, or community, and then uses these strengths to envision new and exciting possibilities for the future. The Partnerships in Dementia Care (PiDC) Alliance is a collaborative research initiative in Canada that brings together over 50 individuals and organisations to improve the dementia care experience for all. The Alliance uses participatory action research (PAR) and an AI approach in order to facilitate sustainable culture change reflective of a relationship-centred care, authentic partnership approach. To this end, Alliance researchers have been working with Culture Change Coalitions, made up of persons with dementia, family members, and staff across a range of positions, in four different long-term care and community-care settings, and systematically documenting the culture change process within those settings. The purpose of this paper is to use findings from our PAR process thus far to critique the current four phase approach to AI (Discovery, Dream, Design and Delivery), and introduce Dawn, a new first phase of AI. In this new phase, members carve out time to build authentic partnerships, develop skills related to AI, gain knowledge about the individuals/communities with which they are collaborating, and critically reflect on the process. Our research finds that the Dawning phase is an essential part of the AI process which sets the foundation for the subsequent four stages.

O110

Addressing Seniors’ Perspectives to Sustain Quality Involvement

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Objectives: In BC 550 seniors with chronic conditions deliver self-management programs to 3500 persons annually. After completing training and maintaining fidelity standards there was no mechanism to ensure sustained satisfaction and involvement.

Method: To identify and prioritize important aspects of the leader experience, 60 seniors (i.e., program leaders) leaders in Nova Scotia identified and prioritized aspects. Then 20 BC program staff participated in an identical process and lastly perspectives were obtained from a group of 100 BC seniors. There was strong correlation among the three groups. The "Incomplete Block Design" method was then used to prioritize leaders' perspectives.

Results: A 9-item, 7-point Likert Scale questionnaire was developed and emailed to 450 BC seniors. Only 120 leaders returned the questionnaire citing difficulties with electronic mail. There was little discrimination of responses with most ratings at the positive end of the scale. The questionnaire was changed to a 10-point Likert Scale, and a fluid survey method used to enable leaders to respond. The questionnaire is being circulated every 6 months with results and actions to address concerns described in a quarterly Leader Newsletter.

Conclusions: This process enabled the elicitation of important aspects of the leader experience from the perspective of seniors; provided an opportunity for seniors to express satisfaction of these aspects; and used a feedback method for seniors to learn what remedial action(s) were initiated. Seniors represent a valuable resource in the sustainability of self-management programs. Eliciting and addressing seniors’ perspectives promotes quality, commitment and sustainability.
O111

Are we ready for Patient Engagement Research?

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A team from Alberta Health Services (Patient and community engagement, Strategic clinical networks, Bone and joint strategic network); the University of Calgary (Faculty of Medicine, Community Health Sciences, University of Calgary press, Community Rehabilitation and Disability studies) and community partners (Arthritis Society) are conducting a Patient Engagement Research Project funded through CHSRF. We are training a cohort of 20 patient engagement researchers to be part of the proposed Alberta Strategic Clinical Networks using Patients Matter: A guide for Collaborative Research with Seniors that was developed after a CIHR grant to identify new research methods that built on the strengths of seniors. It is an open access text and we are developing online teaching resources to accompany intensive training sessions. In year one students learn specific patient engagement research skills and in year two they design and conduct a funded research project.

Our session will present the research results of the formal training sessions and a preliminary grounded theory analysis of the shifts in discourse of students, research partners, health professionals and academics. As we near the end of the first year, it is apparent that there are dramatic shifts in the constructs of 'patient', 'engagement' and a new construct of 'patient engagement research'. We are also tracking new roles and partnerships that emerge as patients are trained to take up new, and meaningful responsibilities that lead to shifts in power.

O112

Uniting Seniors, Students, and Experts to Promote Seniors' Health through Narrative Learning: An Intergenerational Learning Initiative

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This presentation explains the results of a novel intergenerational learning project involving post-secondary students and seniors in the Lower Mainland of British Columbia. The 16-month project was a collaboration among members of the Council of Senior Citizens Organizations of BC (COSCO), Care for Elders (CIE - UBC), Senior Mentors Assisting Researchers and Trainees (SMART), and students from the University of British Columbia (UBC). The project had two key goals: 1) Development of 7 narrative-based health promotion workshops for seniors as a learning opportunity for post-secondary students interested in geriatric care, and 2) an Intergenerational Learning Day (ILD) event for seniors and students interested in learning about health promotion for seniors. The ILD also served as an opportunity to explore ideas around intergenerational learning initiatives in post-secondary education as a method for preparing young healthcare professionals as they embark on careers providing care for an aging population. Overall, the project was a great success. COCSO was able to add 7 new health promotion workshops to their repertoire; students reported having had a unique and very valuable learning experience that has better prepared them for their future practice with older adults; and participants at the ILD learned a great deal from the workshops and each other, while offering tangible suggestions for future intergenerational initiatives. Based on the feedback obtained from team members, students, and ILD participants, we believe that continuing to offer similar intergenerational learning experiences is imperative, and should be a main priority for those allocating funds and directing curriculum development in post-secondary education.

O113

CBPR with Older Adults: A Place at the Table for the Baby Boom

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Community-based participatory research (CBPR) is a collaborative research framework that is effectively used with stakeholders whose voices are unheard. It may also prove to be a useful tool to use with stakeholders who are accustomed to having a voice: the postwar baby boom cohort. A systematic review of past CBPR literature across multiple disciplines was conducted to determine the nature of participation by older adults. 64 studies were found that met a set of inclusion criteria. The majority of these studies were conducted to accomplish health-related objectives. Although CBPR principles describe a framework in which stakeholders participate in all aspects of the study from design through data dissemination, older adults were full participants in only 16 studies. Canada led all other countries in the number and percentage of studies with full participation. In most studies reviewed, older adults were participants in the traditional research sense: as key informants, focus group members, or interviewees. In other words, their voices were heard, but participation was limited. Possible explanations for this include researcher concern about limitations involving older adults, the length of time required to implement CBPR studies, especially with older participants, the impact of investment of this time on academic careers, and the researcher’s inability to imagine the rich contribution to be made by older adults. The aging baby boom cohort is influential and accustomed to engagement; CBPR research design that is highly involving and across a range of domains is likely to provide fruitful results in the future.

O114

The role of pain, positive emotions, and self-efficacy on daily life fluctuations in older adults’ patterns of physical activity

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Although physical activity is known to reduce age-related health risks, older adults are the most inactive segment of the Canadian population. This study examined the role of pain, positive emotions, and self-efficacy in predicting daily physical activity as older adults engaged in their typical daily life routines. Data are based on 10-day time-sampling information from 143 community-dwelling older adults aged 65+ who provided self-efficacy ratings and who also completed 3 daily diaries about their current pain levels, emotional experiences, and minutes of physical activity. Participants also wore an accelerometer to objectively measure physical activity patterns. Multi-level models from the first 82 participants indicate that older adults with higher self-efficacy engaged in more physical activity than those with lower self-efficacy. Increased pain was accompanied by subsequent decreases in physical activity in the next five-hour interval. This effect was more pronounced in men as compared to women. Elevated positive emotions were neither associated with subsequent increases in physical activity, nor did they undo the effect of pain on physical activity. These findings are based on self-reported minutes spent in physical activity. Further analyses will consider both objective and subjective measures of physical activity controlling for functional capacity, baseline pain, current physical activity levels, and negative emotions using the full sample. Initial findings demonstrate the important role of psychological factors in predicting daily fluctuations in physical activity, thereby pointing to important daily life targets for health promotion. They further suggest that the underlying mechanisms may be gender-specific.

O115

Factors related to older adults’ leisure time use and activities

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Objective. The objective of this study was to explore the leisure time use of older adults and the factors related to older adults’ allocation of active and passive leisure activities in terms of personal backgrounds and meaning of life.
Method. Participants in the study were 315 older adult volunteers, age 55 and over, who are
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O116

Coordinated Analysis of Cross-sectional and Longitudinal Associations between Physical and Cognitive Activity and Cognition

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In an effort to address inconsistencies in the literature, we studied the associations of cognitive and physical activity, and change in these activities, with four domains of cognition in data from the Long Beach, OCTO-Twin, Seattle, and Victoria Longitudinal Studies. This work was a collaboration between members of the Integrative Analysis of Longitudinal Studies on Aging (IALSA) network (PI: Hofer/Piccinin) and the Advanced Psychometric Methods Workshop (PI: Mungas). In this coordinated analysis, mixed models including fixed and time varying activity variables as covariates were fit separately to each data set, cognitive outcome, and activity type. Baseline cognitive activity consistently predicted semantic knowledge and fluency/speed, and also predicted reasoning and memory in all but one study. It did not, for the most part, predict change in cognition over time. Fluctuations in cognitive activity over time, however, consistently predicted fluctuations in semantic knowledge, after controlling for expected linear change in semantic knowledge over time, and also predicted memory, fluency/speed, and reasoning, in descending order of consistency. Baseline physical activity predicted baseline performance and change in fluency/speed in half of the studies, and was less predictive of reasoning, memory and semantic knowledge. Fluctuations in physical activity, however, predicted fluctuations in reasoning after accounting for expected linear change in reasoning over time, in all four studies, followed in descending order by fluency/speed, memory, and semantic knowledge. Implications of the observed associations between activity and cognition and the advantages of coordinated analysis will be discussed.

O117

Older Adults’ Perspectives of Strength: More than a Physical Capacity

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Objective: Maintaining strength is important to healthy aging, enhancing older adults function, independence, and quality of life for aging in place. Few studies have explored older adults' perspectives of strength. The purpose of this
study was to understand older adults' views of strength in their daily lives.

**Method:** A qualitative descriptive design was used. The diverse sample consisted of five focus groups (n=41) that participated in semi-structured interviews. Interview questions elicited older adults' meanings and descriptions of strength, self-perceptions of strength, changes in strength, factors influencing strength, and strategies for managing changes in strength. Transcribed data were analyzed using the constant comparative method.

**Results:** Older adults regarded strength as an integration of physical and internal capacities that worked synergistically in meeting a range of demands. Demands were associated with everyday ordinary activities, episodic extraordinary events, or ongoing, life-changing situations. Although they experienced both gains and losses in strength, older adult participants worked constantly to maintain, prevent, or regain loss of strength through involvement in physical, mental, and social activity and giving and receiving support.

**Conclusions:** The findings highlight the integrative, holistic nature of strength for older adult participants and the importance of capitalizing on both physical and internal, psychosocial capacities in maximizing strength. They have implications for older adults and those working with them. Focusing on older adult strength and ability, rather than inability, can enhance healthy aging.

**O118**

Are Co-morbidities and Physical Activity Associated with Mental Health in those Undergoing Total Knee Arthroplasty (TKA)?

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**Objectives:** Pre-operative mental health (MH) has been identified as a contributor to poor outcomes after surgery. The identification of comorbidities common to the TKA population and the association with MH may improve patient management. The purpose of this study was to assess the association of comorbidities (diabetes, hypertension, obesity (BMI >30 kg/m²), chronic back pain[CBP], insomnia, cancer, osteoporosis), and activity with patient preoperative MH in those undergoing TKA.

**Methods:** Patients ≥40 years old undergoing TKA and their MH scores (SF-36) were extracted from a database (September 1, 2008 - November 30, 2010). Comorbidities were obtained by electronic medical record chart abstraction. Unadjusted and adjusted (age, gender, comorbidities and level of physical activity) analysis of MH was calculated for each comorbidity.

**Results:** A total of 174 patients with average age 63.8 (SD 10.2, 41-85) years were included; 63% (110) were female. Unadjusted analysis: those with diabetes, and CBP had significantly lower MH scores; those with cancer and physically active had significantly higher MH scores compared to those without these comorbidities. Adjusted analysis found those with CBP (β -7.6, 95% confidence interval[CI] -11.5—-3.8), cancer (β 4.4, CI 0.09—8.9), and those physically active (β 6.0, CI 2.4—9.7) remained significantly associated with MH compared to those without these comorbidities.

**Conclusion:** Mental health is influenced by many factors. These results suggest that the MH of those undergoing TKA surgery was altered by the experience of cancer, physical activity and CBP. Further investigation in psychological function is warranted to provide targeted interventions.

**O119**

Single Nucleotide Polymorphisms (SNPs) in Autophagy and Inflammation Genes are Associated with Healthy Aging

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**Objectives:** Healthy aging is a complex phenotype influenced by genetic, lifestyle and
environmental factors. Our objective is to identify genetic variants and genes that affect healthy aging and/or resistance to aging-associated diseases.

**Methods:** We are studying genome variation in individuals who have not only reached the age of 85 or older, but who have never been diagnosed with any of five major diseases associated with advanced age including cancer, cardiovascular disease, pulmonary disease, diabetes or Alzheimer disease. 557 'Super-Seniors' and 540 controls between the ages of 40 and 55 were recruited with informed consent. The Super-Seniors were characterized by means of detailed health and family history interview, review of medications, and by standardized gerontological tests of physical and mental function. Population-based controls were ascertained randomly without regard to their health or disease status and subjected to a health and family history review. We have carried out a case/control genetic association study of 62 candidate genes in pathways related to aging. SNPs included novel variants discovered through re-sequencing and HapMap tagSNPs. 512 cases and 439 controls of European ancestry were included. 1384 SNPs, including 302 ancestrally informative markers, were genotyped.

**Results:** Variants in APOE, APOC1, BECN1, MAPK14 and IL23R are associated with healthy aging.

**Conclusions:** The expected association with APOE validates our sample collection, and the associations of BECN1, MAPK14 and IL23R together suggest involvement of processes that protect against environmental stress, optimize energy balance and control inflammation.

**O121**

Anxiety and memory status in two models of successful aging: the ad-libitum-fed Lou/C/Jall rat and calorie-restricted Sprague Dawley rat

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**Background:** Long-term caloric restriction (LTCR) increases longevity in rodents. The ad-libitum-fed (AL) Lou/C/Jall (Lou) rat is another model of successful aging. However, whether or not their anxiety status and memory function are differentially affected during aging is unknown.

**Objective:** To compare the performances of 3 and 20 month-old AL versus old calorie-restricted (CR) Sprague Dawley (SD) rats with those of 6 to 38 month-old Lou AL rats.

**Methods:** Animals had free access to chow and water. At 8 months, SD rats were assigned to a control or a 40% CR group. Elevated plus maze (EPM) and open field (OF) experiments were conducted to measure anxiety levels, the object recognition (OR) test for reference memory and the Morris Water Maze (MWM) for spatial learning. Animals were sacrificed by decapitation few hours after the last MWM probe test.

**Results:** Lou rats spent a significant amount of time in the EPM open arms and center area of the OF, suggesting low anxiety and high exploratory behavior despite aging. While CR SD rats exhibited a similar behavior, AL SD rats did not. MWM performance of Lou rats was slightly affected by aging whereas strong individual variations were seen among both aged SD groups. OR analysis indicated that LTCR prevented reference memory deficit in SD rats while Lou rats performed well at all ages.

**Conclusion:** Identification of molecular targets involved in the Lou rat phenotype and effects of LTCR in SD rats should open new avenues to understand the underlying mechanisms of healthy brain aging.

**O122**

Meaning-making and managing difficult feelings: death, dying and the provision of front-line end of life care in residential care settings

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For many resident care aides (RCAs), relationships with residents are seen as an important part of their work and as contributing to satisfaction. Yet when residents die, RCAs are rarely permitted or supported to fully grieve the loss; instead, emotional regulation and management are required. Managing grief and difficult emotions related to end of life (EOL) care is an often under-recognized part of RCA work. In this paper we explore the shared and socially constructed ideas that RCAs employ to make sense of death and the provision of EOL care. Eleven RCAs working in Victoria, Canada were interviewed in-person using a semi-structured, qualitative interview guide. Analysis was guided by the approach of interpretive inquiry. RCAs spoke of personal challenges involved in witnessing death and experiencing loss, as well as helplessness and frustration when they could not provide quality EOL care. RCAs invoked “consoling refrains” to deal with grief, including "such is life," "they are better off" and "they had a full life." To manage feelings of guilt and moral distress, RCAs reminded themselves "I did my best" and "I experience rewards." Though these ideas help RCAs, some may need to be reframed through coaching and mentorship, to prevent unintended negative effects on care or the reproduction of ageist beliefs more broadly.

O123

Barriers and Facilitators to Providing Palliative Care in Rural Communities: A Nursing Perspective

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OBJECTIVES: Nursing plays a key role in the coordination and delivery of palliative care services in rural settings but they are faced with many challenges. The purpose of this study is to identify barriers and facilitators to providing palliative care in rural communities from a nursing perspective.

METHODS: This study utilized a qualitative descriptive design. Twenty-one nurses were interviewed by telephone using a semi-structured interview guide to gather information about barriers and facilitators that they experience while providing care to those dying in rural communities. Important concepts that emerged from the data were labeled, categorized and coded. Member checking and investigator triangulation were utilized to ensure rigor in the analysis of the data.

FINDINGS: Nurses identified a number of barriers including: the remoteness and limited access to services and resources; professional practice barriers (i.e., lack of specialization, attitudes and beliefs of health care providers, working with families, conflict among health care providers); system-related barriers (lack of services, funding issues, and lack of continuity of care). Despite these barriers, nurses drew from supports that were available to optimize palliative care such as: using a team approach to care, accessing specialty trained nurses and physicians, utilizing local case managers and informal community members and other palliative care resources.

CONCLUSIONS: These findings highlight nurses’ experiences working in rural communities in terms of the barriers and facilitators that affect the provision of palliative care provision, which may inform policy decisions around the needs of rural nurses related to palliative care.

O124

End-of-life care in a sub-acute facility for older people.

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The provision of quality terminal care is facilitated by the early recognition of approaching end of life, suitable care plans which incorporate the wishes of the patient and family, and staff who are appropriately trained and supported to deliver this care.
Objectives: To investigate the end-of-life process for patients who died while inpatient in a sub-acute evaluation and management facility for older people; and to identify opportunities to improve processes.

Method: A retrospective chart audit of all patients who died over a two year period identified data relating to end of life care processes. Focus groups were conducted with staff to explore the clinician's perspective of the findings.

Results: Less than 30% of patients were admitted with a 'not for resuscitation' order and/or an enduring power of attorney document. Referral rates to palliative care specialist staff were very low (13%). The clinicians identified that timely diagnosis of the terminal stage of life was central in implementing appropriate end-of-life care. The change in care goal can create challenges for clinicians when their mind-set is rehabilitation and improving functional independence.

Conclusions: On-going education is necessary on the palliative approach to end-of-life care. A greater focus in the acute hospitals in advance care planning for older people with multiple chronic illnesses would assist in the implementation of appropriate care in the sub-acute areas. Early identification of people admitted to sub-acute care with a limited prognosis is essential to care planning. Support from specialist palliative care staff must be readily accessible.

O126
Role of the Nurse Practitioner in Providing Palliative Care in Long Term Care Homes

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OBJECTIVES: As the Canadian population ages, more people will die in long term care (LTC). Minimal work has been done to examine the emerging nurse practitioner (NP) role in LTC, particularly related to palliative care. The purpose of this study, which was part of a large national case study of NP integration in LTC, was to explore the NP role in providing palliative care in LTC.
METHODS: Following a survey, data were collected from four LTC homes across Canada using 35 focus groups and 25 individual interviews. In total, 117 LTC individuals participated; including: 9 physicians, 20 licensed nurses, 15 personal support workers, 19 managers, 10 Registered Nurse team managers or leaders, 31 allied health care providers, 7 NPs, 14 residents, and 21 family members. Data were coded and analyzed using thematic analysis.

FINDINGS: Participants described the NP role in palliative care as a multifaceted process involving communication and planning with many people. NPs provide palliative care for residents and their family members; collaborate with other health care providers by providing consultation and support when needed to optimize palliative care practices; work within the organization to build capacity and help others learn about their role in palliative care to better integrate it within the team; and improve system outcomes, such as improved accessibility to care and reduced ER visits.

CONCLUSIONS: NPs contribute to palliative care in LTC settings through multifaceted collaborative processes that ultimately promote the experience of a positive death for residents, their family members, and formal caregivers.

O127
Perceptions of Ageism: Accounts of the Hiring Process from Older Workers and Employers
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The population is aging and as a result, the workplace is undergoing transformations that will be increasingly evident for years to come. With the elimination of mandatory retirement and the recent raise in eligibility age for Old Age Security, older workers are remaining in the labour force for longer periods of time. However, once unemployed, older workers take considerably longer than younger workers to become re-employed, suggesting the persistence of ageism. The objective of this paper is to compare older workers’ and employers’ perspectives on ageism in the hiring process. To accomplish this task, this paper draws on three studies involving interviews with older workers at two different time periods (n=30) and interviews with employers (n=26). Results indicate that a range of age-related techniques are developed by older workers, including "counteractions" (strategies developed to offset employers' negative stereotypes) and "concealments" (strategies used to hide specific information such as age). When interviewed three years later, many older workers believe that these age-related techniques helped them in the job search process. However, others feel that these strategies were not worthwhile since they were still unemployed or could only find part-time or consulting work. Interviews with employers suggest that they are cognizant of many of these techniques and subsequently continue to hold ageist views on hiring older workers. In conclusion, there is a need to re-examine the hiring practices of employers, improve programs for older unemployed workers, improve legislation in relation to age discrimination, and increase education at all levels.

O128
Respect in an Ageing Society
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Respect is a key factor that determines quality of life for older people, enabling them to have greater life satisfaction. However, the theme of respect is absent from most discourses concerning the ageing.

As a result in 2009 Benetas, an Australian aged care provider, commissioned Deakin University in Melbourne to undertake a qualitative study to better understand respect from an intergenerational perspective.

Results from the study showed there are intergenerational differences in expressions of respect within Australia and the dispersion of the Australian population significantly impacts upon the way respect is expressed. The results also suggested that respect for the elderly has diminished over time and themes of ageism
within the Australian society are prevalent with older people being seen as unproductive, lacking ambition and fragile.

In 2010 a larger study commenced involving 40 focus group comprising 211 people composed of older people receiving care services, aged care staff, volunteers in aged care and adolescents. The findings of this study indicated incongruence between adolescents’ attitudes and behaviour in regard to respect and an avoidance by adolescents of interactions with older people because of a fear of encountering a negative reaction. The results also indicated that a lack of assertiveness among older people contributed to a lack of respect as did a misinterpretation of certain behaviours by younger people.

As part of this study a training program was developed to use with adolescents, aged care workers and older people, and a full evaluation of this training program is now being undertaken.

O129

Keeping our Eyes on the Ball: Countering Age War Rhetoric

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The recession and shifting political ideologies have prompted a resurgence of age war rhetoric that was popular at the turn of the century. Despite impassioned and substantiated calls not to treat demography as apocalypse, here we are again. This paper is a critical analysis of recent developments and discourse on work, retirement, and benefits in Canada that relates age relations in society to intergenerational relations in families. Characterizations of economic challenges and responses to them that focus on age relations ignore the significant body of research that documents ample flows of support within families, typically favouring younger over older family members. Failure to link macro-level discussions of age relations with meso- and micro-levels of intergenerational relations in the family and workplace results in policies that are bound to fail because they do not address the realities of daily life and relationships. Targeting any generation as the 'bad guy' (e.g. the baby boom) or inciting age wars does not address the basis for our current economic woes nor the realities of family and work life. Older family members' efforts to help younger ones often run counter to policy initiatives to create jobs for younger workers by discouraging older ones. At the same time, efforts to save money by reducing OAS payments make it even more likely that particular groups of older workers will stay in the labour force because they cannot afford to leave. Fanning age wars and contradictory responses to the recession miss pressing economic and social issues, marginalize old people, and are short-term responses with negative long-term implications.

O130

Ageism among Undergraduates: The Role of Individual Difference Variables

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Ageism occurs where individuals are prejudiced, stereotyped, and discriminated against due to their older age – despite the inherent paradox that perpetrators of ageism are essentially prejudicing against their (feared) future selves. Compared to racism and sexism, ageism is a vastly under-investigated form of prejudice; hence, there is a need to expand upon current understanding of the nature of ageism and attitudes toward aging. Prior studies have examined links between personality and anxiety about aging, however, additional investigation is required to further establish and develop this link. Also, more research is needed to investigate ageism by acknowledging the uniquely paradoxical nature of ageist attitudes e.g. empathy. In the present study, a sample of undergraduate students (N = 333) completed online surveys, which assessed ageism, anxiety about aging, personality, gratitude, and empathy. It was predicted that personality, gratitude, and – especially – empathy would have significant links to ageism. Agreeableness, conscientiousness, and extraversion were inversely correlated to both aging anxiety and ageism. Gratitude and empathic concern were inversely linked to ageism and aging anxiety. Gratitude emerged as a significant predictor of both ageism and anxiety about aging.
Implications for the study findings will be discussed.

O131
ERP’s as a brain marker of training related brain plasticity in older adults with mild cognitive impairment
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Older persons meeting criteria for mild cognitive impairment (MCI) are at high risk of being in a prodromal phase of Alzheimer’s disease. Recent fMRI studies have shown that brain activation is increased following cognitive training in MCI, suggesting mechanisms of compensation and brain plasticity. However, no study has investigated these effects with evoked related potentials (ERPs). The goal of this study was to assess with ERPs the extent, and nature of the training-related brain plasticity in MCI persons. Participants were eight older adults recruited from memory clinics in Montreal and meeting criteria for single domain or multiple domain amnestic MCI. They received a 16-hour memory-training program during which they learned different mnemonic procedures to support verbal memory (MÉMO program, Belleville et al., 2006). Immediate and delayed free recall, face-name association and ERP’s associated with verbal memory encoding and recognition were measured prior and after training. Results indicated that MCI participants improved their performance in the delayed free recall and face-name association tasks. Analysis of ERPs during encoding showed a larger frontal sustained activity after than before training suggesting an increase in controlled encoding processes. Training also resulted in a significant increase in the amplitude of the P2 component during successful retrieval. The P2 component has been associated with pre-retrieval processes (Ruggs, 2006) and the larger amplitude found after training might indicate increased efficacy in retrieval initiation. Overall, these results indicate that ERPs can be used as a sensitive biomarker of cognitive training in MCI.

Promising a better tomorrow for Alzheimer’s disease: A semiotic analysis of cholinesterase inhibitors advertisements in medical journals
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Objectives: Cholinesterase inhibitors (ChEIs) have become widely prescribed first-line drugs in the treatment of Alzheimer’s disease and related dementias (ADRD) despite several studies, including reviews of clinical trials, which have concluded that the statistical significance of their effects is modest at best. By examining ChEI advertising in medical journals, this study explores one possible factor which could account for the popularity of these drugs despite their limited clinical usefulness.

Methods: Data were obtained from ChEI advertisements appearing in the Canadian Medical Association Journal between 1997 and 2011. ChEI advertisements in American medical journals were gathered from Adpharm, an online visual database for the pharmaceutical communication’s industry. A total of 51 advertisements were identified and semiotically analyzed for salient discursive dimensions.

Findings: ChEI advertisements frame ADRD as an imminently treatable disease using a rich visual narrative of older adults socializing with family members, partaking in family events, and enjoying favorite activities with grandchildren. Additional narratives draw attention to the drugs’ effects on mitigating the loss of self and enhancing users’ ability to remember valued social roles. Written text reinforces the symbolic meaning of this imagery by emphasizing how ChEIs maintain functionality and improve quality of life. Information on clinical trial data and drug side effects appears in small print on the back of these advertisements or on a separate page, minimizing its visibility.

Conclusions: This study critically articulates the discursive dimensions of ChEI marketing and raises concerns about the possible impact of advertising on physicians’ prescribing practices for dementia drugs.
O133

In the Mind of the Beholder: How well do self-assessments of function in early Alzheimer's Disease correlate with standardized test scores in a cohort of Cholinesterase Inhibitor users over time?

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Objectives: Debate surrounding the effectiveness of cholinesterase inhibitors (ChEI) in early Alzheimer's disease (AD) continues. We compare ChEI users’ perceived change in cognition and function over time with scores on standardized tests used in the Special Authority (SA) process for drug coverage.

Methods: Data from the prospective longitudinal Seniors' Medication Study (SMS) were linked with SA. Every six months, SMS (Telephone Interview of Cognitive Status (TICS), Clock Drawing Test (CDT)) and SA data (SMMSE, Global Deterioration Scale (GDS)) were collected. Correlations and reliability change indices (RCI) assessed change in scores for Care-Recipient Self-Assessment of Function (CRSAF) and SMMSE, GDS and CDT across 3 time periods.

Results: CRSAF was computed by summing six (not-scored) TICS variables (mood/motivation; IADL; ADL; orientation; reasoning; and memory) (alpha= .68). At time 1 (T1), 288 SMS participants (mean age = 79, ±8.3; male=53%) completed TICS and SA assessments (mean interval= 209 ± 80.5 days). Statistically significant correlations were found between CRSAF and TICS at T1 (Pearson=0.214; p<.001) and T3 (Pearson=0.360; p<.001); and between CRSAF and CDT at T1 (Pearson=0.195; p<.001). RCI shows no significant change in scores across all measures overall, yet the SMMSE and GDS show somewhat reliable change from T1 to T3.

Conclusions: Self-assessment of function is only marginally correlated with scores on standard assessments and is not a reliable indicator of change in standard assessment scores over time. Despite this, self-assessment of little or no change may be seen as a clinically meaningful outcome in chronic degenerative diseases like AD and requires further investigation.

O134

Dementia Screening of Older Adults in Acute Care: The Abbreviated Mental Test or Mini-Cog?

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Symptoms of cognitive impairment are usually present years before a diagnosis is confirmed. Early diagnosis of dementia is important to allow older adults and families/caregivers to plan for the future and obtain access to critical support, resources, and treatment. Hospitalization affords an opportune time for dementia screening of older adults, yet few tools have been validated for use by nurses in acute care settings. Therefore the purpose of this study was to conduct an integrative review of the literature to identify the most appropriate screening tool for nurses to use in acute care. While the Mini-Mental State Examination (MMSE) and the Montreal Cognitive Assessment (MoCA) are used as validated screening tools in acute care, these tests take a significant amount of time, require specialized training and typically are not administered by nurses. A simple cognitive test that nurses could easily administer in acute care settings could contribute substantially to dementia detection and earlier intervention. This integrative literature review provides a synthesis of research and knowledge translation applications which focus on the use of the Abbreviated Mental Test (AMT) and the Mini-Cog. Evidence specific criteria, such as Greenhalgh’s rating of systematic reviews, were used to appraise the papers. Although findings are inconclusive the Mini-Cog shows the greatest promise; however it's utility in acute care by nurses requires more rigorous testing.
O135

Discontinuing cholinesterase inhibitor therapy: Connecting caregivers’ experiences to clinical practice

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Objectives: The issue of when to discontinue cholinesterase inhibitors (ChEIs) in the treatment of Alzheimer’s disease (AD) is highly debated. In deciding to withdraw treatment, prescribing physicians must balance the improvements brought on by these drugs with concerns about side effects. Absent from research on this issue are the experiences of caregivers. To address this lacuna, this study examines ChEI discontinuation in the context of the caregiving relationship.

Methods: This study presents data from 26 interviews with family caregivers to persons with AD who were withdrawn from ChEI therapy. Further data are drawn from four focus groups with 19 physicians who regularly prescribe ChEIs.

Findings: The decision to discontinue ChEI therapy involves a complex interplay between caregiver appraisal of its benefits and physician assessment of the drugs’ effects. Physicians are greatly influenced by caregivers with regard to the decision on how long to continue prescribing a ChEI, often ignoring assessment results that confirm a lack of improvement or maintenance. Caregivers discuss discontinuation as a source of conflict within the family, with siblings disagreeing about the drugs’ effectiveness. All caregivers report that they felt it necessary to continue therapy despite being uncertain about the benefits of the drugs. Discontinuation only occurred when care recipients experienced an adverse drug reaction or when they were transitioned to institutionalization.

Conclusions: Clinical guidelines are needed to support caregivers and care recipients with the decision to discontinue ChEI therapy. Such guidelines would avoid unnecessary prescribing of these drugs once their benefits are no longer evident.

O136

A Culture of Dementia Care Knowledge in Long-term Care: Implications for Transformative Knowledge Exchange

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This research seeks to understand the culture of dementia care knowledge in a long-term care setting so as to catalyze a transformative knowledge exchange process. In contrast to an ‘implementation project’ that aims to remove barriers and leverage facilitators for integrating ‘best practices’, this research focuses on how to attune oneself to the distribution of social power, how to recognize the consequences of such power distributions, and how to incorporate such insights into the development of emerging knowledge exchange activities. To realize this aim, this research pairs the tenets of critical ethnography with a critical pedagogy that enables long-term care staff and residents alike to perceive and redress the challenges they face. As such, the ethnographic portion of this project includes observation and interview phases, followed by action-oriented focus groups that feature critical reflection/dialogue on/about the ethnographic findings.

Preliminary findings include (i) an articulation of participants’ tacit modes of meaning that drive their participation in their care routines; (ii) a broader sense of what shared symbol systems, inter-subjective assumptions, and social relations intersect in a meaningful moment/routine of dementia care; and (iii) an understanding of what objective, subjective, or normative reasons are invoked in justifying a dementia care routine. Multi-genred re-presentations of the findings during the focus groups serve to elicit from participants strategies to make living and working in long-term dementia care more viable. This paper thus features considerations on how to invite and respond to participants’ responses to multiple re-presentations of data that are designed to catalyze transformation.

O137

An evaluation of the effectiveness of the C.A.R.E. Needs Model in reducing dementia related behaviors and promoting person centeredness within residential care
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In comparison to routine care practices, the proposed research will explore whether the C.A.R.E. Needs Model (Comprehensive Approach to Responding to our Elders) is effective in: reducing the intensity and frequency of dementia behaviours; enhancing the quality of life; promoting person centeredness; and increasing satisfaction and enhancing staff perception of safety among care providers. The C.A.R.E. Needs Model is an interdisciplinary theoretical model that supports a person-centred approach, outlines an individualized care planning process, assists with enhancing clinical practice through education, optimizes organizational sustainability, and provides a systematic quality improvement/evaluation process. Presently, this model has been trialed in a single case study producing positive results. A mixed methods, exploratory research study (spring 2012) will evaluate the effectiveness of the C.A.R.E. Needs Model at a residential facility by conducting a case study on three residents from a dementia unit. The research design will be primarily qualitative as well as preliminary quantitative measures: Cohen-Mansfield Agitation Inventory, the Quality of Life in Late Stage Dementia Scale and Critical Incident Tracking. The hypothesized benefits of implementing the C.A.R.E. Needs Model include: a reduction in the frequency/intensity of dementia related behaviors, improved quality of care and enhanced person centered care practices, and improved staff safety and job satisfaction. The primary goal of this research study is to evaluate the implementation of the C.A.R.E. Needs Model for residents with dementia in a long term care facility.

O138

Working Together Towards Person-Centred Care of People with Dementia Living in Long-Term Care (LTC) Homes

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The objective of this presentation is to understand key elements for person-centred care (PCC) to be delivered in LTC homes as learned from Canadian market research conducted by the Alzheimer Society of Canada (ASC, 2012).

ASC believes people with dementia have the right to enjoy the highest possible quality of life and care. People in the later stages of dementia often reside in a LTC home and are at risk of not being able to speak for themselves. A "culture change" toward a person-centred approach to care places the person and their family at the centre of the home.

ASC's "Culture Change" initiative is based on the following approach:

- Document externally vetted, evidence-based guidelines for care into a framework of what constitutes excellence in PCC.
- Scan relevant research projects that support culture change toward PCC in order to build on their outcomes and avoid duplication.
- Identify six Canadian LTC homes believed to be providing PCC on a sustained basis.
- Conduct market research in these homes to learn what administrators, front-line staff, families, and residents think is key in a "successful" culture change to PCC.
- Based on these findings, create a guide for LTC home staff and families on how to begin and sustain culture change.
- Develop advocacy and policy plans to address systemic obstacles and enablers to PCC.

Creating culture change is an obligation ASC shares with other organizations as we support people with dementia and their families now and as their numbers increase.

O139

The Life Nourishment Theory: Establishing the Significance of the Mealtime Experience for Families Living with Dementia

Heather Keller¹, Lori Schindel Martin², Sherry Dupuis³, Rebecca Genoe³

The Life Nourishment Theory: Establishing the Significance of the Mealtime Experience for Families Living with Dementia
Studies and reviews have highlighted the importance of person-centred care for meals, especially for those with dementia. However, no explicit theory underpins the development of interventions. Objective: To develop a research-based grounded theory focused on understanding the importance of the mealtime experience for those living with dementia and their families. Methods: During this 3-year longitudinal study, annual in-depth dyad and individual interviews were completed, initially with 27 persons with dementia (PWD) and their 28 care partners (CP) in Year 1, then declined to 18 PWDs and their 18 CPs by Year 3. Individual and team analysis among five researchers, was concurrent and followed Charmaz’s (2006) framework, resulting in a substantive theory. Results: The Life Nourishment Theory (LNT) uncovers the meaning of the mealtime process through three inter-related core concepts: honouring identity, being connected, and adapting to an evolving life. The synthesis of these concepts reveals how mealtimes come to reflect the essence of what it is to be human through the journey of living with dementia and that ‘mealtimes mirror the way we are’. Mealtimes provide a medium through which individuals and families navigate the dementia journey by adapting to change and promoting enhanced connections and individual and family identity; this has important implications for health care in both community and care environments. Conclusion: This study provides a theoretical basis upon which current and future person and relationship-centred mealtime interventions can be developed and empirically tested.

O140

Research on Creative Expression Programs for People Living with Dementia

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The rapidly swelling number of seniors with dementia has increased interest in quality of life interventions, such as activities in the visual and performing arts. We undertook a systematic review of research publications on creative expression activity programs designed for people living with dementia. A search of the past 10 years of publications on Social Works Abstracts, PsycINFO, PsychExtra, AgeLine and CINAHL yielded 98 reports of empirical research that focused on music, art, drama, dance, laughter, reminiscing, singing, storytelling and spiritual interventions. The programs described in these reports were motivated by many different philosophical approaches to care, they involved 55 different types of creative activities, and they offered nearly 300 different recommendations related to program planning, clients selection and dementia level, frequency and duration of sessions, facilitators’ skills, space design, art supplies and budget. This presentation is a critical appraisal of the current state of research (type, quantity and quality) on creative activity programs. In addition, we will discuss the type of activity programs that have been targeted by research studies and researchers’ reasons for choosing particular kinds creative activity programs. Collectively, the findings from our review suggest that researchers do not yet appreciate the full potential of creative activity interventions.

O141

Social media and blogging among the elderly

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Objectives: The objective of this paper is to explore in more depth the practices of older adults who make use of blogs as a type of social media. Literature in gerontology on social media concentrates on structural, cultural and social factors that impede older adults from using Internet technologies. Research on this divide is important yet often positions older adults as non-users and non-experts of social media when in practice many older adults embrace and make use of many forms of social media.

Methods: An ethnographic content analysis is used in this study. This approach begins with a small network of blogs and employs a thematic analysis of their content. A sampling strategy expands from this network to include linked and
related sites. The sampling continues until the data collection and analysis reaches saturation.

Results: The results of this study indicate that older adults are making use of social media through blogging. Blogs enable older adults to: 1. Enter into public discourse on topics affecting their lives; 2. connect with and form networks both of elders and across generations; 3. educate and challenge misconceptions.

Conclusion: More research is needed in gerontology on understanding how older adults integrate social media technologies into their everyday lives. This study shows that blogging, for instance, allows older adults a means of making their lives public; to create a micro public sphere through which to share their views and make connections.

O142

“Senior Digi-zens”: Embracing the use of Digital Technologies in a Changing World

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There has been a growing interest amongst researchers to explore the factors involved in “healthy aging”, “successful aging” and “aging-in-place” all of which refer to senior citizens having productive lives outside of institutionalized care. The commitment to healthy aging is evident in initiatives such as the European Union’s Action Plan for Aging Well in the Information Society and its designation of 2012 as the Year of Active Aging. Many studies have explored how technological advances like microchips in drugs and text-to-speech applications have allowed for increased independence but far fewer have explored how senior citizens use technology, particularly microprocessor-based technology as part of their everyday lives. Both academic and popular literature has outlined a so-called “digital divide” between the younger and older generations in terms of technology use and adoption. Older adults are often cast in the role of trying to catch up to their younger, more technologically-savvy counterparts. This research uses a case study approach to explore how adults over the age of 70 use digital technology as part of their everyday lives. Our participants use nearly every kind of digital technology that their younger counterparts do, often with greater levels of sophistication. They are particularly motivated to use digital technologies to reach out to family and friends, to create archives of photographs and stories, and to use technology as a way of organizing and maintaining social groups. Our research demonstrates some of the ways older adults participate in a changing world shaped by digital technologies.

O143

Older adults' use of the Nintendo Wii in Long-term Care

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A growing body of literature suggests that the use of the Nintendo Wii by older adults may improve their cognitive and physical functioning. One limitation of this research is that participants are typically community-dwelling and high functioning. While a few researchers have extended this work into the realm of long-term care (LTC), where older adults may have more cognitive or physical difficulties, much of this work relies on case studies. We sought to determine whether a customized training program would benefit a group of older adults living in a LTC home, and how it would affect cognition, physical health, and social well-being.

This innovative project included two phases. In the first phase we created a questionnaire to assess how the Wii is being used in a group of LTC homes based in Southwestern Ontario. Findings indicate that the Wii is used minimally, even though it was available to residents in all of the facilities. Major barriers to use of the Wii system in LTC include staff concerns related to system set-up, low turn-out for game playing sessions, and mobility issues experienced by the residents. In the second phase we recruited 12 residents from one of the facilities to participate in a twice-weekly, 12 week Wii program. All participants underwent a battery of cognitive, psychosocial, and physical testing tailored to their abilities at the beginning and end of the program. Results related to program compliance, changes in functioning from pre- to
post-test, and the participants’ qualitative experiences will be discussed.

O144

Health, SES over the Life Course, and Internet Use among Older Adults

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Objectives: Given the potential benefits of using the Internet for maintaining independence, this study explored the relationship between health, socioeconomic status (SES) at different points in the life course, and regular Internet use among older adults.

Method: A nationally representative sample of 12,754 adults 50 years old and over was analyzed using logistic regression models with data from the 2010 U.S. Health and Retirement Study (HRS). All analyses controlled for demographic characteristics such as gender, race, and age subgroup; sensitivity analyses adjusted for different measures of SES and health.

Results: The regression models demonstrated two main themes: 1) that dimensions of SES over the life course predicted Internet use in older adulthood and 2) older adults with less favorable indicators of physical health were least likely to be regular Internet users. The results indicated strong and consistent graded associations between cumulative SES and Internet use in older adulthood. The negative impact of low childhood SES was partially ameliorated if people from a low SES position during childhood mobilized to higher status in adulthood and for older adults who had more favorable indicators of health in adulthood.

Conclusions: The present results supported taking a life course approach to understanding the role of SES and health status on Internet use among older adults. The findings suggested that favorable circumstances later in life can compensate for earlier disadvantage and that both women and men can benefit from social mobility through better education and better economic attainment, although the pathways may be somewhat different.

O145

iAging: Using the iPad, the Internet and other technologies to enhance the lives of community-dwelling older adults

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Emerging technologies have great potential for older users. Incorporating mobile devices and the Internet into their daily routines may enhance feelings of inclusion, and strengthen inter-generational bonds, while not using technology may result in decreased self-efficacy, isolation and marginalization. In an increasingly digital world, it is important to successfully engage older adults with popular technologies. To this end, we have several ongoing projects to determine how the learning process differs when using mobile and stationary devices, challenges encountered when using different technologies and how software and websites can be better designed for older users.

To introduce older adults to mobile technologies, we ran a 10-week iPad tutoring program. We partnered over 20 community-dwelling adults with student volunteer technology tutors to complete short learning modules both on desktop computers and iPads. Initial results suggest that, while all participants believe older adults are capable of learning how to use iPads, the older adults themselves are much more cautious in their expectations and more hesitant to express a high level of confidence with technology. We also worked with our business partners to evaluate their computer software and websites. Key findings from this work demonstrate that the visual layout of any technology product is critically important for user engagement, the content needs to be current and relevant, and modifications for cognitive or sensory deficits must be easy to apply. The Technology@SERC program advocates for increased technological literacy for older adults; the outcomes of these projects will inform future directions.

O146

E-Services and seniors - Typology, use, impacts and risks
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The literature on e-services and the seniors focuses mostly on specialized services such as telemedicine but where they would benefit. However, there is little that examines how the shifts to e-services in the economy impact seniors. The research questions are: What are the different types of e-services available to consumers including elderly consumers and what are their characteristics? What are the impacts on the seniors when e-services are used and when they are not? What are the factors that would increase higher usage of beneficial e-services among seniors? What are the risks that reliance on e-services might pose for seniors? To answer the questions in a nuanced way, a typology of e-services is developed to identify issues related to each type. The characteristics of elderly consumers are contrasted with those of other customers, to differentiate the advantages and disadvantages which accrue to each group. The factors affecting age-friendly e-services are described as well as the risks involved when seniors rely on e-services for critical needs in daily life or in times of disasters. Results show that seniors are a specific market segment with both growth opportunities and vulnerabilities.

Elder Abuse Detection: What about the Use of Validated Tools?

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Background: Elder abuse detection tools can be used in many ways: to confirm clinical suspicions, to standardize the intake or to guide future interventions. Questions: Which detection tools can be recommended for practice and in which context? Aim: After attending this session, participants will be able to compare validated tools and to make better answer to above questions. Method: Systematic review of elder abuse detection tools in French and English scientific journals. Inclusion criteria: to present psychometric evaluation and to be used for seniors in the community (not institutions). Analysis conducted on 4 large categories: theoretical framework; instrumental characteristics, clinical components, and validity and reliability criterion. Results: 14 tools meet our criteria. Tools were developed in USA (5), Canada (4), Australia (2), Spain (1), Israel (1) and Taiwan (1) and were published between 1984 and 2011. There is a diversity of tools such as: covering specific or several form of abuse; self-administered or completed by a practitioner, addressed to senior or to carer; time for completion, etc. Discussion: Based on limits of studies (sample definition, types of analysis, issues, etc.), many tools need further validation. These results suggest too that several tools used in practice are not validated. For now, it is impossible to recommend the use of a single tool for all type of practice. In this context, many aspects must be taken into consideration in determining how to detect, in which context and to further improve the intervention process in elder abuse.

Three-card Monte? Efforts to prevent and address financial abuse of older adults

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While there has been increasing awareness among policymakers and the public about the potential risks of financial exploitation of older adults, it is still an area that is conceptually confused. Many approaches to addressing the phenomenon tend to lack demonstrated efficacy (Dessin, 2003). Objective and method: This paper provides an overview of financial abuse developments in Canada and abroad. The study integrates a review of the literature, looking at micro, mezzo and macro factors, with key stakeholders’ descriptions of current and planned prevention, policy and practice efforts for financial abuse in different parts of the country. Results: Financial abuse is a richly diverse phenomenon, with different risk factors for different subpopulations. Mezzo and macro level factors (such as government and industry promotion of powers of attorney, technological changes in banking) are extremely important in
this area, as they often help create or reinforce opportunities for financial abuse to occur. While American efforts focus on criminalization, Australian and United Kingdom efforts are showing promise in exploring specific areas (such as mismanagement, or risks for people with dementia). A more comprehensive approach to understanding the issue is absent at present. Exploration of the phenomena outside a mainstream framework or in ethnocultural groups is just beginning. **Conclusion:** There is a significant disconnect between the emerging literature on financial abuse and the prevention or intervention efforts at provincial, territorial and federal levels. Indeed some efforts may "set the stage" for an increase in financial abuse in the future. Recommendations for needed directions are offered.

**O149**

The Facts on Elder Abuse Quiz : A Validated Sensitization Tool

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There are a very limited number of validated tools in the field of elder abuse training. Almost 20 years ago, Palmore developed the Facts on Aging Quiz. Following the same rigorous methodology, our team developed 2 fact quizzes on elder abuse. The first one is aimed for a general public, while the second one is aimed for practitioners who have encountered complex issues. This presentation will focus on the development and the double validation process of the quizzes. First, it will expose the 20 themes that were selected and the method used to perform a strong literature review. Second, it will uncover the important role of a scientific committee of 12 international specialists in the field. Third, it will depict the face validity acquired via testing with different publics. Finally, it will expose the content validity done with over 500 respondents. Focus will be placed on the questions with the lowest positive response rate in order to illustrate the misconceptions about elder abuse and the importance of deconstructing that false knowledge in order to promote more adequate social and clinical responses.

**O150**

Modelling social isolation in the context of abuse and neglect of older adults

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Social isolation (SI) is considered one of the more robust risk factors for abuse and neglect in later life (Bonnie & Wallace, 2003). In spite of this, it is still not clear in research or practice what is meant by the concept, how it should be measured, or how it can be most effectively addressed in prevention or intervention (Tam, 2006). **Objective and method:** This study explores the concept of SI, as it has been described in the elder abuse literature, and how it is being interpreted in Canadian community practice in prevention and intervention in four communities. **Results:** SI can be pre-existing or emergent and is sometimes a self protection strategy. Although community practice has not really identified what part of the SI "equation" it is responding to, it is not being treated as a monolithic concept. Instead multiple but untested strategies to address one or more aspects of SI are emerging (emotional support through helplines, support groups), rights knowledge, practical help (transportation, financial resources, mental health), strengthening respect, building new social networks for the older person or the abuser, as well as oversight/"eyes on the ground". **Conclusion:** It is important to distinguish between SI created by the abuser’s behaviours and abuse dynamics, from that facilitated by the older adult’s circumstances. SI may also facilitated by government actions or reinforced by community responses, including blaming and stereotyping. The role of policy in creating or reinforcing SI remains on the back burner. Ethnocultural context and responses are important as well.

**O151**

Evidence informing the intersection of HIV, aging and health - A scoping review

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Issue: People with HIV (PHAs) are living longer, and a growing number of people are being diagnosed with HIV in their later years. Given these trends, significantly more PHAs are or will be 50 years or older. Canadian health research, policy, and practice must adapt to the “greying” of HIV. The prevalence of HIV in older adults combined with potential health concerns of aging demands a more comprehensive understanding of the health impacts of HIV in older individuals.

Methods: We conducted a scoping review of peer-reviewed and grey literature published since 1996 to explore the impacts of aging on the health of older PHAs (50 years or older). We focused our analysis on five domains: physical health, mental health, sexual health, health service access, and social participation.

Results: After reviewing 9,239 references, we included 211 studies: two systematic reviews, 176 quantitative studies, 28 qualitative studies, and 5 mixed methods studies. Of these, 162 were conducted in North America including two from Canada. Health topics addressed in the literature include HIV- and aging-related co-morbidities (i.e., cardiovascular disease, diabetes, renal functioning, hypertension and cancer), mortality, neurocognitive functioning, antiretroviral adherence, mental well-being, sexual behaviours, ageism and stigma, and social networks.

Conclusions: This review identifies issues that could impact the health of older PHAs (e.g., co-morbidities, cognitive functioning and stigma) as well as factors that could foster health (e.g., mental well-being, and social networks). Review findings can inform future gerontological research on older PHAs and provide evidence that can inform programs, policies and practice.
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Objective: To develop evidence-informed recommendations to enhance rehabilitation for older adults living with HIV.

Methods: We conducted a knowledge synthesis combining evidence on rehabilitation specific to HIV and aging, and common comorbidities seen in older adults with HIV. We searched for: a) any published evidence on HIV, rehabilitation and older adults, and b) high-quality evidence (systematic reviews; meta-analyses) on rehabilitation interventions for common comorbidities experienced by older adults with HIV. We reviewed abstracts to determine study inclusion, extracted data from included studies and synthesized the evidence to draft evidence-informed recommendations for rehabilitation with older adults aging with HIV. We then circulated the recommendations to people living with HIV, clinicians, and researchers for grading and external endorsement.

Results: We included 147 studies with approaches to rehabilitation assessment and treatment interventions in our synthesis. Fifteen evidence-informed recommendations specific to HIV rehabilitation and aging were derived from low-level evidence. Forty recommendations were derived from high level evidence on rehabilitation interventions for common comorbidities with HIV (bone and joint disorders, cancer, stroke, cardiovascular disease, mental health, neurocognitive decline, chronic obstructive pulmonary disease, diabetes). Recommendations included considerations for applying rehabilitation interventions specifically with older adults living with HIV.

Conclusions: A paucity of high level of evidence exists on rehabilitation interventions for older adults with HIV. Referring to systematic reviews and meta-analyses for common comorbidities may be helpful for clinicians working in HIV care. These recommendations should be considered in combination with patient values and preferences to ensure an individualized approach to HIV rehabilitation assessment and treatment.

O154

Social support received by older adults living with HIV: a diversity of situations

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Objectives: The research on older adults living with HIV shows a lack of support received by this population on both instrumental and emotional levels, as well as differences in the support offered by the different members of their network. This research aims to document the experiences of support received by older adults living with HIV in Quebec.

Methods: This qualitative research is based on interviews conducted with 38 participants, aged 50-71 years, recruited from the clinic l'Actuel in Montreal. Data analysis, based on the method of grounded theory, was performed using the software QDA Miner.

Results: Data analysis revealed a difference in the type of support (emotional/instrumental) provided by various network members (family, friends, spouse, children). The results also show differences between primary sources of support depending on the gender and sexual orientation of participants. For instance, gay men tend to receive more support from their friends and family (siblings or parents), whereas heterosexual men get more support from their spouse and children. In addition, our research highlights the general lack of support received by the participants. While some of them consider that the support received is inadequate or insufficient, others explain they prefer not to seek assistance from their relatives for different reasons (desire of autonomy, fear of being a burden, non-disclosure of HIV status).
Conclusions: This research highlights the importance of taking into account the gaps in support received by different subpopulations of older adults with HIV, in order to offer services that provide assistance in neglected areas.

O155

Planning for the Long Term: a programmatic response to aging with HIV

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Since the inception of Highly Active Antiretroviral Therapy in the mid-1990s, HIV-positive people are living longer and healthier lives. Many people living with HIV (PHAs) are finding themselves in unanticipated circumstances as they grow older. Aging with HIV requires PHAs and the organizations that serve them, to adjust to new physical, social, financial and emotional realities. In this presentation we share findings from Planning for the Long Term, a psycho-educational workshop series for older HIV-positive gay men, and the AIDS Committee of Toronto’s first programmatic response to the issue of aging with HIV.

Planning for the Long Term was developed based on consultations with long term survivors of HIV (3 focus groups were held with 13 participants), an environmental scan of programs in North America focused on aging and HIV, and a literature review of current research. The series focused on issues related to physical, mental, and financial health, and aimed to offer strategies and knowledge that could help participants better manage changes associated with aging. The workshop series was evaluated using pre-and post-tests, written evaluations, and verbal feedback. 11 men participated in the workshop series.

We will present the ideas and concerns that project participants had about aging with HIV, as well as their strategies and challenges for aging well. Our analysis is focused on the role that organizations can play to meet the needs of older PHAs. We argue that service provision may need to be re-imagined in order to address emerging community needs related to HIV and aging.

O156

HIV, Co-infection and Aging: New Challenges for Gerontology

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In Canada, there are approximately 13,000 people living with HIV and hepatitis C (HCV), many are also co-infected with hepatitis B (HBV). Despite improvements in the response to HIV and co-infection, a paucity of information about co-infection remains. By 2015, one-half of people living with HIV/AIDS (PHAs) will be aged 50 and over. We know that long-term survivors experience accelerated aging and require specialists familiar with physical conditions normally associated with people in their 70’s and 80’s. Co-infection with HIV and HCV/HBV includes complex co-morbidities and episodic disability which will become more common and apparent in the aging population. This community-based research paper ties current findings on HIV and aging into the broader landscape of co-infection. Current research in this topic area includes: long term impact of antiretroviral medication adherence, co-morbidities, liver, kidney, and cardiovascular issues, neurocognitive impairment, frailty, addictions and mental health issues. Long-term survivors with accelerated aging also face issues around multiple loss and spirituality that occur later in life for most. While gerontologists understand these issues, they may not be accustomed to working with people in their 50’s when their average patient age is much older.

We identify future directions for sociobehavioural research, and critical gaps in services, research and policy. We describe our attempts to include aging in the national discourse on co-infection, with particular emphasis paid to the social determinants of health, sensitivity to gender and diversity and the development of a research agenda for HIV co-infection and aging in the field of gerontology.

O157

HomeShare: An Innovative Solution to meeting the Needs of Older Adults
An increasing number of older adults, including the very old, remain living in their own homes. The home environment is a major contributor to quality of life and perceived health status. As a result, aging in place and preventing relocation are among the strongest needs of older adults as well as their families. Consequently, an important goal in health promotion is to create home environments that support healthy aging.

The purpose of this study was to formally evaluate an intergenerational housing model. HomeShare is a program offered by the Calgary Seniors Resource Society, in which older adults living in their own homes are matched with younger adults, often university or college students. This provides the older adult with in-home support and the student receives low rental accommodation. Despite the widespread influence of the HomeShare program format, as well as anecdotal reports, there is a definite lack of research evidence that supports the usage of this program to assist older adults and unrelated younger adults.

Method: Participants were drawn from three key stakeholder groups: older adults, younger housemates, and agency staff. Data collection included: an environmental scan, focus groups and key informant interviews, and a financial review.

Findings: Both older adults and younger housemates appreciate this type of living arrangements. Agency staff voiced the challenges that emerged from shared housing (e.g. waiting lists, matching requirements) and made recommendations for future directions.

Described in this paper is an overview of the study, its objectives, methods of data collection, and findings.

O158
Aging-in-place: Perspectives from the construction industry

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Older adults report a desire to remain within the preferred environment for as long as possible. This desire is referred to as aging-in-place. Aging-in-place integrates housing and care options. Factors affecting the ability to remain within the preferred environment include current home designs, access to housing choices, social support networks, and community services, to name a few. Research supports physical and psychosocial benefits of aging-in-place for the individual. Home modifications have the potential to influence the quality of life in a number of positive directions that range from personal mobility to community engagement. Modifications range from minor to significant. Financial resources, contractor interest and expertise, consumer awareness and consumer opportunity affect the degree of change. Increasingly, construction professionals express an interest in learning more about aging-in-place. Queries ranged from obtaining a greater understanding of the meaning of the concept, impact of demographic change on housing stock, and increased awareness of universal design features. This paper presents findings from a survey administered to current members of the Canadian Home Builders’ Association – Calgary Regional Office. Within this presentation, we report findings on members understanding of demographic change and the effect of this change on the current and future housing stock. We discuss perceived barriers and benefits of the development of business models to support aging-in-place. Finally, we conclude with discussion of educational support to enhance the understanding of aging-in-place.

O159
The Impact of En Bloc (Collective) Sales on Older People and Community Building

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The paper is based on an empirical research conducted in Singapore between 2008 – 2010 on a current gerontological cum environmental issue. The objectives of the interdisciplinary project were to seek the views of homeowners about the Collective Sales phenomenon, and gain insights into the negative consequences of relocation of people living in private housing. Following a change in Singapore law in 1999, if a building is 20 years old, a Collective sale can take place upon majority consensus of 80% of the homeowners signing their agreement. Hence, the minority 20% would have to be unwillingly uprooted. The researchers wished to study the phenomenon from the “age-in-place” perspective, with a focus on older people. A mixed method approach of a) survey of 100 homeowners, b) 10 indepth case studies, and c) 10 qualitative interviews with allied professionals including property consultants and lawyers was conducted by the two researchers. The results showed that older people were unwilling to be relocated from their familiar surroundings and their home, as they had a long history of memories and sentiments attached to it. While younger age groups wanted to “cash in” and make their profits, older residents valued their home more. The latter were also less aware of the legal processes and they had concerns relating to finding a new home, the inconvenience of moving and their health. The paper concludes with recommendations for more safeguards, clearer rules and age-friendly practices.

O160

Emotional barriers to daily physical activity engagement in old age: The important role of fear of falling

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Although physical activity is known to reduce age-related health risks, older adults are the most inactive segment of the Canadian population. To date, limited attention has been paid to emotional factors such as fear of falling in reducing physical activity engagement in older adults. This study enrolled a community sample of 143 older adults aged 65 years and above. Participants were asked to provide self-ratings of fear of falling and to also wear an accelerometer for 10 days that objectively recorded daily physical activity patterns as they engaged in their typical daily life routines. First analyses using a subsample of participants indicate that fear of falling was negatively associated with time spent in moderate intensity physical activity even after controlling for functional capacity, age, and sex. This is important because it is the time spent in moderate to vigorous intensity physical activity that is emphasized in most physical activity guidelines due to their well-documented health benefits. Findings extend past work on health behaviors in old age by demonstrating that psychological barriers such as fear of falling may explain why many older adults do not engage in physical activity despite being functionally capable of doing so. It might thus be fruitful to target emotional barriers and build emotion-regulation skills when designing health behavior interventions with older adult samples.

O161

Applying a Sustainability Model to Fall Guideline Implementation: A Longitudinal Study of Outcomes

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Background: The challenges in reducing falls rates and serious falls in acute settings are well known. The difficulties of sustaining the implementation of practice guidelines such as falls prevention are also acknowledged. The objective of this study was to examine the impact of an implementation process guided by the National Health Services Sustainability Model to support sustainability of a falls prevention practice guideline in acute care community hospitals. Methods: A longitudinal mixed methods study was conducted in 3 acute care hospitals in Ontario, Canada. Quantitative
data on number of falls and serious injury falls were collected quarterly over 2 years pre and post guideline implementation. Qualitative data on staff perceptions about facilitators and barriers to sustaining the falls guideline were collected using face-to-face individual interviews (22) and focus groups (14) with a total of 82 participants who included administrators, managers, clinical leaders, point of care providers and support staff and volunteers. A cost analysis was also conducted. Results: At the three study sites, overall mean quarterly fall rates per 1000 patient days were reduced by 3% and the number of quarterly serious injury falls was reduced by 26%. The reduction in serious injury falls produced an estimated annual savings of $73,668 per site. Qualitative data analysis revealed that sustainability factors such as leadership, processes of care and organizational factors acted as facilitators or barriers to sustained guideline use. Conclusion: Findings suggest that the application of a sustainability model to the implementation of a falls prevention practice guideline may have value in impacting falls related outcomes.

O162

Evaluation of an evidence-based education program for health professionals: The Canadian Falls Prevention Curriculum (CFPC)

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Introduction: This presentation describes a staged, mixed methods approach to the evaluation of an evidence-based education program (Canadian Falls Prevention Curriculum - CFPC) for health professionals and community leaders on how to design, implement and evaluate a fall prevention program. Stages of evaluation included: 1) Pre-development; 2) Development; 3) Pilot Testing; and 4) Impact on Practice. This will be the first presentation of new evaluation results from analysis of the 14 CFPC e-learning sessions offered to date.

Methods: Evaluation methods included a needs assessment; systematic review of existing programs; literature reviews; pre-post tests of learning; surveys (with quantitative and qualitative analysis); interviews and descriptive reports of stakeholder involvement.

Results: A needs assessment and systematic review of existing programs indicated that there was a demand for a comprehensive, evidence-based curriculum on fall prevention and that no similar curricula existed. Pre-post test findings showed a 66.5% increase in learning among participants. Six and 18-month surveys of participants showed that all reported a positive impact on their practice based on new learning gained in the course. The evaluation of the e-learning participant surveys (response rate of 63%) found that 90.6% of respondents had an excellent or good overall impression of the course; 95.1% ranked the theoretical content as excellent or good; and more than 91% rated the website, resource manual and practical exercises as excellent or good.

Conclusions: The staged evaluation approach provided multiple opportunities for end user input, with positive results for tailoring the curriculum to meet the needs of the target audience.

O163

End of Life Care: Exploring psychological well-being, religious practices and beliefs and support needs of Manchester’s Chinese population

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End of life care requires attention to mental health, religious practices and beliefs and health care systems and supports to help individuals cope with bereavement. To date, there is limited research examining end of life care and the
needs of ethnic minority populations in the UK. Understanding end of life care expectations in relation to these groups is important for informing the development of new health policy and service initiatives. As such, the purpose of this study is to explore the mental health, religious practices and beliefs and any services and support systems needed by this community to cope with end of life care and bereavement. This project was conducted in collaboration with the Wai Yin Chinese Women’s Society in Manchester, UK. Fourteen semi-structured in-depth interviews were conducted with a group of Chinese migrants - primarily women working within the margins of UK’s formal economy. The participants were recruited as a part of Wai Yin’s Sunshine Project, which aimed to train Chinese migrants to improve their knowledge of employment and immigration rights and language skills to enable them to access support services. Preliminary themes from the transcribed data include: the notion that cremation differs between the two countries (where cremation is the law in China); the importance of filial duty and end of life care in the next generation; and the comfort and security of coping with end of life within the intimate care relationship.

O164

Psychosocial Dimensions of Geriatric Palliative Care

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Objectives. With an aging population and increased chronicity of disease, there is a greater need to better understand and support the older dying patient. In the current study, we sought to identify psychosocial issues relevant to older adults in an inpatient Geriatric Palliative Care Unit.

Methods. Twenty-six patients (13M, mean age 80+/−9.3 years) were studied. Patients were assessed using the Palliative Performance Scale (PPS), Edmonton Symptom Assessment Scale (ESAS) as part of standard care, Hospital Anxiety and Depression Scale (HADS), and Patient Dignity Inventory (PDI). The PDI is a 25-item self-report questionnaire which assesses five themes relevant to an individual’s sense of dignity.

Results. Mean PPS score was 49.2%+/−9.5. ESAS total score was 34.9+/−13.8. Mean HADS depression score was 8.2+/−3.6 (23% moderate/severe; 30% mild; 46% normal). Mean HADS anxiety score was 6.8+/−4.8 (19% moderate/severe; 15% mild, 65% normal). On the PDI, symptom distress and dependency were identified as significant problems for over 40% of patients, existential distress by 36%, and peace of mind concerns by 26%. Only 6.5% identified social support as a problem. PDI scores were significantly correlated with depression and anxiety (r=.54, p=.004; r=.70, p<.001, respectively), and ESAS (r=.71, p=.001).

Conclusions. Approximately 20% of patients scored in the moderate to severe range on depression and anxiety measures. Further, over one-third identified symptom distress, dependency, and existential distress as significant problems. Associations amongst mood and anxiety, physical symptoms, and patient dignity highlight the importance of routinely addressing psychosocial along with physical aspects of care for terminally ill older adults.

O165

Māori Kaumātua (elders’) Participation in Research on Palliative Care: Conception, Construction, and Completion

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Change is best made when the people themselves take the initiative - Sir Robert Mahuta
In Aotearoa New Zealand Māori Kaumātua (older Māori) face a number of changes centring on cultural changes brought about by economic and social pressures. These include Kaumātua living longer with the likelihood of multiple chronic illnesses, as well as changing whānau (family) demands in addition to the traditional cultural roles expected of them. This highlights the need for Kaumātua voices to be heard in relation to health issues that affect them.

Kaumātua initial concerns about palliative care pathways prompted this research project. This paper reports on Kaumātua participation in a kaupapa-Māori led (Māori philosophy) study to develop culturally resonant communication models in palliative care. The research vision was to develop appropriate communication models that enhanced Kaumātua and whānau knowledge and experiences to improve delivery by palliative care workers.

Kaumātua participated in several key areas of the research process. They were instrumental in initiating the research itself; played a critical role in developing kaupapa-Māori research methods appropriate to the research focus; securing partners in the research collaboration; supporting research activities including interviews, focus groups, and thematic analysis; and acting as cultural advisors in disseminating findings. In keeping with traditional roles of Kaumātua they were leaders and kaitiaki (guardians) of the research journey.

As a Kaumātua-led study, with Kaumātua integral to the research decisions, processes and outcomes, the recommendations for changes in palliative care were closely aligned to Kaumātua-identified solutions to managing in a changing world.

O166

Preferences of community dwelling adults about communicating their End Of Life wishes to relatives, friends, health care or other professionals

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The study of community dwelling adults (N=234, aged 24-92 years old) explored how, when, and with whom adults prefer to communicate their End of Life (EOL) wishes. Over 80% of respondents stated that their EOL wishes and preferences should be communicated while they were young and healthy versus older and ill. The majority of respondents prefer their EOL wishes to be communicated to health care professionals; over 60% of respondents expected health care professionals to initiate these conversations (about 25% prefer to initiate these conversations themselves). Fewer respondents expected their friends, relatives, or other professionals (e.g. lawyers, accountants) to initiate conversations about EOL wishes, while agreeing that such conversations should take place.

O167

Linking Bereavement to the Good Death - An Exploratory Mixed-Methods Study in Process

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Objectives: A study was designed to determine if a relationship exists between the perception that a good or bad death occurred and bereavement intensity, and increase understandings of what constitutes "good" and "bad" deaths.

Bereavement can be heavily influenced by the perception after the dying process has ended of a "good" or "bad" death having taken place.

Method: This study involves a sequential two-phase mixed-methods data collection and analysis process. The first phase involves an online survey to collect descriptive-comparative quantitative data on bereavements and the perception of whether a good or bad death occurred, and to identify factors that contributed to good or bad deaths. The second phase is qualitative interviewing of bereaved persons to gain insight into why deaths are considered good or bad, and how this perception impacts bereavement process.

Results: This study is ongoing, with preliminary findings to report. We hope at this stage to engender additional interest in this study, gained informed dialogue about the preliminary findings, and encourage further research on bereavement and good deaths.
Conclusions: Nearly 250,000 deaths occur each year in Canada now, with this number expected to accelerate now that the large babyboom generation has begun to reach age 65. Although deaths may be more anticipated because of old age and advanced illness, the bereavement that follows death should be understood as having a significant impact on family members and friends. In some cases, bereavements are extremely intense or debilitating and prolonged. Efforts to prevent such bereavements are needed.

O168

The Québec version of the Facts on Aging Quiz

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There is limited material in French that covers age and aging issues from a variety of point of views and based on evidence-based knowledge. A group of researcher from the team theme "Social Interaction and Support" of the Québec Research Network on Aging, elaborated a training tool aiming to improve knowledge and, in consequence, to reduce ageism. This paper presents the work that was done between 2008 and 2010, inspired by the rigorous process followed by Palmore in the 1980's (including face and content validity). The Québec facts on Aging Quiz contains 25 contemporary questions, covering demography, health, welfare, economics, civic engagement, etc. where participants answer by true or false. This paper will present an overview of knowledge in almost 30 years of evolution in aging sciences. We will insist on themes that are common to Palmore's versions and ours, as well as on the ones that are different by explaining the reasons for keeping or rejecting them. Our presentation will exemplify the importance of nuances by presenting one specific question: sexuality of seniors.

O169

Setting the Balance of Care for Sexually Diverse Seniors

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Objective: In this paper I present a qualitative analysis of the personal experiences of a politically and socially marginalised population in order to examine the current provision of home and community care services, and the extent to which these services reflect, reinforce or ignore the social exclusion of LGBT seniors.

Methods: In-depth, semi-structured interviews were conducted a total of 24 key informants who fell into two categories: 1) LGBT seniors (age 60+) who had personal experiences receiving home and community care (H&CC) services, 2) front line care managers who represent H&CC service agencies. Content analysis was conducted using NVIVO software.

Results: Key themes from the interviews with LGBT seniors: history of negative experiences in the health care system; reliance on self-advocacy to ensure positive H&CC experiences; care is often accessed in times of crisis. Key themes from the interviews with H&CC providers: there is an overall lack of LGBT-friendly services in the H&CC sector, especially outside of major urban centres; organizational culture shifts are required; training of front line staff is a key priority area; state intervention is required to enforce widespread change.

Conclusion: The current lack of culturally appropriate H&CC services for LGBT seniors reinforces the social exclusion this group. H&CC representatives suggest that there is a strong role for the state in providing culturally appropriate care to LGBT seniors, and that these improvements may lead to long-term broader system savings.

O170

An Awareness Campaign on "Ageism" : The Quebec Association on Gerontology Experience

Catherine Geoffroy, Emmanuelle Singh
Association québécoise de gérontologie,
Marguerite Blais, the Quebec Minister for Seniors, gave to the Quebec Association on Gerontology (QAG), a 604K three-year grant to implement an awareness campaign against Ageism, by informing the different stakeholders and actors on the different forms of ageism and the impacts of such discriminating and stereotyping behaviors on the elderly. The campaign is focusing its efforts on three different targets:

- **The workplace**, to counteract Ageism that prevents senior workers (if they so desire), from staying longer on the job or to be able to give them access to a job after 50 years old.
- **The institutional, regional or local media networks**, to collaborate and to promote a more positive image of aging and of the seniors in general - in the traditional media also through Internet and the Web 2.0 social networks.
- **The private homecare environments** for the aged and the frail elderly, to promote a better knowledge about the adequate gerontological approaches to work with them, through information and communication material and also, to prevent abuse and mistreatments towards the elderly.

The presentation will center around these questions:

- What is ageism? Its roots? Its many faces? Its perpetrators? Its victims? Its positive but more often underestimated negative effects not only on the Seniors but also on the other generations?
- After the first year of implementation, what is the global communication strategy of the QAG Awareness Campaign?
- How to share best practices and specific actions to eradicate Ageism within organizations?

O171

Marginalized Social Profiles: The Intersection of Historical Trauma, Culture, and Aging
Social exclusion is a concept concerned with the loss of access to life chances that connect people to society (Scharf et al., 2001). It is an important factor to consider in promoting healthy aging among immigrants as their experience of social exclusion is uniquely defined by their experience as cultural beings who age in the context of immigration and settlement. This presentation presents a qualitative study of aging Chinese immigrants and their family members’ perspectives of social exclusion related to unmet needs in health and wellbeing. Qualitative interviews were completed with a purposive sample of 24 aging Chinese immigrants aged 65 and older in Vancouver (n=12) and Calgary (n=12). Half of the participants spoke Cantonese while the rest spoke Mandarin. Another 24 family members of aging Chinese immigrants were also interviewed. Both groups of participants viewed the inability to speak English created lost opportunities to relay the older adults’ cultural-bound expressions of health ailments their doctors could understand. Some unmet health needs were due to the practice of saving face, which undermined their help seeking. Contrary to beliefs that aging immigrants want to keep to themselves, participants expressed their wish to have the capacity to speak English to improve their social life and communicate with their doctors. Social exclusion is associated with perceived declines in health and wellbeing among the aging immigrants and their respective family members due to loss of access to opportunities to maintain social integration in society.

O173

Integrative Medicine Use Among Canadian Women in Middle and Later Life: Patterns and Predictors of Medical, Complementary/Alternative and Public Health Service Use

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Objectives: This research examines patterns and predictors of conventional health care (CHC), complementary and alternative medicine (CAM) and public health care (PHC) service use.

Methods: Canadian Community Health Survey data (2003, 2005) were pooled and a sample of women aged 50+ (n=61,889) was selected. Latent class analysis was used to identify patterns across several health service indicators: medical doctors, specialists, chiropractors, CAM providers, flu shots, mammograms, and PAP tests. Multinomial logistic regression was then used to assess the impact of selected social and health variables on these service patterns.

Results: Six distinct patterns of health service use were found. The most frequent pattern was a high probability of dual-use of CHC and PHC together with an average probability of CAM use (53%, n=32,801). Only 6% of women had a high probability of using services across CHC, PHC and CAM and a further 4% had a low probability of any service use in a given year. Tri-users were likely to be younger, to have high household incomes and at least some post-secondary education, compared to dual-users and non-users. They were also more likely to have comorbid conditions and to be restricted in function.

Conclusions: Integrative health service use is not extensive among women aged fifty and older. While about one in twenty women integrates services across CHC, CAM and PHC, in a given year, this number can be expected to grow as baby boomers age and the market for health services continues to expand.

O174

The Effects of Whole-body Vibration Exercise on Upper and Lower Body Strength in Seniors

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Introduction. The associated decline in muscle strength that occurs during the normal aging process, also known as sarcopenia, contributes to seniors' impairment of activities of daily living and overall independence. Previous research suggests resistance training, and more recently whole-body vibration (WBV) exercise, can help combat these age-related losses in strength. While WBV exercise is now more prevalent in the literature, there is little known about its potential impact on seniors’ upper body strength.

Objectives. This study aims to further evaluate the effectiveness of WBV exercise on seniors' lower body strength and explore the potential effects WBV training has on upper body strength.

Methods. Fifty-five community dwelling participants (33 males and 22 females; age range: 55-90 years; mean age: 73.3 ± 7.9 years) were divided into either a WBV or resistance exercise group. Both groups exercised twice a week, and were assessed at baseline, and again after 8 and 16 sessions of WBV or resistance training. Outcome measures included the chair rise, 8-foot timed up-and-go, arm curl, tricep extension, and grip strength tests.

Results. There was a significant main effect of time found in all dependent measures, with the exception of the grip strength test. Consistent with previous WBV literature, improvements from baseline in both groups suggests WBV exercise is as effective as conventional resistance training.

Conclusions. We propose that WBV may be a viable alternative to traditional exercise regimes, extending to those individuals with neurological, stability, and/or mobility issues to improve both upper and lower body strength.

O175

Attitudes towards complementary and alternative medicine on an in-patient geriatric palliative care unit

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Objectives. Complementary and alternative medicine (CAM) offers benefits to younger terminally ill patients and older adults with chronic illness. It is unknown whether CAM is a desirable treatment for hospitalized terminally ill older adults. The intent of this study was to characterize the attitudes of in-patients on a geriatric palliative care unit, along with those of their substitute decision makers (SDMs), towards CAM.

Methods. 26 patients (13 M, mean age 80+/-.9.3 years) were studied. Data included the Palliative Performance Scale (PPS) and Edmonton Symptom Assessment Scale (ESAS), and the Hospital Anxiety and Depression Scale (HADS). Patients and their SDMs completed a questionnaire evaluating attitudes towards CAM.

Results. Mean PPS score was 49.2% +/-9.5. ESAS total score was 34.9 +/-13.8. Mean HADS depression score was 8.2 +/-3.6, while mean anxiety score was 6.81+/-.4. 54% of patients and 92% of SDMs had tried CAM previously. Patients were most interested in trying massage therapy (58%), music therapy (58%), breathing techniques (46%) and therapeutic touch (46%). SDMs were most interested in having patients try massage therapy (92%), therapeutic touch (77%), breathing techniques (69%) and music therapy (69%).

Conclusions. Among terminally ill older adults on an in-patient geriatric palliative care unit and their SDMs, there is considerable interest in trying CAM. Even patients with significant illness burden, depression and anxiety symptoms, expressed interest in learning about and trying CAM. These results suggest an unmet clinical need that may enhance end-of-life care for older adults and their families.

O176

Use of Traditional Chinese Medicines among elderly new Chinese immigrants in Canada

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Backgrounds: Traditional Chinese Medicines (TCM) theories coincide with Chinese people's
cultures, and it is an essential part in Chinese medical system. In Canada, the Chinese is one of the largest visible minorities and a rapidly increasing ethnic group. However, Knowledge of use of TCM among the Chinese immigrants in Canada is limited. Thus, this study was to examine the use of TCM among Chinese immigrants in Canada and detect how to improve the TCM services in Canada.

Methods: A mixed method of focus group interview and self-designed questionnaire survey was used. This study was conducted in the Greater Toronto Area among elderly Chinese immigrants, who were over 65 years old and had lived in Canada no more than 10 years by the time of the study. Informed consents were obtained.

Results: 22 and 133 eligible elderly Chinese immigrants participated in the focus groups and questionnaire survey, respectively. Quantitative results indicated approximately twice more participants had used Western health care than TCM health care (68.50% VS 31.50%), whereas qualitative results revealed the potential reasons of this change: high cost and lack of trust in Canadian TCM practitioners prevent a number of elderly Chinese immigrants using TCM in Canada. In addition, most Chinese immigrants believed that using TCM or Western medicine depends on their symptoms of illnesses.

Conclusion: We recommend establishing cultural-sensitive health education programs to assist immigrants to obtain more health-service-related information about Western and TCM medicine in Canada.

O177

Physical Exercise versus Cognitive Training on Executive Functioning: It’s a Tie! A Meta-Analysis of Controlled Trials during Healthy Aging, 2000-2011

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Cognitive training (CT) and physical exercise (PE) interventions for older adults have successfully enhanced a neuropsychological ability called executive functioning (e.g., planning, problem solving), one of the earliest indicators of dementia. However, no study has determined which intervention best improves this higher-order cognitive ability. Method: The systematic review involved database (e.g., Medline, PsychINFO) and reference list searches. For inclusion, studies needed a post-2000 publication date, a controlled intervention design (CT or PE) with cognitively healthy participants (mean age 65+), and an executive-related outcome measure with reported baseline/post-treatment means, standard deviations, and n values. Effect sizes (ESs) were calculated using Cohen’s d weighted by the inverse variance. Results: 10 CT and 9 PE studies met eligibility criteria, cumulatively including 1247 (31.5% controls; 59.6% female; M_age=73.2) and 910 (37.4% controls; 76.0% female; M_age=74.6) participants, respectively. The average treatment group ESs were 0.31 (SE=.06; N=45) for CT and 0.26 (SE=.03;N=52) for PE. Each treatment produced higher ESs than their control groups (ps<.01) and a treatment group comparison indicated no difference in ESs between treatments (p>.05). Conclusion: Past research has empirically validated the common benefits of CT and PE on cognition; however, few studies have compared the two treatments. The insignificant difference between these intervention types can guide treatment plans, as clinicians can select patients’ preferred intervention type and expect similar outcomes on their executive functioning. Trends in design and treatment efficacy will be discussed to inform future intervention designs combining CT and PE to improve cognitive aging.

O178

Struggling to give better care: Nursing practice with hospitalized older adults

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Objectives: To examine how social interactions and workplace dynamics influence nursing practice with hospitalized older adults.

Method: Grounded theory methods were used to examine data from 35 interviews with 24 nurses and 375 hours of participant observations.
Results: Nurses struggled to provide good care to older adults because caring for older adults was perceived as time consuming and complex, they faced misconceptions about the complexity of their work, and hospital processes did not support caring for an older population. As nurses struggled to give better care, they were enacting three processes: Orchestrating Care, Building Synergy, and Managing the Emotional Load. The process of orchestrating care is the core process that explains how nurses are multitasking information about patients, their units' status, and available resources to organize their work in ways that utilize what is available for the best possible outcomes. Building synergy is a condition for orchestrating care because nurses' work with hospitalized older adults is physically, emotionally, and cognitively challenging, requiring the involvement of other people. Building synergy explains how nurses developed relationships with others to leverage better care than they could give independently. Managing the emotional load emerges as a consequence of orchestrating care and explains how nurses processed their thoughts and feelings to find purpose in their work and to justify the difficult choices they made in challenging circumstances.

Conclusions: Hospital systems, staffing patterns, and practices related to older adult care require major revision in order to provide better care to hospitalized older adults.

O179

Self-Management of Chronic Disease: Patient responses to using technology to participate in a peer support group focused on adherence to rehabilitation behaviors

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Purpose: To report the development and evaluation of a web-based video conferencing intervention program for helping patients with chronic diseases (e.g. cardiovascular, Type II diabetes) maintain adherence to prescribed rehabilitation regimes. Program: Participants access a password protected web site that is user-friendly with structures and functionality that include, a) peer group e-mail link; b) threaded discussion forum; c) videoconferencing link for one-on-one and group meetings, d) link for daily tracking of diet and exercise, and c) posted educational materials. A simplified computer training manual is used to train participants to negotiate the web site. The intervention program consists of ten weekly online group meetings facilitated by a professional clinician. Intervention training manuals are used to insure reliable adherence to intervention protocol. Evaluation: Pre-post outcome evaluation questionnaires are completed online. Follow up interviews focus on participants' response to using technology to access and evaluate benefits of an intervention program. Patient Response: Participants responded positively to using technology to communicate with health care professionals and peer group members. Analysis of group process extracted key issues of concern. Participants reported reduction in stress, reduction in feelings of isolation, improved self-efficacy for self-care, and an improved quality of life. Implications: Our Internet-based, video conferencing intervention/evaluation programs for patients with chronic disease can be viewed as prototypes for designing technology platforms for the delivery and evaluation of of healthcare services.

O180

Aging Policy-Making: Patient-Oriented Research for Evidence-Informed Primary Health Care

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In this paper, person/patient-oriented research and evidence-informed healthcare will be reviewed in relation to Primary Health Care (PHC) and Participatory Research (PR) for aging policy-making in Atlantic Canada. Patient-oriented research is recognized as the cornerstone of evidence-informed health care. PR findings from Atlantic Provinces can be used to synthesize and integrate knowledge to meet CIHR's five objectives (CIHR, Modified: 2011-08-03). Similarly, person-oriented research is beneficial when used in collaborative partnerships with communities to identify research priorities for policy-making. For
knowledge translation, participating with persons in aging rural, remote, and urban communities means that living with chronic illnesses including dementia is more fully understood. Evidence-informed PHC policies can be designed to address changing demographics, geography, poverty and inequitable health and social care. PR fits with the principles of PHC including collaborative partnerships with communities to examine issues and circumstances. PR is a systematic inquiry to address pressing issues surrounding health promotion and illness prevention including social and environmental issues with those most affected and builds community capacity. Communities partner with researchers to establish the research design, participate in decisions for data collection, and in knowledge dissemination for equitably social change that benefits communities (Cargo & Mercer, 2008; Blair & Minkler, 2009; Israel, Schultz, Parker, et al. 2008).

O181

Relationship Between Long-Term Care Staff Perceptions' of Hearing Loss and Objective Hearing Assessments

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Background: Dementia is common among long-term care residents. This leads to a communication deficit, which can be exacerbated by hearing impairment. Hearing loss can be an important target for treatment if identified by caregivers. Although severe to profound hearing loss is often easier to detect, mild to moderate hearing loss that interferes with communication may be overlooked.

Research Question: What is the relationship between staff members’ perceptions of residents’ hearing ability, as compared to residents’ objectively measured hearing ability?

Methods: An audiologist completed hearing assessments with all residents (n=32). A healthcare aide who worked closely with each resident participant completed a semi-structured interview and the Nursing Home Hearing Handicap Index (NHHI) questionnaire. We compared identification of hearing loss (yes/no) to presence of actual hearing loss. We also compared NHHI scores to degree of hearing loss as measured by a pure-tone hearing evaluation.

Results: Of the 19 residents with mild pure tone average hearing loss (> 25 < 44.9 dB), 8 went unrecognized by healthcare aides. Healthcare aides more accurately recognized moderate pure tone average hearing loss (> 45 < 64.9 dB; 11/12 residents). A moderate correlation was found between hearing ability and staff perceptions of resident’s hearing as measured by the NHHI (r=.408, p=.025).

Conclusions: Mild hearing impairment may be overlooked by care staff, which can exacerbate communication problems among residents with dementia. Care staff may benefit from additional training in signs and symptoms of hearing loss, as well as strategies to improve communication with someone who has hearing loss.

O182

Understanding Cancer Treatment Decision Making from the Perspective of Older Adults: Qualitative Studies Informing Person-Centered Care

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Among Canadians, 42% of new cancer cases and 59% of cancer deaths occur in people 70 years of age and older. The trajectory of cancer care involves many treatment-related decisions. For older adults, variations in health/functional status, changes in cancer pathology, physiological aspects of aging that impact treatment, changes in social support networks, and tension between quality and quantity of life present unique challenges to cancer treatment decision making (CTDM). In-depth understanding of these processes through qualitative research is needed to optimize treatment and offer needed support, enhancing person-centered care.
Objective. To examine existing qualitative literature concerning CTDM among older adults, and consider constructivist grounded theory methodologies to facilitate future understanding.

Method. We identified relevant qualitative works using computer-generated database searches of health-related scholarly work published between 1980 and 2012. Grounded theory methodological literature was examined.

Results. Seven qualitative studies and a mixed-methods study were found that specifically consider CTDM among older adults. Authors suggest CTDM among older adults is an ongoing process. There is strong agreement about participants' desire to maintain quality of life and independence, but inconsistent findings concerning social influences. Most authors rely solely on retrospective interview data and analysis remains descriptive. Only two studies included men.

Conclusion. In-depth understanding of patient perspectives of processes of CTDM is essential for delivery of person-centered care. Further qualitative study is needed to provide greater insight into the CTDM processes of older adults. Constructivist grounded theory offers a means to provide deeper theoretical understanding.

O183

Understanding older adults' motivations to undergo Transcatheter Aortic Valve Implantation eligibility assessment

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Surgical and medical innovations have made it possible to successfully undergo surgical interventions in later life. Transcatheter aortic valve implantation (TAVI) is emerging as a viable, safe and beneficial therapeutic intervention for older adults with severe aortic stenosis, who are not eligible for surgical valve replacement. In order to better understand older adults' motivations to undergo TAVI, we conducted an exploratory, qualitative research project. The specific aims of the study, informed by the Health Belief Model, were to explore factors influencing patients' perceptions of the risks and benefits, and their motivation to make the decision to undergo TAVI eligibility assessment. The study was conducted at a quaternary cardiac centre in Vancouver, British Columbia, which offers a high volume TAVI program. We recruited a purposive sample of English speaking adults without documented dementia to participate in semi-structured interviews, which were conducted while the participants were awaiting eligibility assessment for the TAVI procedure. Findings of the study focus on factors that influenced participants' motivations to undergo the TAVI eligibility assessment, which included symptom burden, quality of life, expectations, understanding of the procedure, medical recommendations and family pressures. The new understanding of patients' motivations generated through this study are being used to develop patient education materials, guide the practice of the TAVI clinicians, and provide a beginning understanding to develop a patient-reported outcome instrument specific to the goals of people living with severe aortic stenosis.

O184

A Pilot Study Designed to Improve Resident Care and Frontline Staff Engagement in Nursing Homes

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Safer Care for Older Persons (in Residential) Environments (SCOPE) was a two-year pilot (2010-2012) funded by Health Canada in seven nursing homes in western Canada. Our objective was to evaluate feasibility of engaging frontline staff (primarily healthcare aides) to use quality improvement (QI) methods to incorporate best practices into resident care. The 12-month QI initiative was modeled on the Institute for Healthcare Improvement Breakthrough Series
Collaborative and the Canadian Safer Healthcare Now campaign. QI teams in each nursing home, led by healthcare aides, focused on pain management, difficult behaviors or pressure ulcer prevention. The intervention included local measurement, virtual and face-to-face learning congresses, QI methods, ongoing support, and networking. Teams reported barriers to and facilitators of change, team communication, relationships, group cohesion, and progress towards resident care goals. Organizational context and staff outcome data were obtained by survey. MDS-RAI 2.0 data were used to assess changes in resident outcomes. We ranked QI team success based on their process work during the intervention. Despite the short intervention, we saw early improvement trends in resident outcomes and staff engagement. Facilitators of QI team success were: strong teamwork, good communication, team motivation, manager support, and team engagement. Barriers included QI team turnover, lack of leadership engagement at some sites, and high learning curves among staff around QI techniques. We concluded that investing at the microsystem level, i.e., in frontline staff knowledge and skills of QI activities and effective teamwork, is central to advancing quality care and improving quality of worklife in nursing homes.

O185

Evaluating the Supportive Care Coordinator role in long-term care

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Background: Traditionally Registered Nurses (RNs) serve as the supervisors of Personal support workers (PSWs) in Long-term care. However, the expanding span of control and very heavy workload limits their ability to be a supportive supervisor. To address this issue, the support care coordinator (SCC) role was developed. This new role consists of a PSW with extra training and more responsibilities, whose role involves completing some of the administraative and supportive tasks previously done by the RN.

Purpose: To evaluate the effectiveness and acceptability of this role among staff members in the nursing home.

Method: Structured interviews were conducted with 28 staff members, included RNs, RPNs, PSWs, activation staff, managers, and administrators. A thematic analysis using nVivo was completed.

Results: The SCC role is responsible for a large number of managerial tasks to maintain Ministry of Health standards and within this overarching objective, oversee the work of the PSW. Role confusion surrounding the SCC role appeared to reduce the acceptability of the role to other staff member. The value of the SCC role is clear to the SCCs themselves, but ambiguous to other staff members instigating feelings of anomosity towards SCCs.

Conclusions/Implications: There is potential in the development of this role despite resistance expressed by the direct care staff. Determining the appropriate mix of SCC to staff ratio to maximize effectiveness still needs to be established. Further quantitative patient care indicators will have to be collected to determine the effectiveness of the role in the nursing home.

O186

Improving Staff Influenza Immunization Rates in Long-term Care Homes

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Purpose: To improve staff vaccination rates of seasonal influenza immunization in a group of eight Long-Term Care Homes (LTCHs) operated by a Regional Municipality while simultaneously providing meaningful clinical placements for fourth year BScN students.

Background: Health professionals play an important role in preventing influenza. Vaccination protects healthcare workers and also helps protect their own family's health and the health of their patients. Higher rates of
vaccination among healthcare workers are linked to improved patient outcomes and reduced absenteeism and infection among staff (CDC, 2010).

Methods: The Influenza Education and Flu Shot Clinics Project was offered to 4th year Community Health Nursing students as a Population Focused Care Project clinical placement. It involved the development and implementation of an influenza vaccination campaign for staff of eight LTCHs. Students researched information on influenza, immunization, adult teaching/learning principles, marketing, and population health to design and deliver an education campaign and flu shot clinics.

Results: Immunization rates increased overall from an average of 38% over the past three years to 78% for 2011. All homes had staff immunizations at or above 70%.

Conclusions: This project provided an invaluable service to the LTCHs as it not only realized its goal of increased immunization rates for staff, but it also freed up staff time from Public Health, Infection Control, Registered Nurses and Directors of Resident Care at each LTCH by having the students provide the service which is normally given by these three groups.

O187

Communication in ethnoculturally and linguistically diverse long-term care

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BACKGROUND: Increases in geographic mobility and immigration have led to challenges in meeting the ethnocultural and linguistic needs of seniors in many long-term care environments. An aspect that is particularly problematic, and that has received little attention in research, is the quality of interactions between care staff and residents when they do not share the same language or culture. OBJECTIVE: We explored the perspectives of care staff, the residents they cared for, and the residents’ family members regarding the challenges and strategies that influence the quality of their interpersonal communication. METHOD: Three focus groups were conducted, one each for the staff, residents, and family members from an ethnoculturally and linguistically diverse long-term care community. The audio-recorded data from each focus group were translated, transcribed and coded using comparative content analysis. RESULTS: Several challenges to communication were reported by the three groups. Emerging themes related to the mismatches in staff and resident language and/or cultural practices, as well as the influence of residents’ cognitive impairments. All three groups also identified strategies to facilitate communication. For example, regular collaboration among staff, residents and their family members enabled staff to get to know residents and their cultural and personal preferences, as well as support the residents’ daily routines. A key strategy emphasized by staff was for them to learn basic words in the language of the residents. CONCLUSIONS: The findings support a team approach to managing ethnocultural and linguistic diversity in which there is open communication and mutual respect among all stakeholders.

O188

Uncharted Territory: Health and Social Services for Older Adults with Intellectual Disabilities

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Following decades of deinstitutionalization, along with improvements in medical and social care, the life expectancy of adults with Intellectual Disabilities is now extending far into their later years. Previously, scholars have expressed concern that our Canadian health and social services are not adequately prepared to support this population as they age, in part because this is the first time that a large cohort...
of older adults with Intellectual Disabilities will be living in our communities. To generate new knowledge about how to address the needs of this population as they age, we conducted a qualitative policy analysis study that involved focus groups and key informant interviews with adults with Intellectual Disabilities aged 40 and above, family members, social service providers, and healthcare providers across the province of British Columbia. Findings focus on several key areas: 1) the practical policy implications of transitioning from "Person With Disabilities" to "Senior Citizenship" status; 2) the lack of knowledge among healthcare professionals, particularly in acute care settings, to provide appropriate care for this population; 3) the availability of informal supports from aging parents and siblings; and 4) end of life care. Implications from this study address the need to integrate content into healthcare professional programs and continuing education, as well as specific policy changes required to support adults with Intellectual Disabilities as they experience increasing age and frailty.

O189
Tackling Support Issues for Aging Clients with a Developmental Disability: A Strategic Partnership Between Research and Support Services

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Objective: Vecova Centre for Disability Services and Research identified an emerging challenge facing our organization - aging clients with developmental disabilities whose changing needs created challenges to the service models being implemented. The objective of this research was to develop adaptive solutions and service models in order to be proactive to the issues aging clients face.

Method: An initial research project brought together a steering committee consisting of research staff and services staff who worked together to identify the challenges and needs of staff and aging clients. Focus groups were conducted with staff identified as having aging clients on their caseload.

Results: An action committee was created to develop adaptive solutions and service models in order to be proactive to the issues aging clients face and their changing needs. One of the key priorities identified through the focus groups was to identify staff training needs in the aging field and to identify the sources for this training. To date, 3 training courses relating to supporting aging clients have been identified with 46 staff receiving this training. Within this partnership, Research Services has taken on the role of identifying the key priorities of the organization in developing best practices to manage the changing needs of its aging clients.

Conclusions: Through this collaborative partnership between front-line services and research services, we are able to identify the emerging needs of aging clients through key research (e.g., focus groups) and address these needs through best practices research and service model modification.

O190
Older Adults with Acquired Brain Injury: Functional Independence Measures after Inpatient Rehabilitation

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Objective: The highest rates of acquired brain injury (ABI) are among older adults. This presentation examines population based data on the Functional Independence Measure (FIM) ratings at admission and discharge from inpatient rehabilitation by type of ABI and referral destinations.

Method: Data on referral destinations and FIM ratings were obtained from the National Rehabilitation Reporting System for fiscal years 2003/04 to 2009/10. During this period, there were 1151 TBI and 1448 nTBI episodes at discharge.

Results: The mean FIM rating at admission among TBI patients was 77.8 (SD=22.1) and
99.9 (SD=21.1) at discharge. Among nTBI patients, the mean FIM rating at admission was 73.7 (SD=22.6) and 95.9 (SD=23.6) at discharge. TBI patients referred to another inpatient rehabilitation unit had the lowest rating at admission (64.6, SD=22.7) and at discharge (74.4, SD=27.9) while patients referred home had the highest rating at admission (81.3, SD=20.7) and at discharge (105.5, SD=15.0). Across all referral destinations, the mean rating at discharge was significantly higher than the rating at admission (p<.01).

**Conclusion:** Average FIM ratings at admission and discharge across all referral destinations were significantly higher among TBI patients. However, significant and similar gains in FIM rating were observed among both groups, suggesting that gains in FIM rating are not dependent on the type of brain injury but rather, the differences in the characteristics among these two groups of patients. Further research into this area will assist in planning rehabilitation programs for patients with ABI.

**O191**

**Addressing Ageing for Individuals with Developmental Disabilities and their Families - A Collaborative Approach**

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Learn why ageing is important in the context of people with developmental disabilities and how Community Living BC (a crown agency, under the Provinical Government's Ministry of Social Development, mandated to provide services and supports to adults with developmental disabilities) is creating a "Strategy on Ageing". This Strategy will guide and lead the organization to ensure that the needs of ageing individuals with developmental disabilities and their families can be addressed.

Thirty-nine (39) Forums on Ageing, with over 1275 participants were held across British Columbia. A summary report was prepared capturing the themes from the community conversations. The results of these forums, the Guiding Principles and other data will be shared and explored with conference participants.

**O192**

**Aging with major disability in New Zealand: Living with a spinal cord condition for over 20 years.**

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New Zealand has a unique social insurance system for accident and injury compensation and rehabilitation; the social model of disability is prevalent in policy discourse, alongside ‘positive aging’.

**Objective:** To assess the longterm impacts for people living with a spinal cord condition (SCC) for over 20 years, with a view to better understanding the policy and service interface between aging and disability, in this population in New Zealand.

**Methods:** A three-phase mixed methods study has been completed. Extended life history qualitative interviews were conducted with twelve people aged over 45 who have lived with a spinal cord condition for more than 20 years. The second phase established a national database of those living with a spinal cord condition of this duration. This national SCC population was then surveyed by questionnaire to explore themes arising from the qualitative interviews.

**Results:** Phase one reveals experience of adaptation and survival, disability and aging, health and work, family and social circumstances, and perceptions of quality of life. The national database created through the project of those living with SCC of 20 or more years identified a total of 1042 people, with completed surveys received from 31% of this population. Preliminary analyses indicate age-related changes in health, as well as wide variation in living circumstances.

**Conclusions:** This study demonstrates the importance of a mixed methods approach, in the qualitative results, the size of population revealed, and robust findings in relation to key policy issues.
O194
Exploring filial and family norms in Chinese dementia caring
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In the literature on Chinese family caring, filial piety or norm is mostly examined or explored in terms of responsibility or obligation to provide care for an elderly relative. Although affection and love are key elements integral to the concept of filial piety or norm, there is little information on this affectionate component of the concept. Using the case study method, this study explored how four Chinese families caring for an elderly with dementia actually practice, perform, express and construct the notion of filial and family obligation in everyday caring. Each case comprising two or more family members and/or a service provider participated in in-depth interviews and observation sessions. Data were analyzed using ATLAS.ti. Findings showed that the families drew on the Confucian value of a Chinese relational self for understanding family or filial obligation. Specifically, all participants emphasized their position in the relationship and the attendant obligation of both responsibility and affection for each position. Participants asserted that they could not separate the two aspects as responsibility and affection co-constitute each other. In addition, unlike the individual and ‘self’ of mainstream carers in the literature who remain centre-stage in their strive for autonomy and independence, the ‘self’ is less prominent and the boundaries of the individual or ‘self’ more permeable and fuzzy in the Chinese relationship. This relational emphasis highlights the importance of nuance and duality when examining dual aspects or categories like responsibility and affection or the ‘self’ and the relationship in practice and research with Chinese families.

O195
"When you are well and you do things yourself": First Nations Seniors' Perceptions of Healthy Aging on Manitoulin Island, Ontario
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This presentation reports results from my PhD research investigating experiences of aging and Alzheimer's disease among First Nations seniors on Manitoulin Island, Ontario. Aboriginal seniors in Canada are known to have lower health status than their mainstream Canadian counterparts, including higher levels of chronic and co-morbid diseases such as diabetes and cardiovascular disease. Despite this, there has been little research that documents First Nations peoples' explanatory models of healthy aging and their perceptions of what constitutes a successful old age. Here, I focus on First Nations seniors' perceptions of successful aging and consider the implications of the promotion of healthy aging as strategy to reduce risk factors for Alzheimer's disease and related dementias. This community-based participatory research project used in-depth, semi-structured interviews with healthy seniors, seniors with dementia and older adults providing care to a family member with dementia to determine First Nations peoples' perceptions of a good old age, their efforts to achieve it, and the barriers and enablers to successful aging in their communities. This research demonstrates that First Nations seniors strive to remain healthy, active and engaged in life as they age. However, barriers such as changing family structures, transportation and finances impact their ability to age well. I conclude that improving seniors' access to resource that promote and support healthy aging has the potential for far-reaching effects not only for overall health and well-being, but also for the maintenance of cognitive health in old age.

O196
What does it mean to be a grandmother? Perceptions and experiences of grand mothering across ethnic diversity in the UK
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This article examines older women’s (age 60-78) perceptions and experiences of grand mothering in the UK. A key aim is to develop a conceptual framework with which to understand diverse accounts and experiences of grand mothering. The article draws on findings from an Economic and Social Research Council (ESRC) funded qualitative project that utilised semi-structured interviews and focus groups to explore factors influencing the quality of life of older women,
from diverse ethnic backgrounds. The role of grandmother's in providing practical and emotional support to families was an important finding of this research. The article focuses on three main areas; the role older women play in providing stability and practical and emotional support for their children and grandchildren, the transmission and reproduction of cultural knowledge in intergenerational relationships, and the extent to which grand mothering responsibilities influence the well being of older women.

O197

Mauri mahi, Mauri ora: Expressions of work for Māori Kaumātua (Māori elders) in Aotearoa New Zealand

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Calls to develop local theory which evolves out of, and connects with, Aotearoa New Zealand are increasing. This bi-cultural nation comprises indigenous Māori peoples-Tangata Whenua (People of the Land)-and Pākehā (settler and migrant heritage)-Tangata Tiriti (People of the Treaty). Changing expectations of ageing, retirement, and work prompted us to explore local elders' experiences of work in later life.

This paper is part of a wider interpretive study of older people's experiences with purposeful paid or unpaid mahi (work) in later life, undertaking in-depth interviews with 20 Pākehā and five Māori kaumātua (elders). Our analysis used the whakatauāki (proverb) Mauri mahi, Mauri ora; Mauri noho, Mauri mate: In our work and participation our true essence is positively expressed and enhanced; when we no longer work and participate we are no longer part of the whole and therefore diminished.

The analysis identified two main findings. The first, Whānau mahi whānau ora (Whanau work, whanau well-being) had three sub-themes: Work as responsibility not choice; work as interconnected domains (i.e., business, play, and whānau); and all work as dependent on the collective.

These findings highlight work for Māori kaumātua as being connected, valued, and involved. They challenge conventional notions of work in later life as being separate from other domains of the lived experience.

O198

The RIA Learning, Research and Innovation Centre: Bridging research, training, practice and senior living

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In 2011 the Ontario government established three Centres of Learning, Research and Innovation. The Waterloo location includes a new long-term care home and an adjacent research and training building. This keystone development brings together an existing network to create a unique model for the incubation, acceleration and dissemination of innovations in seniors living and care.

Objectives. This project aims to shift the current reality of seniors care to a new reality where seniors live well in long-term care despite increasing frailty, where workers (current and future) get the training necessary to be effective with an increasingly complex population, and where research-informed practice and practice-informed research underpin innovation.

Method. This ambitious project co-locates university and community college students, educators and researchers together with seniors' living. Construction of the keystone buildings is underway. One component of this model - a living classroom consisting of 4 classrooms, a clinical skills lab with practice mannequins, a computer lab, and a teaching seniors apartment has been in place in a nearby long term care home for 2 years as a trial. Impacts on the home as well as the student experience were evaluated.
Abstracts / Abrégés

O199 Enhancing care of seniors: Impact of a living classroom on the education of nursing students

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Enhanced care and quality of life for seniors requires change in many areas, including gerontology education for health professionals; practice development and skills enhancement for those working with seniors; and research that is relevant for seniors care. When these elements occur independently of each other, as they often do, there are serious disconnects between what is going on in practice, education, and research. To overcome this silo approach to practice development in Long-Term Care (LTC) and improve access for students, Conestoga College (Kitchener), the University of Waterloo-Schlegel Research Institute for Aging (Waterloo), and Schlegel Villages (Guelph) created a collaborative partnership model. This paper will present the integration and evaluation of ‘Living Classrooms’ in nursing education to enhance knowledge solutions and training grounds for students while practicing learning in place and living learning. Findings of this 2-year descriptive evaluative study have significant implications for career attractiveness of LTC, recruitment and retention issues, interprofessional collaboration education and resident-centred learning; and the promotion of LTC as a professional learning and mentoring environment.

O200 La toilette du sujet âgé : un soin à reconsidérer dans la formation en soins infirmiers

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Objectif : Face au vieillissement de la population, il importe que la formation en soins infirmiers développe des savoirs cliniques sur les aînés. Dans ce contexte, cette étude vise à identifier les éléments fondamentaux pour la qualité de la toilette du sujet âgé, en vue de l’élaboration d’un support e-learning sur cette thématique. Méthode : Étude qualitative descriptive, interprétative. Des focus groups (n=3) sont effectués avec 4 étudiants (M= 22 ans) provenant de chaque année de formation de la HEdS La Source (Lausanne), 8 professeurs de cette école, 5 praticiens formateurs de divers lieux de stage. Aussi, des entretiens semi-directifs avec des aînés (n=5) vivant en établissement médico-social sont réalisés. Résultats : L’analyse des discours révèle que la toilette du sujet âgé est une expérience complexe. Autant pour les jeunes étudiants que pour les soignés âgés, ce soin qui ne se réduit pas à sa dimension technique - pose des difficultés qui relèvent du corps vieillissant nu et souillé, de la pudeur, de l’intimité/sexualité, du toucher, et de la relation soignant-soigné au cours des gestes de la toilette (notamment lorsque l’aîné souffre des troubles cognitifs). Or des dimensions éthiques, culturelles, d’habitudes de vie complexifient la relation lors de ce soin. Conclusions : Au-delà de la technique, ces aspects de la toilette de l’aîné sont à développer dans l’enseignement de ce soin, en considérant que les futurs infirmiers seront appelés à soigner des aînés dans différents milieux de pratique. Le support e-learning envisagé accompagnerait un enseignement interactif dans ce sens.

O201 Optimizing Knowledge Exchange Activities Among Researchers, Policy Makers and...
Health Care Providers to Improve Pain Management in Long Term Care

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OBJECTIVES: Despite the high rates of pain in long term care (LTC), pain continues to be under-assessed and under-treated. Efforts are needed to improve pain management in LTC using creative strategies. This presentation will describe a knowledge transfer activity that bridges the domains of research, policy and practice aimed at improving resident care related to pain management.

METHODS: In partnership with Health Quality Ontario, we assembled a Pain Advisory board of 24 pain/LTC experts with representation from pharmacy, medicine, nursing, personal support workers, LTC administration, and provincial organizations. We used a Delphi consensus method that included three sequential rounds of data gathering interspersed with controlled feedback to develop a list of priority areas for change intended to improve pain management in LTC.

RESULTS: During the first round of data gathering, 44 areas requiring change related to pain management in LTC were identified. Using online surveys, these 44 items were further reduced to identify key priority topics including the need for: (a) residents to be encouraged to report their pain openly and consistently to staff, (b) staff to treat resident pain in a timely manner, (c) personal support workers to be involved in identifying resident pain, and (d) a Pain Team to be assembled at each LTC home.

CONCLUSIONS: It is hoped that this knowledge exchange initiative will result in improved uptake of evidence-based information across the LTC sector, higher use of appropriate pain assessment tools particularly for those residents who have cognitive impairment, and improved pain management for LTC residents.

O202

Innovation in post-secondary education to enhance services for seniors

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Demographic change, changing consumer needs and desires and expectations for increasing quality and cost-effectiveness of health care services underpin an urgent need for innovation in post-secondary education and services for seniors. This presentation will describe several initiatives that have been implemented to engage faculty at the Health and Life Sciences and Community Services at Conestoga College, Kitchener, and practicing professionals at the Schlegel Care Villages, home to 2500 seniors with 2500 staff. Initiatives are all based on a strong collaboration between the College and the Schlegel Villages and include the implementation of a revised curriculum and student experiences to improve graduates’ knowledge, skills and attitudes for seniors’ care; enhanced processes and practices in long-term care settings to identify and narrow knowledge -practice gaps; involvement of students and faculty in applied research studies to identify practices to improve quality of care; and development of highly qualified faculty and professionals. All initiatives are supported by a new virtual Center for Advancing Seniors Care and a range of knowledge dissemination activities. The first year results of this work are of value to educators of health and community service professionals who aim to collaborate with long-term care providers and policy makers as they develop strategies to improve care and services for seniors.

O203

Sharp-End and Blunt-End Systemic Factors that Contribute to Adverse Events in Community Healthcare

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Introduction: Home care is an efficient and effective way to support a person requiring...
healthcare in community because most of care is provided by family and friends. For effective home care, the safety of both the care-recipient and the caregiver is essential. Improving safety requires an understanding of the factors that contribute to adverse events (AEs).

**Objective:** The purpose of this study was to investigate AEs that involved elderly individuals who received care from informal caregivers, and examine the factors that contributed to the AEs. Our objectives were to inform stakeholders about the causes of AE and initiate discussion about strategies for home care safety improvements.

**Method:** A multiple case study methodology was utilized and 10 AEs were identified in collaboration with a South Western Ontario Family Health Team. AEs were investigated using the Systemic Falls Investigation Method (SFIM) and content analysis was employed to analyze contributing factors at four levels of the Swiss Cheese Model of Accident Causation.

**Results:** Preliminary results indicate that AEs in home care involve acts and decisions of the care recipient, their caregiver and healthcare team; as well as physical and social environments, and societal influences, such as healthcare policies that guide home care practices.

**Conclusions:** Due to demographic changes, there will be an increased number of older people who will be exposed to safety risks in home care. One way to effectively address these risks is to investigate and remove systemic factors that can cause harm to home care recipients and their caregivers.

**O204**

**Home Care Safety for an Aging Population**

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Over the years, the average life expectancy of Canadians has been increasing. By 2036, Statistics Canada estimates that 25% of the Canadian population will be over the age of 65. Due to these changes, the notion of safety for clients and caregivers has become increasingly fundamental within the realm of home care. Although home care research is abundant, there remains a gap in this literature on the concept of safety.

To attend to this gap, a CIHR funded scoping review was conducted on home care literature to identify safety related markers for clients suffering from Chronic Obstructive Pulmonary Disease and Congestive Heart Failure and their respective caregivers.

Seven safety markers were highlighted for these populations within home care: a sense of being left ‘home alone’ to deal with their illness; carrying responsibilities without adequate information or recognition of specific needs; difficulties in dealing with numerous health professionals entering their home; fulfilling multiple roles; managing medication regimes; being left out of pocket due to costs of required resources; and risks to caregivers’ own health due to the stress and increased responsibilities of caring for a loved one at home.

Recognition of these safety related home care markers for clients and their families gradually become more significant as the face of aging continues to dramatically change. These results aim to advance safety related knowledge and the culture of safety at home, improve quality of life for clients and caregivers, and enhance the care provided by the health care system.

**O205**

**Safety in the provision and receipt of home care: Testing a conceptual model of client and family perspectives**

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Older adults and their family members have identified the home as the ideal location to “age in place,” and for many Canadians home support services facilitate this. The provision and
reception of home care, however, can pose safety hazards for those involved. The Nexus Home Care Project (2006-present) has collected data about home support services to older adults (http://nexushomecare.arts.ubc.ca). In-depth interviews with 82 clients and 56 family members in British Columbia identified complex and multifaceted safety concerns. A thematic analysis of verbatim transcripts was conducted. The analysis was guided by a conceptual model of intensifying and mitigating factors in safety in home care, which we developed using interviews with 118 community health workers (CHWs). Clients and family members discussed the nature and source of their safety concerns, including those that (a) precipitated the receipt of home care, (b) occur while CHWs are in the home, and (c) occur when workers are not present. Consistent did workers, clients and families discussed safety concerns that were physical, temporal, social and spatial in nature. Spatial concerns (including fire and fall hazards and the layout, cleanliness and equipment in the home) were most commonly identified. This emphasis on the spatial domain highlights the unique and often challenging nature of the home as the location of care. For family members, elder's cognitive conditions intensified their concerns, while the presence of the worker in the home was a mitigating factor. Findings highlight the ways in which the client, family and worker safety agendas are inextricably linked.

O206

Carers' ambivalence in conflict situations with older persons within municipal home help services

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The aim of this study was to illuminate the meaning of carers' experiences in caring situations when a conflict of interest arises with the older person receiving care. Participants were 13 carers working in municipal home help services in two different municipalities in Sweden. Audio-taped narrative interviews were conducted, transcribed verbatim and analyzed with a phenomenological hermeneutic method. The findings reveal a main theme: "Being oneself or acting as someone else" and three themes: being intuitive when giving care; being ambivalent in facing a conflict of interest; being guided by doing what is best when facing a conflict of interest. The comprehensive understanding discloses carers being alone in their ambivalence, being oneself or acting as someone else, wanting to do the best thing for the old, feeling insecure about their actions, which is difficult and stressful for them. It might be a valuable support to stimulate carers to take an active role in older people's daily care through ethical reflections with focus on a relational approach to autonomy. The implication for this study indicates a move towards a person-centred practice, and to focus on people as interdependent on support carers to maintain older people's right to self-determination in the relationship.

O207

Effective integration of evidence-based practice guidelines for better care and outcomes of older adults in the community:

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In order to implement effective nursing care for older adults, it is important to understand the relationship between use of evidence-based practice guidelines and client outcomes. This study was designed to increase our understanding about how client, nurse and system characteristics affect nurses' use of best practice guidelines (BPGs) for the care of older adults in community settings.

Following cluster sampling, 348 home care nurses completed questionnaires, representing 13 offices and 4 nursing provider organizations. 978 charts from the same sites were audited for documentation of nursing interventions that are described in the BPGs developed by the Registered Nurses' Association of Ontario consisting of pain, dyspnea, pressure ulcers and falls.

Clients who had COPD or dyspnea documented on admission, who received at least one evidence-based intervention, had 111.4% higher odds of reducing the dyspnea than clients where
no interventions were documented. Older clients experienced 1.2% less improvement in their pain intensity or frequency than clients who were 1 or more years younger. More frequent nursing visits were associated with high likelihood of improvement in pain intensity/frequency.

The study findings will assist home care organizations to design delivery models that would benefit older clients through effective integration of evidence-based practice guidelines.

O208

Mettre en acte l’approche gériatrique globale. Une difficulté explicative du désintérêt des jeunes médecins en formation pour le suivi à domicile

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Les services à domicile sont reconnus comme une condition importante pour la santé et le bien-être des personnes âgées en perte d'autonomie. Ils sont cruciaux à la réalisation du virage domicilo-centrique, valorisé par tous au Canada. Cependant, les jeunes médecins ont un fort désintérêt pour cette pratique, ce qui creuse l'écart entre les besoins de la population et l'offre de services. À l'occasion d'une étude exploratoire réalisée auprès de résidents (ans 1 et 2) et de leurs formateurs dans une unité de formation pratique, nous avons montré comment ce désintérêt pour la pratique de suivi à domicile se cristallise rapidement et durablement au cours de la première année de résidence. Nous avons travaillés à partir d’entrevues individuelles (n=8) et de deux groupes de discussions auprès de 11 résidents, et ce, à deux temps différents de la résidence. Le désintérêt pour cette pratique émerge entre les deux années de résidence et semble se cristalliser fortement. Nos résultats sont en phase avec les données probantes explicatives de ce désintérêt (mode de rémunération, attrait des jeunes pour la technologie, etc.), mais montrent aussi que ce qui est au cœur de ce désintérêt est la difficulté, en contexte domiciliaire, de fragmenter l'action médicale, ce qui est relativement facile en contexte de médecine de contact (sans rendez-vous et urgences). Derrière le désintérêt pour la pratique de suivi à domicile se profile donc la difficulté des jeunes médecins, à conditions de pratique constantes, à relever les défis cliniques des approches globales de la santé.

O209

‘Paid Companions’ - Ambiguities of Terminology and Job Description

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Objectives: Language is imbued with associative meaning that changes according to the context, creating ambiguous connotations that can be attached to words and terms. Paid companions reflect a particular type of caregiving that has emerged in private care services for the elderly. The purpose of this paper is to examine the ambiguities inherent in the term ‘paid companion’ and transferred to the work itself.

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

Results: From the recruitment stage through data collection, ambivalence and contestation around the meaning of the words ‘companion’ and ‘paid companion’ surfaced with both companions and clients. Reasons for this vary, but arise out of questions of interpretation of the job description; personal care and companionship; association of the term with unwanted professions such as escort service or sex work; client independence; class and status; and the commodification of friendship.

Conclusions: The ambiguity reflected in the terminology illustrates that it is inherent in the work. Paid companions do not fit into a single category or easily defined job description and
instead fulfill a variety of needs and take on a multiplicity of roles for their elderly clients.

This research was supported by SSHRC, University of Victoria, BCNAR, Sara Spencer Foundation, and BC’s Ministry of Labour and Citizen’s Services.

O210

Migrant live-in caregivers providing care to Canadian older adults: An exploratory study of workers' life and job satisfaction

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Objective: Since aging-in-place is the preferred choice for many older adults, employing in-home caregivers to look after them is an emerging practice in Canada. The Live-in Caregiver Program (LCP), established by Citizenship and Immigration Canada, allows Canadians to employ qualified foreign workers in their private residence, for care of children, the elderly, the sick and persons with disabilities. The purpose of this presentation is to explore job and life satisfactions of LCP elder care workers and how that impacts their service to their clients.

Methods: The presentation is based on a mixed methods study, where data was collected through interviews and a short survey. 14 care-workers were interviewed in 2009 and five were followed-up in 2011. Job satisfaction was assessed through open-ended questions and through administration of a scale adapted by Grau et al.

Results: In addition to reflecting on the challenges that migrant care-workers face, the presentation provides a glimpse of the achievements workers experienced over time through joining the LCP. It also offers evidences of the program’s relative attractiveness to care-workers, who often have transnational experiences against which to compare its benefits and drawbacks.

Conclusion: The LCP has been studied from various critical viewpoints focusing on workers’ rights. However, few studies have examined the program from other perspectives, and even fewer have focused exclusively on LCP caregivers who provide long term care to older adults. This presentation aims to contribute in enhancing our understanding about the characteristics of LCP elder care workers and their clients.

O211

Role Reward in Grandmothers Caring for Grandchildren

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Grandparents caring for grandchildren is a significant phenomenon in childrearing with increasing numbers of grandparents primarily providing care to their grandchildren due to family breakdown, teen pregnancies, substance abuse, and parental death. Grandmothers caring for grandchildren may experience both negative and positive health and social outcomes. Many studies investigate negative outcomes, but not the positive ones. Therefore, little is known about the positive outcomes for grandmothers caring for grandchildren. A study is being conducted to explore role reward, which is a positive outcome in caregiving studies that is related to reduce depression and stress, and better coping strategies, health and general well-being. This study will 1) investigate the relationships among family life stress, social support, resourcefulness, religiosity/spirituality, and role reward in grandmothers caring for grandchildren; 2) analyze the mediator effects of religiosity/spirituality between family life stress and strain, and role reward. The Resiliency Model of Family Stress, Adjustment, and Adaptation will be used for analyzing relationships among these factors in 334 Ohio grandmothers. Secondary data analysis will be conducted using data from a longitudinal study. Data were collected through mailed surveys. Data analyses include descriptive statistics and structure equation modeling; results are forthcoming. This study will significantly contribute to researchers’ understanding of role reward for grandmothers caring for grandchildren, and it will provide research information needed to identify timing, target, and context for nursing interventions designed to support and improve role reward in caring for grandchildren.
O212
Caring for Informal Caregivers Across Ontario in A Changing World

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Objective: This research examines the role of the informal caregiver of frail seniors across 9 regions in Ontario and discusses the policy implications of policy shifts and demographic trends.

Method: Secondary data analysis of the Resident Assessment Instrument for Home Care (RAI-HC) from 9 regions in Ontario was conducted in order to identify the characteristics of informal caregivers and to address the involvement of informal caregivers across Ontario.

Results: Caregiver presence is varied throughout Ontario. Toronto Central LHIN had the highest number of seniors (65%) living without a caregiver in their home. Central West LHIN has the highest number of seniors (56%) living with at least one caregiver in their home. Variations in the number of seniors living with caregivers may be the result of several factors including culture, rurality, availability of housing etc. These results are discussed in light of current population trends and policy implications are highlighted.

Conclusions: The shift in care settings is highly dependent on the role of informal caregivers. Considerations need to take into account changing population trends and the impact that the shift in care settings may have on informal caregivers or home and community care capacity. Future research needs to consider what is the best mix of formal services for different combinations of clients.

O213
Changing Family Caregiving: Innovative Approaches to Support Dynamic Needs

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Objectives. This presentation highlights findings from 3 innovative projects funded under the Family and Informal Caregiver Support Program (FICSP) supported by the Weinberg Foundation. This 3-year national initiative provided $8.4 million to 14 U.S. nonprofit organizations to support efforts to build community partnerships and capacity to support low-and middle income caregivers. Methods. A national developmental evaluation was conducted and lessons learned are distilled from the evaluation of 3 innovative caregiver projects that used technology in an effective way to support caregivers and increase access to services. Results. The Alamo Caregiver Tele-Connection program supports caregivers through a cost-effective tele-learning program for caregivers that allows them to build peer networks and benefit from the guidance of experts in a confidential and convenient fashion. The Caregiver Connections project offers home modifications as a hook to get caregivers into educational sessions that allow them to access any other needed services and to know how to get additional support when needed. The Share the Care project developed an individualized self-assessment web-tool that allows caregivers to identify their own caregiving needs and to help them in accessing services, support and information. Findings from these national evaluation data indicate that these caregiver models have significantly impacted on caregiver risk, depression and burden, in addition to developing capacity to collaborate within their community. Conclusions: Addressing fragmentation and increasing capacity requires collaborative efforts and innovative approaches. Caregivers benefit from "no wrong door" approaches and effective use of technologies that increase access services as care needs change.

O214
A pilot study on healthcare aides’ time use in a nursing home

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Purpose: To explore healthcare aides’ (HCAs) time spent with residents in a long-term care (LTC) unit; to monitor potential changes in time
use, caregiver satisfaction, and resident falls during the study period.

Methods: An observational exploratory pilot study was conducted using a convenience sample of nine HCAs employed in a LTC unit within a residential nursing home in Alberta. Structured observations, semi-structured interviews, a short survey, and other sources (e.g., incident book) were used to collect data during 9 weeks in a 6-month period. A researcher-observer shadowed one to four HCAs for five to eight hours per dayshift during working days (in total 700 hours of observation approximately). The observer-researcher monitored time spent in: personal care, assisting with eating, socializing, paperwork, networking, and other activities (e.g., travel time).

Results: Personal care activities consumed more than 50% of HCAs' working time in each shift and about 23% of their time in other activities. One-to-three minutes activities consumed about 35% of the time spent in personal care and 20% of time in assisting with eating. Overall, caregivers' time spent in socializing was less than 1%, about 6% in networking, and less than 4% in paperwork. At the end of the observational period, HCAs reported higher levels of job satisfaction, while resident falls decreased.

Conclusions: Re-organizing HCAs' routine practices may minimize the one-to-three minute activities, which can be interpreted as interruptions to continuity of care or waste of time. Fewer interruptions may allow HCAs to use their time with residents more effectively.

O215

The Effectiveness and Efficiency of Knowledge Translation Interventions Targeting Healthcare Aides in Residential Long-term Care

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Background: Little research has focused on methods of translating innovations into the care of long-term care residents. This study seeks to understand the effectiveness and feasibility of knowledge translation (KT) interventions designed to sustain the uptake of a mobility innovation by healthcare aides in residential long-term care.

Method: Following brief education about the mobility innovation, a new KT intervention was introduced each month for 8 months to sustain healthcare aides’ behaviour: informal discussions, reminders, discussion groups, implementation tips, documentation sessions, manager's encouragement, healthcare aide champions, and audit & feedback. The educator and manager implementing the KT interventions completed a semi-structured questionnaire and rank-ordered the KT interventions based on effectiveness and feasibility. Questionnaires were analyzed using qualitative content analysis to identify codes and categories. Rankings of the eight KT interventions were compared to identify the extent of agreement.

Results: The educator and manager agreed that early informal discussions about documentation of the innovation were effective AND efficient in enabling healthcare aides to adopt and sustain the mobility innovation. Both agreed that developing a healthcare aide champion would be time-consuming. The educator emphasized the effect of KT interventions on the healthcare aides (recognizing, validating, motivating) while the manager emphasized the feasibility of, and time invested in, the KT interventions (preparing materials, scheduling activities).

Conclusions: This study contributes an understanding of the effectiveness and feasibility of KT interventions in long-term care. We will use these findings to inform a controlled trial of KT interventions targeting healthcare aides in residential long-term care.

O216

Identifying Value Added Benefits of Nurse Practitioners in Long-term Care Homes: Enhancing Nursing Staff's Ability to Care for Older Persons

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The objective of this presentation is to describe how nurse practitioners enhance nursing staff’s ability to care for older persons residing in long-term care homes. The number of people living longer is increasing globally. Many are at risk of physical and cognitive impairments and need admission into long-term care homes. In long-term care homes there is increased use of licensed practical nurses and unregulated care givers, with fewer registered nurses providing patient care. This staffing model raises concerns regarding the ability of staff to meet the needs of persons entering long-term care who are increasingly older, frailer, and sicker. One approach to support the nursing staff has been to employ a nurse practitioner, who is expected to enact advanced nursing competencies such as leadership, consultation, and collaboration, in addition to the clinical components of the role. Understanding how nurse practitioners work with nursing staff is important in determining their value added benefit in long-term care.

Method. Data were obtained through focus groups and interviews with licensed nurses, personal support workers, and managers in long-term care homes in three regions of Canada.

Results. Owing to enacting the competencies of leadership and consultation/collaboration nurse practitioners were perceived to enhance nursing staff’s clinical skills, resulting in improved quality of care and allowing homes to admit older persons requiring more complex care.

Conclusion. Nurse practitioners used multiple approaches to enhance staff’s knowledge and skills. Increasing nursing staff’s ability to care for older persons is a value added benefit of nurse practitioners in long-term care.

O217

A Case Study of Resident and Family Perceptions of the Nurse Practitioner Role in Long-Term Care Settings

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Objective: Nurse Practitioners (NPs) have been a relatively new addition to the health care team in long-term care (LTC) homes in Canada. While there is increased emphasis on putting residents and families first, little is known about the perceptions of residents and family members related to the role of the NP in these homes. One objective of this large study was to explore the perceptions of residents and family members related to the NP role in LTC homes.

Method: An exploratory multiple case study was conducted in four long term care homes across Canada. The homes were selected to represent diversity in size, location, and funding model. Data were collected using in-depth face-to-face individual interviews and focus groups. Residents (n=14) and family members (n=21) participated in seven focus groups and three individual interviews across the four sites.

Findings: Analysis revealed three major themes related to the NP role in LTC homes: (1) fostering relationship-centred partnerships, (2) providing enhanced quality of care, and (3) optimizing and sustaining the NP role. Participants explained that NPs had an intimate knowledge of residents, provided informational and emotional support, and facilitated participation of residents and families in decision making. They described how the NPs used their expert knowledge and skills to improve availability and more timely access to care and prevented or delayed hospitalization.

Conclusions: Findings suggest that residents and family members view the NP role as critical in providing relationship-centred care and enhancing quality of care in LTC homes.

O218
Development and Evaluation of an E-learning Program for Nursing Assistants: Managing Challenging Relationships in Nursing Home Care Environments

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Objectives: An e-learning program for nursing assistants (NAs) with a focus on management of stress arising from relationship conflicts with residents, families and co-workers was evaluated in a national survey of participant responses to the content, e-format, and applicability of the program to care practices.

Methods: NAs and their nursing supervisors were recruited from 17 long term care institutions across Canada (N=117). The e-learning program in DVD format could be viewed on computers or TVs at times convenient for NAs. Modules focused on NAs' management of work-related relationship conflict and self-care, nursing supervisor's support of NAs' management of work-related stress, and animations of NAs management of conflict situations. At each institution an educator recruited participants, arranged time and equipment for viewing DVDs, and arranged conference call follow up focus groups that were audio recorded and analyzed qualitatively.

Results: Overall the NAs viewed the e-learning content and format as useful and relevant to their work situations. NAs reported greater confidence in managing conflicts with residents and less comfort dealing with families, co-workers and supervisors. Many NAs felt that their input to care planning was ignored and/or rarely solicited. Due to resident care demands, team meetings did not exist in many institutions and were infrequent in most others.

Conclusions: This readily accessible e-learning program is useful as an initiation tool for new hires and a refresher course for more experienced NAs. The program will be revised to reflect gaps in institutional support of NAs management of work-related stress.

O219

Opportunities for Change - Characterizing Social and Recreational opportunities in Assisted Living

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Background: Participation in recreation programing provides opportunities for physical activity, social engagement, and community connectedness, which are important components of overall well-being. In British Columbia, Assisted Living (AL) sites are mandated to provide recreational opportunities for tenants. However, details of the activities are not well understood, as individual sites plan, deliver, and evaluate programming based on site characteristics and tenant needs. Therefore using an integrated knowledge translation (iKT) framework, we characterized social and recreational opportunities in AL across two provincial health authorities.

Methods: We used an iterative iKT process developed through a joint venture between colleagues at the local health authorities and an academic research centre. Based on monthly discussions and a review of available literature, three key phases were defined to answer the research question: what are the site-level characteristics, barriers, and enablers of recreation in AL? These included: i) AL activity calendar document review, ii) online survey of staff involved in the planning and/or delivery of recreational programming, and iii) adapted World Café symposia sessions with AL administrators and staff.

Results: Response rates were high across the three components, reflecting the engagement of AL staff. Key findings indicated a wide range of social and physical activity opportunities available to older adults living in AL. Staff recognize the importance of recreational activities and support in delivering recreation programming. Barriers were identified, including low attendance levels, particularly for physical activity programs.
**Conclusions:** Future interventions should focus on strategies that consider contextual factors to improve participation while respecting tenant autonomy.

**O220**

**Assessing Tenant Satisfaction in Assisted Living in British Columbia: Applicability and Refinement of the Ohio Department of Aging Resident Satisfaction Survey**

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The Ohio Department of Aging Resident Satisfaction Survey (ODA-RSS) is one of the most comprehensive, empirically-sound instruments available for the assessment of resident satisfaction within assisted living (AL). However, its applicability for use in AL settings outside of the U.S. is unknown. The purpose of the current study was to assess the psychometric properties of the ODA-RSS in a Canadian and American sample of AL residents and, as necessary, refine the survey for use within B.C. Drawing on data collected from 938 AL residents in B.C. and 9,739 residential care facility residents in Ohio, confirmatory factor analyses were conducted to assess the instrument's psychometric properties within the two samples. While adequate reliability and validity were observed for all eight measurable instrument domains in the Ohio sample, four domains in the B.C. sample (Choice, Meals and Dining, Building Environment, and Tenant Environment) displayed poor validity and reliability. Focus groups were subsequently conducted with 38 residents at three B.C. sites to identify aspects of these domains considered most relevant to residents’ AL experience. While several identified aspects were reflected in existing items (e.g., privacy, maintenance of building and grounds, cleanliness), the majority were not. Domain items were refined, and cognitive interviews conducted with 12 residents to explore their comprehension of and response to the revised items. Results reinforce the importance of assessing the degree to which instruments, developed for use in the U.S., remain relevant in Canadian health care settings.

**O221**

**Development of the Schlegel Functional Fitness Assessment (SFFA) for older adults in congregate care**

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The Schlegel Villages comprise continuums of care located in 11 cities across south-western Ontario. Almost half of the 3000 residents in these congregate settings are quite healthy and not currently needing long-term care. However, the ability to detect subtle but meaningful changes in functional fitness among these residents is considered important to guide interventions and monitor changes over time.

**Objective.** The SFFA was designed as an instrument to provide a quantifiable indication of personal competence in activities of daily living. In addition, sensitive and unobtrusive technologies were added to see if it is possible to enhance the diagnostic utility of the clinical assessment.

**Method.** Every incoming resident to the "retirement" side of the Schlegel Villages is administered a simple battery of physical tests involving upper and lower body, strength, aerobic fitness, flexibility, balance and mobility domains. More recently, inexpensive game-based technologies (Nintendo Wii force plates) and wearable accelerometers have been added to capture more sensitive indices of balance and mobility.

**Results.** Kinesiologists at each Village have administered the SFFA to every incoming resident and, when a specific domain is identified as diminished, they conduct one-on-one rehab programs. The addition of unobtrusive technology has enabled them to evaluate sway path and step-to-step variability, both well-established indicators of future fall risk.
Conclusion. The combination of simple activities of daily living with enlightened technology represents a better way to assess, document and provide meaningful feedback to participants, caregivers and clinicians to guide early therapeutic strategies in order to maintain and maximize quality of life.

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O222

Transitions from "home" to assisted living: Experiences of older adults living in Vancouver, B.C.

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The assisted living housing model has been steadily growing and is expected to continue at an accelerated rate in response to aging baby boomers. With increasing costs of nursing care, the home-like environment of assisted living provides a supportive and economical alternative to those who require support with instrumental activities of daily living in order to continue to live independently. This qualitative pilot study seeks to understand the experiences of older adults who have relocated from a private home into assisted living and the factors influencing their decision to move.

Semi-structured interviews were conducted with 8 residents of an assisted living facility. Qualitative interviews examined participants’ reasons for moving, perceptions of the transition process, and areas of support that helped or hindered their transition. Thematic content analysis was conducted. Four interconnecting themes were identified: the built environment, timing of the move, family involvement, and social engagement. Participants with greater family involvement reported greater satisfaction with the moving and adjustment process. The results suggest familial support greatly impacts residents’ ability to adapt to their new living environment following the move, thereby positively affecting their quality of life. Implications of these findings provide support for further research into the role of family in assisted living, particularly, the continuation and evolution of one’s informal support network as older adults move into an alternative model of housing in later life. With a greater understanding of these processes, assisted living facilities can be modified to better support family involvement in the lives of residents.

O223

Active Seniors: When Cultural activities enhance elderly’s social commitment

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The City of Saguenay (Quebec, Canada) offers a cultural mediation program which gives every citizen an access to arts and culture. This program allows to fight against cultural and social exclusion and, ultimately, fosters the sense of belonging to a territory. Cultural mediation is an action strategy planned to stimulate a better social integration between artistic practices and the public (Fontan & Quintas, 2007) with an objective of culture ownership by the citizens. The goals of the initiatives put in place for the elderly in Saguenay are to increase their self-confidence, initiate an approach towards arts and culture, accompany them in their creative process, and promote taking charge, leadership and empowerment. Cultural mediation initiatives like La Télé des aînés de Saguenay or La Brigade des bénévoles en médiation culturelle consist of past and ongoing projects that enable the elderly in Saguenay to express their creativity, enhance their life and maintain the development of their global personality (Deriaz, 2002). This strategy of empowerment and leadership carries aging to a new dimension, the dimension of developing creativity, being active and belonging to the society.

The goal of this communication is to present the strategies and means used by the contributors throughout these pilot initiatives, which allowed or are still allowing the elderly to express themselves through cultural work activities.

O224

Enhancing Resident Councils: The use of mutual support groups to reduce
helplessness, loneliness and depression in long-term care homes

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Due to the increasing complexity of health needs and levels of disability in long-term care homes (LTCH), having resident council meetings that are both inclusive and representative is a challenge. Residents continue to report feelings of helplessness, loneliness and depression, as well as frustration with their lack of influence on decision-making. Mutual support groups offer a process that offset the passivity, dependence and loneliness fostered in the culture of LTCH.

Objective: The purpose of this paper is to present a model based on a pilot using mutual support groups as a foundation for a more effective council structure.

Method: A mixed methods qualitative process evaluation design describes the study participant's assessment of the program and implementation using focus groups, systematic observation of six resident groups, individual resident interviews (N=65), and staff interviews (N=7) in three LTCH in British Columbia, Canada. Results: Resident reports and observations in the study and the subsequent resident council pilot indicate positive benefits including a decrease in loneliness and helplessness and increased coping skills. Participating staff describe how the unique group structure fosters active participation of residents with moderate-severe cognitive impairment.

Conclusion: This preliminary qualitative study suggests that introducing mutual support groups as a part of a system of care within LTCH has a number of potential benefits. Implications for a future outcome evaluation of the program will be presented. Funded in part by the Social Sciences and Humanities Research Council of Canada and the Michael Smith Foundation for Health Research.

O225
The Processes of Involvement of Older Male Adults in Community Social Programs

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Objective: To develop a theoretical model illustrating the processes of involvement of older male adults in community social programs for men.

Method: Men's Sheds - a community program developed in Australia with the goal of integrating older men into the community and enhancing their knowledge, skills, social support, health, and well-being through participation in variety of activities - has recently began in Manitoba, Canada, which allowed our research team the opportunity to conduct research in this area. Twelve participants completed an in-depth interview of approximately 60-minutes, during which they answered questions regarding their involvement in Men's Sheds. Authors audio-recorded, transcribed, and analyzed interviews according to constructivist grounded theory.

Results: Participants described the processes of their involvement in Men's Sheds by their preceding characteristics and experiences, the characteristics of their current involvement, and aspects of the program and their participation that promoted their continued involvement. Participants discussed the consequences of their involvement, barriers to involvement, and the meaning they ascribed to their involvement as influencing their participation or disengagement at their current or future stages of involvement.

Conclusion: This research expands on a scarcity of research examining the experiences of older men in community programs, and describes the processes that influenced men's initial and continued involvement in Men's Sheds. Findings have potential utility for community organizations aiming to increase the involvement of older men in their programs. Further, findings indicate that Men's Sheds has profound implications in promoting social engagement and healthy, successful aging among older men.

O226
Bring in the Boomers! The New Face of Volunteerism

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Abstract: Canadian Society is aging, fueled by baby boomers, who are moving into retirement in large numbers. The extension of life means more years in retirement and the need for more community based services. Governments are downloading services to community agencies, who depend on volunteers to help provide services. Data from Statistics Canada (2004), pp. 36 & 51) show there is a downward trend in volunteering among boomers. Non-profit organizations are finding it difficult to recruit volunteers and leaders in these organizations ask whether the future corps of volunteers will be sufficient to fill seniors' needs.

Objectives of the research: This research was designed to: expand our understanding of the characteristics and volunteering habits of the baby boomer generation, and to learn how to attract, recruit and retain them.

Method: This community based qualitative research generated knowledge about boomer characteristics and volunteer motivation. A literature review of boomers was completed. An open-ended questionnaire was used to interview 58 boomers born between 1946 and 1964.

Results: Barriers to volunteering included: remaining at work, no time, sandwich generation, nothing of interest, unable to make a long term commitment and the need for more flexibility and choice.

Conclusion: The findings of this study have implications for the strategic planning of non-profit agencies hoping to attract boomers, who have a wide menu of choices when retiring and deciding what they want to do.

O227

Social participation of older adults living with HIV: Informal support and volunteering

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Objectives: Very few studies have examined the social participation of older adults living with HIV, who are usually perceived as only receiving support. To fill this gap, our research aims to document the contributions of this population in informal support and volunteer commitment. We also examine the motivations and barriers to volunteering in this population.

Method: This qualitative research draws on interviews conducted with 38 participants, aged 50-71 years, recruited from the medical clinic l'Actuel in Montreal. Data analysis, based on the method of grounded theory, was performed using the software QDA Miner.

Results: Data analysis shows that two thirds of the participants offer support to those around them on a moral, practical or financial level. In addition, approximately a quarter of participants is involved in volunteer work, mainly in community-based organizations related to HIV/AIDS, housing cooperatives, religious communities or for persons with diminished autonomy. Volunteering is seen as a way out of isolation, to maintain a positive morale, stay active and share experience. However, several participants expressed their difficulties in committing themselves in volunteering because of their health problems and lack of energy. Even if the participants did not mention it, another barrier to volunteering could be the fear of HIV stigmatization.

Conclusions: This qualitative research highlights the social participation of older adults living with HIV. While work generally focus on the difficulties of this population, it is important to realize its contribution to the community, without denying the obstacles that may limit its commitment to volunteering.

O228

The Aging-Changing Dynamic: Interpretations of Insiders' Experiences

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Aging is an individual experience and a social process. It takes place within our own bodies and in interaction with others and with a constantly changing social, political, and
economic environment. But how does this aging-changing dynamic play out in everyday life? In particular, what do older individuals identify as the key environmental changes that impact their ability to participate effectively, and how do they respond?

These are some of the questions we sought to investigate in the first phase of a three year qualitative research project that examined older New Zealanders' interactions with a range of organisations, using a combination of interviews, diaries, and focus groups to identify and map their perceptions and experiences.

The analysis identified three key environmental changes perceived to negatively impact participation: megatization (the trend to larger stores), technologization (the trend to automation and self-service facilities), and dehumanization (the trend to impersonalized and robotic service). Potentially alienated from a world they knew as a smaller and more personal place, participants responded with one predominant countering strategy, optimising involvement in preferred environments and minimising involvement in others, and two other strategies less often enacted, speaking out, and remaining silent.

These findings pinpoint some of the structural conditions perceived to challenge elders' participation and the adaptive responses developed. They also serve to highlight opportunities for the inclusion of more proactive strategies, including keeping skill sets up to date (e.g., becoming confident computer users), and advocating for more age-aware organisational policies and practices.

O229

Older adults' narration and understanding of their experiences of being vitally engaged in living

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Ten women and men between the ages of 69 and 85 participated in a study that explored how older adults narrate and understand their experiences of being vitally engaged in living. I used a narrative research inquiry as my methodological approach. I took a social constructionist approach to the research, believing that the active engagement between myself and each participant was key to exploring, constructing, and describing the storied lives of the participants and would result in the joint construction and interpretation of the narratives. There were five outcomes resuting from the analysis of the data: co-construction of 10 individual narratives of vital living in later life; 10 participant biographies; identification of 10 meta themes and their subthemes as interacting factors contributing to living a vital life; co-construction of one common themes narrative; and, validation of each individual narrative and the common themes narrative. The present research adds to the psychological literature in a number of ways: the 10 themes and subthemes therein provide more information about what positive growth and development looks like in later life; having a postsecondary education is not necessarily indicative of aging vitally or of having a higher SES; being 'young' old is not necessarily indicative of living vitally; and, being male is not indicative of aging vitally. This study provides support for Counselling Psychology in the following ways: the common themes narrative could address stereotypes, incorporating positive psychology into therapeutic work, a therapeutic focus on meaning-making and emphasizing spiritual and/or religious beliefs in therapy.

O230

Contested transitions: Reconsidering the 'fourth age' of impairment in late life

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Age and stage-based transitions are widely used to mark continuity and change in late life. One such concept is that of the ‘fourth age’ that has re-emerged as a distinction between illness and impairment in late life, and healthier periods of aging (‘third age’). Yet, the questions about the relevance of dominant age- and stage-based models, and the critique that such concepts can increase the polarisation of health and illness in late life, point to the need for reconsideration. This paper is grounded in a critical perspective and based on the insights of 60 narrative interviews with older people. Interview results highlighting the centrality of the constructs of
dependency and decline, and the significance of age and impairment in late life, are contextualised with regards to current thinking in the study of the 'fourth age'. Based on these, three intersecting pathways are suggested for understanding age and impairment (the 'fourth age'): 1) liminal space between health and illness; 2) vulnerability across the life course (structured and experienced); and 3) a symbolic and deeply significant social construct and lived experience. Older people's experiences highlight the complexity of late life in a contemporary context and challenge existing frameworks. Their accounts help to consider new directions for policy, research, and practice that are more in line with older people's experience, including the need to better account for the socio-cultural context of illness and decline, the emotional significance of impairment in late life, and the cumulative nature of disadvantage.

O231

Aging in a changing world? The Wolverhampton Survey Findings Revisited

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Background: In 1947, a survey of older adults in the English city of Wolverhampton was undertaken, which gave information for planning services. Objective: To replicate the Wolverhampton Inquiry (WI) analyses as closely as possible in a more recent epidemiologic study. Methods: In 1947, data on health and functional status were collected in 538 people aged 60+. In 1991, the Manitoba Study of Health and Aging (MSHA) gathered similar data on 1751 older adults. Results: In the WI, 2.5% were bedfast, 8.5% had mobility limited to the house, and 22.5% had limited outside movement. The inability to queue for food was among the most common functional limitations. In the MSHA, 0.2% were unable to transfer from bed; 4.5% needed assistance getting about the house; and 14.2% had trouble walking outside without aides. The ability to go outside in any weather was the most common limitation. Urinary incontinence was present in 11% of those in the WI, and 13% in the MSHA. In the WI, 81.8% were mentally normal; 11.2% has slight impairment; 3.2% were eccentric but otherwise intelligent; and 3.8% were demented. In the MSHA, 83.8% were cognitively intact, 5.4% had Cognitive Impairment, No Dementia, 3.3% had dementia, and 7.5% declined a clinical examination. Loneliness was seen in 21.7% of those in the Wolverhampton Inquiry, and 19.1% of the MSHA participants. Conclusions: There have been changes in survey methods, analytical techniques, and publication modes. Disability rates may have declined. However, the issues facing older adults have remained remarkably constant.

O232

Successful Aging in Transition: An opportunity for appraising and intervening

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Do older adults re-appraise their visions of successful aging as they transition home after an acute care episode? If so, what resources can facilitate them achieving their visions of successful aging? In-depth interviews were conducted with eleven adults with a variety of physical limitations at two time points as they transitioned home after receiving at least one week of rehabilitative services from two small rural hospitals in Nova Scotia. Thematic analysis revealed participants actively engaged in a process of appraising their current situations in relation to their vision of successful aging. Regardless of their ages, living situations, and reasons for hospitalization, participants identified two key criteria for aging successfully: having something to do that would be personally meaningful, and being able to connect with others. As participants defined successful aging they were also assessing their personal abilities and capacities and evaluating whether they could access the necessary resources to achieve their dreams for successful aging. Their recent hospitalization and need for extended rehabilitation had stimulated them to ask what was important and to question whether previous expectations were still realistic. The transition home can be a pivotal time for interventions that assist with the appraisal process and facilitate realistic visions of successful aging by identifying key resource needs. After attending this presentation, conference participants will have a
better understanding of older adults' goals as they transition back into their communities after having an acute care episode, and will identify implications for supporting this transition from restorative care to home.

O233

The Older Persons' Transitions in Care (OPTIC) Study: Pilot Results from the Transition Tracking Tool (T3)

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Objective: To test the feasibility of collecting individual resident data from patient care records across three settings (Nursing Homes, Emergency Medical Services, and Emergency Departments) for residents of Nursing Homes who require acute care health services.

Introduction: OPTIC is a mixed method researcher/decision-maker partnership study focused on care for nursing home residents requiring emergency transfers to emergency departments and back to the nursing home. In this paper, we present pilot data collected via the Transition Tracking Tool (T3), an instrument developed to record data relevant to determining successfulness of such transitions in care.

Method: Data were collected for 86 residents at study sites in western Canadian provinces, British Columbia (n=27) and Alberta (n=59) over a 3 month period. The T3 tool comprises 750+ data elements including resident characteristics, reasons and precipitating factors for the transfer, advance directives, family involvement, healthcare services provided, communication handovers among healthcare personnel, disposition decisions, and dates/times and timing.

Results: Data from patient care records were feasible to collect; however recruitment procedures had to be developed specific to the local context. Early descriptive findings from the pilot data reflect differences by city demographics, organizational and provider characteristics, resident characteristics and other factors.

Discussion: Patient care records provide a valuable source of individual resident data to evaluate transitions. Transitions of residents from nursing homes to and from emergency rooms are not universally successful. The T3 will provide valuable evidence to improve the transition experience for seniors, their families and the professional caregivers involved in the process.

O234

Stakeholder perspectives on transitions of nursing home residents to hospital emergency departments and back in two Canadian provinces: An Older Persons Transitions in Care (OPTIC) study

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Objectives: The purpose of the study was to identify key elements, from multiple stakeholder perspectives, that influence the success of transitions in care experienced by nursing home residents when they required transfer to and from a hospital emergency department.

Methods: This interpretive descriptive study was conducted in two cities in the Canadian provinces of British Columbia and Alberta. Data were collected from 71 participants via focus groups (n=37) and individual interviews (n=34) with nursing home residents, family members, and professional healthcare providers working in nursing homes, emergency departments, and emergency medical services. Transcripts were analyzed using constant comparison strategies.

Results: The elements contributing to the success of transitions worked synergistically and supported a patient- and family-centered approach to care. Transitions were influenced by
the complex interaction of multiple elements: knowing the resident; critical geriatric knowledge and skilled assessment; positive relationships; effective communication; and timeliness. When one or more of these elements was absent or compromised, the success of the transition was also compromised. There was consistency in the importance of all the identified elements across all stakeholder groups. One significant finding was the influence of family involvement on the success of the transition process.

Conclusions: Findings from this study provide a framework for examining transitions to identify viable targets for interventions that can enhance quality of care and improve health outcomes of frail seniors experiencing transitions between nursing homes and emergency departments.

O235

Effectiveness of early discharge planning on length of hospital stay and hospital readmission in older adults admitted for an acute event

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Objectives: To determine the effectiveness of early discharge planning on length of hospital stay and hospital readmission.

Design: Systematic review and meta-analysis.

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

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

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

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

Results: Early discharge planning involved assessing older adults' functional status and needs for discharge home, counseling older adults and their families with regard to discharge expectations, and liaising with home health care workers. Early discharge planning, initiated, within 24 to 72 hours of admission, was associated with a shorter length of stay by almost 2 days, and a 40% reduced chance of readmission to hospital within 1 to 3 months in acutely ill older adults.

Conclusion: Early discharge planning is an effective approach for reducing older adults' hospital lengths of stay and readmission.

O236

Pressure Ulcer Risk for New Nursing Home Residents: The impact of previous hospitalization

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Pressure ulcers (PUs) occur frequently for new nursing home (NH) residents, especially when transferring from hospital. These residents may be sicker or improvements to hospital care may be needed. This research compares PU risk for new NH residents admitted from hospital versus elsewhere.

RAI/MDS clinical data were linked to administrative records for all new NH residents in Winnipeg, Manitoba, between April 1, 2005 and March 31, 2010. Analyses were conducted on those who waited from panel to NH admission entirely in or out of hospital (i.e., a ‘hospital’ versus ‘non-hospital’ group), and also with RAI/MDS completed ≤ 30 days following NH admission. Using RAI/MDS, counts of stage 2+ PUs were reported and higher risk PU residents (needing weight bearing assistance for bed mobility or transferring, having an end stage disease, or consistently leaving 25% of food uncleaned) were defined.
2,185 and 1,509 residents belonged to the hospital and non-hospital group, respectively. 4.5% of hospital residents (N=99) experienced a PU versus 1.2% (N=18) of non-hospital residents. Despite having different risk levels (45.8% of hospital versus 24.5% of non-hospital residents were at higher PU risk), the PU odds remained greater for hospital residents after adjustment for individual risk factors (aOR=2.63, p<.0003). PU risk also varied by hospital LOS (e.g., for higher risk residents, 2.9% experienced a PU when staying <30 hospital days, versus 7.7% of residents with a longer LOS).

Hospital environments contribute to PU risk for new NH residents. Residents with a hospital LOS >30 days are at increased risk.

Poster Presentations/Presentations par affiches

P1

Validation Therapy and the Management of Challenging Behaviors in Dementia: A Staff Education Project

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OBJECTIVE: The number of people suffering from dementia is on the rise. Medical staff will increasingly be called upon to interact with these patients and to provide family members with education in the management of challenging behaviors such as wandering, aggression and resistance to participation in activities of daily living. Medical assistants and LPNs are often the point of contact in the outpatient setting for patients and family members and need to be competent in this aspect of dementia care.

METHODS: This was an education module presented to forty medical assistants and LPN's in a multispecialty physician practice. The module is based on the concept of Validation Therapy in the management of challenging behaviors. The effectiveness of the module was assessed through the use of a pre and post module survey. RESULTS: A pre-education survey revealed that the management of challenging behaviors was consistently seen as an area of concern by staff members. 78% of staff surveyed rated their competence in managing challenging behaviors as a three or less on a 5 point Likert scale with a mean score of 2.6. Post education survey results showed an increase in mean score to 3.8. CONCLUSION: A staff education module focused on the management of challenging behaviors in dementia sufferers can increase staffs' perception of their competence in this area. Staff who are educated in dementia care will feel more confident in their ability to manage this patient population and will be better prepared to provide compassionate, competent care.

P2

Assessing the physical environment of adult day programs for persons with dementia

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This study develops and implements an assessment tool measuring for the extent to which adult day programs use environmental design principles that support persons with dementia. Previous research demonstrated that when physical environments are well designed, they can significantly compensate for decreased cognitive ability and can impact the behavior and wellbeing of people with dementia.

The reliability and validity tests of a 72-item assessment tool (the adult day program physical environment assessment tool or ADPPEAT) designed by the author is presented first. Key physical environment design principles related to quality dementia care including spaces that: are safe and secure, have good 'visual access' and afford functional independence, reduce unwanted stimulation, highlight important stimuli, reduce agitation and provide for planned wandering, are familiar, afford autonomy, control and meaningful activities, and spaces for staff. All adult day programs (N=32) in Nova Scotia are included in the cross-sectional design. A sub-sample of four adult day programs are re-assessed for reliability purposes. The author will present the percentage of agreement between raters, the internal consistency and the content validity of the developed scale. As Canadian provinces begin to consider environmental design in the expansion process of community care settings for persons with dementia, the developed tool may prove useful as a comprehensive measure of the physical
environment in community based services. The information resulting from this research will help to ensure that future decisions regarding continuing care services are evidence informed and meeting the needs of the increasing number of older Canadians with dementia.

P3

"It's Normal and Healthy": Positive Perceptions of Undergraduate Students Regarding Sex and Sexuality in Later Life

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Objective: Sex and sexuality in older adults is largely misunderstood, misrepresented, or simply invisible. The objective of the current study was to gauge undergraduate students' knowledge on several myths, stereotypes and facts regarding sex and sexuality in later life.

Methods: Using i-Clicker technology, responses from 125 second-year Undergraduate students enrolled in an introductory Gerontology course in Southern Ontario were collected. Demographic information, awareness of LGBT stereotypes, aspects of biological and psychosocial aging, and general perceptions of sex and sexuality in later life were analyzed using a cross-sectional design.

Results: The majority of participants were female (77.3%) and under the age of 20 years (60.5%). Responses to survey questions showed that the majority of students did not endorse negative stereotypes of sexuality in later life. However, one-quarter of participants believed that sex ceased to be important in later life, and that the risk of spreading sexually transmitted diseases decreases with age. One-third of participants did not believe they would be sexually active past the age of 80 years.

Conclusions: The findings from this study provide a greater understanding of the various beliefs and perceptions relative to sex and sexuality in later life, as well as potentially informing strategies to reduce ageist attitudes toward sexual health among older adults. Although most participants maintained positive attitudes, a potential for improvement exists.

P4

Building a case for spirituality training for social workers in hospice/palliative care

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Social workers in hospice/palliative care settings may be confronted by the existential concerns of their dying clients. Social workers have reported reluctance in addressing the spiritual matters of their clients and are ill equipped to deal with these issues. As an elderly patient approaches end-of-life, the notions of religion and spirituality can take on a more significant role in their acceptance of mortality. Although many social work and end-of-life care scholars argue that social workers should be provided spirituality training (e.g. religious seminars, graduate social work education) to better prepare them for work in hospice, some contend that not all health care providers should be obliged to give spiritual care and dispute the very language used by researchers. For example, Markham (1998) posits that the exploration of spirituality in health care is mainly an Anglo-American concern that is not being pursued amongst other international religious communities. Both Frankl (1959) and Tornstam (1989) assert the inherent search for meaning that all individuals experience and their theories of Logotherapy and Gerotranscendence respectively demonstrate the need to further investigate this disagreement in the literature.

The purpose of this presentation is to consider the current state of knowledge regarding spirituality training among social workers in palliative care setting. Analysis of the implications of both sides of the debate regarding spiritual care provision will be discussed. Furthermore, we will consider the implications of both Logotherapy and Gerotranscendence for spirituality training among social workers who are working with elderly clients in hospice/palliative care.

P5

Developing a Model to Explain the Process of Aging with Adult-Onset Physical Disability

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Although most participants maintained positive attitudes, a potential for improvement exists.
Introduction: Few models exist that seek to explain the process of aging and disability together over the long term. Two mainstream hypotheses exist, but neither is sufficient. Many models have been developed that look at aging or disability individually, but only one set of models, the accelerated degradation models, seek to explore both processes occurring together.

Purpose of the study: The purpose of this study was to create a balanced model to explain the process of aging with adult-onset physical disability.

Design and Methods: This constructivist grounded theory study used two focus groups as a primary means of data collection and four follow-up in-depth interviews as a secondary method.

Results: A balanced conceptual model, the Model of Aging with Disability (MAWD), was created based on five major concepts identified by participants as factors influencing their perceptions of aging with adult-onset physical disability. These factors were the entanglement of aging and disability, the multiplicity of experiences, financial resources, attitude/self-efficacy, and family and social support. The MAWD was created to explore these concepts and explain how these factors influence people’s perceptions as they grow older with a disability.

Conclusions: This model is the first balanced model of its kind to address aging and disability together. It is able to account for multiple experiences from different people and dynamically adjusts as circumstances change. It recognizes the possibility of disadvantage, equality, and advantage and promotes consideration of all three.

P6

Older Adults with Traumatic and Non-Traumatic Brain Injury: Are They Distinct Populations?

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Objective: The highest rates of acquired brain injury (ABI) are among older adults. This presentation compares patients with traumatic (TBI) and non-traumatic (nTBI) brain injury by their rates, characteristics, and discharge destination from acute care.

Method: This retrospective cohort study used administrative data from the National Ambulatory Care Reporting System for data on emergency department (ED) visits and the Discharge Abstract Database for data on acute care admissions.

Results: From 2003/04 to 2009/10, the rate of nTBI ED visits was at least 20% higher than the rate of TBI while the rate of nTBI acute care admissions was at least 3 times the rate of TBI. In acute care, nTBI patients were significantly more likely to have a Charlson Comorbidity Index score of greater than 1 (p<.001; OR=6.28), to have stayed in acute care for 12 days or longer (p<.001; OR=1.26), and to have had at least one special care day (p<.01; OR=1.11). TBI patients were significantly more likely to be discharged home (p<.001; OR=1.13), to inpatient rehabilitation (p<.001; OR=1.94), and to long term care facilities (p<.001; OR=1.51) and significantly less likely to be discharged to complex continuing care (p<.001; OR=0.75) and to have died in acute care (p<.001; OR=0.60).

Conclusion: Patients with TBI and nTBI are distinct populations. Policy makers need to take into account the differences between TBI and nTBI when designing intervention programs for ABI.

P7

Older Adults with Acquired Brain Injury: Who Are They and Where Do They Go?

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Conclusion: Patients with TBI and nTBI are distinct populations. Policy makers need to take into account the differences between TBI and nTBI when designing intervention programs for ABI.
Objective: The highest rates of acquired brain injury (ABI) are among older adults. This presentation examines the rates and characteristics of older adults aged 65 years and older with ABI in Ontario and their transition through the continuum of care.

Method: This retrospective cohort study used population based data on emergency department (ED) visits, acute care admissions, and inpatient rehabilitation data obtained from the National Ambulatory Care Reporting System, Discharge Abstract Database, and the National Rehabilitation Reporting System respectively.

Results: The rates of ABI increased with age. From 2003/04 to 2009/10, the rates of traumatic brain injury (TBI) ED visits increased by almost 70% and 43% for acute care admissions. The rate of non-traumatic brain injury (nTBI) ED visits also increased during this period (35%) while the rate in acute care admissions decreased (9%). In ED data, the percentage of TBI patients discharged decreased by 20% and the percentage admitted to acute care increased by 23% with increasing age groups. Similarly, in acute care, the percentage of TBI patients discharged home decreased by 23% and the percentage to long term care increased by 12%. Over time, the percentage of patients referred home from inpatient rehabilitation increased by 16% and the percentage to residential care facilities decreased by 6%. Similar trends were observed among nTBI patients.

Conclusion: Population based administrate data can be used successfully to provide estimates of burden of care for ABI and the results from this presentation can guide health care planning and development of policy.

P8

Examining the Relationship between Chronic Pain and Health Related Quality of Life Among Older Canadian Adults with Disability

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Background: Chronic pain is a common health issue that is found to be associated with poor quality of life among older Canadians. The extent by which chronic pain affects health-related quality of life (HRQoL) of older Canadians with disability is not well understood.

Study Objectives: This study was conducted to: 1) estimate prevalence of chronic pain among older Canadian adults with disability, 2) examine the relationship between chronic pain and HRQoL, 3) assess if there is a dose-response relationship between chronic pain and HRQoL.

Methods: This study was a secondary analysis of cross-sectional data from the 2006 Participation and Activity Limitation Survey. In this study, the single item self-rated health was used to measure HRQoL. The relationship between chronic pain and HRQoL was examined using bivariate and multivariate logistic regression, controlling for the effects of potential covariates.

Results: An estimated 45% of older Canadians adults with disability reported having low or moderate chronic pain and 23% reported having more severe chronic pain. There was a statistically significant association between HRQoL and chronic pain. Multivariate regression analyses confirmed a significant independent effect of chronic pain on self-reported HRQoL. Those who reported severe chronic pain had 3.34 times greater odds of reporting negative HRQoL, relative to those who reported no chronic pain.

Conclusion: Chronic pain is a significant health issue for older Canadian adults with disability. Our results highlight the importance of pain assessment and management for older adults with disabilities in general and in particular among those with limited communication abilities.

P9

Effective factors in prevention of self-medication based on "Health Belief Model" in Middle-aged women referring to the health institutions of zone 3 of Tehran

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Background and Aim: Self-medication is one of the significant health problems, its prevention
especially among Middle-aged women due to increased medicine use and its side effects are very important. The aim of this study was to determine the effective factors in preventing self medication behavior among Middle-aged women under care of health institutions in Tehran's third district.

Methods: In this descriptive analytic study that was conducted on 88 women under care of health institutions, sampling method was cluster and Data collection tools and researcher-made questionnaire designed based on HBM model (perceived susceptibility, severity, benefits, barriers, and self efficacy) and self-medication checklist which its reliability and validity were confirmed. Data analyzed on the SPSS16 software by using descriptive and analytical statistics tests.

Results: Standard deviation and Mean score of perceived susceptibility, severity, benefits, barriers, self efficacy and practice was 15.71±3.09, 20.68±4.12, 20.46±4.76, 25.30±6.88, 23.98±6.44 and 21.38±5.49. Perception and practice were in the moderate levels among the most of women (50-80%). The findings showed that there was a significant relationship between practice with perceived barriers, self efficacy, susceptibility, benefits and marital status. The most common diseases for self-medication were: Headaches (60/2%), colds (47/7%) and the use of vitamins (46 %). Television and radio was the most guides to action among the women.

Conclusion: Considering the correlation between perceived susceptibility, benefits, barriers, and self efficacy with the preventive behaviors of self medication, Interventions designed based on Health Belief Model is useful in improving prevention behavior of self-medication.

P10
Systemic Causes of Falls in Stroke Survivors
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According to WHO 15 million people worldwide and almost a million North Americans suffer a stroke every year. While information about the incidence and risk factors of falling among stroke survivors is available, considerably less is known about the actual causes of falls and the circumstances surrounding these adverse events. The purpose of this project was to identify systemic causes of falls in stroke survivors as they transition from acute care to rehabilitation hospital, and to community or long-term care. A total of 30 stroke survivors were followed-up for six months post stroke. Their first fall at each stage of the care continuum was investigated using Systemic Falls Investigative Method (SFIM). Comprehensive data were collected through multiple interviews, document reviews, environmental scans, re-creation of events and was entered into the SFIM Database. The database produced falls reports that contained information about the faller, the fall, a descriptive summary of the occurrence, chronological sequence of events, a summary table of acts/decisions and contributing factors, and conclusions. The guiding framework in data reduction and analysis was the Swiss Cheese Model of Accident Causation. Summary tables from all falls reports were organized using NVIVO and coded to identify dominant themes. Results indicate that person-related factors combine with behavioural, situational and broader organizational and healthcare system influences as contributors to falls. When considering falls prevention programs in post-stroke rehabilitation and community re-integration, it is important to address stroke-specific causes, but also challenge system-wide contributors that affect stroke survivor’s safety.

P11
The Latent Structure of Physical Attractiveness Judgments Among Young and Older Gay Men
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Physical attractiveness has a ubiquitous influence across interpersonal contexts, playing a primary role in our perceptions of others. Most attractiveness studies have used predominantly heterosexual samples; these studies, however, are not generalizable to gay men, who value
different physical features than their heterosexual counterparts. To redress this problem, we recently developed the 20-item Gay Men's Physical Attractiveness Scale to measure the structure of physical attractiveness among gay men 18-49 years of age in 40 countries ($n = 2,773$). The scale measures four latent factors (Facial Attractiveness, Muscularity, Body Fat, and Genitalia/Body Hair), each mapping onto a higher-order Attractiveness construct. The current study evaluated the validity of this factor structure among gay men 50+ years of age ($n = 857$). Separate confirmatory factor analytic models were computed for both age groups. Results indicate that physical attractiveness for both young and older gay men is explained by the same four factors. Moreover, the relative contribution of each factor to measurement of attractiveness is invariant between groups, and responses to most items within each factor are statistically indistinguishable. These findings suggest that male-to-male physical attractiveness has an evolutionary basis as opposed to being a socially-defined, cohort-specific phenomenon. The Gay Men's Physical Attractiveness Scale is, therefore, suitable for use with gay men of all ages.

P12

Social activity and maintaining cognitive abilities in aging: Evidence from up to 21 years of longitudinal data from three nations.

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The adage ‘use it or lose it’ is invoked as a way to encourage individuals to keep ‘using’ their cognitive abilities in older adulthood to protect against ‘losing’ them. Social activity has been proposed as one method of ‘using’ ones abilities and has been associated with better cognitive function. However, longitudinal evidence for the relationship between social activity and cognitive function has been mixed. It is possible that different analytical approaches or features of a particular sample have contributed to the lack of consistent findings. Multiple longitudinal studies including measures of social activity and cognitive function over time provide an opportunity for replication of the same analytical strategy over multiple samples. The current study sought to clarify the relationship between social activity and cognitive function over time by examining four longitudinal studies in tandem. A series of multilevel growth models with social activity included as a covariate and four domains of cognitive function as dependent variables including: reasoning, memory, fluency, and semantic knowledge. Results suggest that baseline social activity is related to only select cognitive functions. Baseline social activity levels did not predict the rate of decline in most cognitive abilities. Changes in social activity were not consistently associated with cognitive functioning. Our findings do not provide consistent evidence that changes in social activity correspond to immediate benefits in cognitive functioning, except perhaps for verbal fluency, even using the same analytical method across samples. This suggests social activity alone may not be an effect way to ‘use it’.

P13

Auditory processing affects performance on the Montreal Cognitive Assessment: Findings from older adults with good hearing and hearing loss

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Standardized tests of hearing and cognition are not often administered in aging research, making it difficult for researchers to confidently state that participants are "normal". A commonly administered test of cognition is the Montreal Cognitive Assessment (MoCA), which has good sensitivity for detecting mild levels of dysfunction, but low specificity. One reason for this may be that many MoCA items rely on hearing ability. Given that most older adults have impaired hearing, and the test may be administered in sub-optimal listening conditions, hearing and cognition could be confounded. This hypothesis was examined in two studies. In Study 1, 300 older adults with either good hearing (GH) or hearing impairment (HI; based on audiometric thresholds) completed the MoCA. Using the original MoCA score, 61% of the HI group was classified as potentially suffering from cognitive impairment, compared with 34% of the GH group. When four items relying on hearing ability were removed, this disparity was eliminated. In Study 2, rather than eliminate test items, we manipulated audibility such that 20 older adults with either good or impaired hearing received the MoCA face-to-face and under headphones either in quiet or in noise. While all participants scored lower when the test was administered in noise, only the HI participants scored lower in the quiet than in the face-to-face condition. Thus, performance was better in quiet, and those with hearing loss benefited most from face-to-face presentation. These data underline the importance of considering auditory processing when examining scores on standardized cognitive screening measures.

P14

**Sense of Community in Long-Term Care: The Views of Family Caregivers of Elderly Military Veterans**

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Family involvement in long-term care (LTC) is important but it can prove challenging if caregivers do not feel connected to the LTC setting or if they believe that their contributions to care are undervalued. This can result in conflict with staff. Sense of community (SOC) refers to a feeling of belonging, having influence, having needs met and having an emotional connection to individuals in a community (McMillan & Chavis, 1986), and may be particularly essential for family caregivers of military veterans in LTC. This study was the first to evaluate SOC in family caregivers (N=46) of elderly military veterans residing in LTC, as well as staff's (N=44) attitudes about families, through semi-structured interviews and self-report questionnaires. Caregivers endorsed a SOC and SOC was positively related to key caregiving variables (e.g. family adjustment) and negatively related to conflict with staff. Notably, caregivers' connections to the military community were positively related to SOC. Multiple regression analyses indicated that satisfaction with care accounted for the most variance in SOC (32.7%). In addition, front-line staff were found to have poorer attitudes toward families than managerial staff. The implications of this study for improving adjustment of families to LTC and improving relations between LTC staff and families will be discussed.

P15

**Exploring dementia as a priority public health issue for seniors and Canadian society**

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Introduction: The incidence of dementia among Canadians age 65 years and older is expected to increase 2.5 fold over the next 25 years. Dementia, including Alzheimer's disease, vascular and related dementias, causes progressive disability and negative health outcomes for the patient and places significant resource and caregiving burden on patient families and the healthcare system. The objective of this analysis was to examine individual and population-level impacts of projected trends in dementia incidence and prevalence in Canada.

Methods: This analysis was based on a review of the literature (both peer-reviewed and grey) and key-informant interviews. Information collected was triangulated to ensure a comprehensive and accurate assessment of the issue.
Results & Key Findings: The key findings identified were: need for a comprehensive national strategy coordinated with local-level service delivery; the addition of dementia as a comparable public health indicator; a renewed focus on early diagnosis and intervention; increased capacity of community care; and a move toward guidelines that include flexibility for managing co-morbidities to achieve good care with good remaining quality of life were identified.

Conclusions: Due to Canada’s aging population, the impending increase in the incidence and prevalence of dementia will place a significant burden of disability, healthcare utilization, and formal and informal caregiving on Canadian society. Measures to address these issues should include immediate and long-term strategies at the national, regional and front-line service levels. The development of population-level policies or programs should consider the burden and determinants of dementia at the individual level.

P16
A Case Study to Explore the ‘Lived Experience’ of Person-Centered Care in the Broadmead Lodge, Victoria, BC.

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Older adults living with dementia are marginalized in society through the socially constructed binaries of old/young, able/disabled and ultimately us/them that are manifested in a culture dominated by approaches towards illnesses that favor clinically inclined models of care. The nature of dementia often prevents people living with it from having a voice in their representation. The Broadmead Lodge is a residential care facility that has operationalized an explicitly person-centered philosophy of care. Person-centered care recognizes the importance of who the individual is and where they are situated in life in an effort to create a more holistic care experience. The main objective of this project is to gain an understanding of the lived experience of person-centered dementia care from the many different perspectives (e.g., management, residents and staff) working and living within a single facility.

P17
Public policies for integrated care of elderly in Brasil: reality or not?

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The study by the IBGE (2010) presents a possibility to analyse the housing situations of elderly in Brasil: living alone, living with their spouse, who reside beyond the husband or wife, with children and relatives, and those living without spouse but with children and relatives. Undoubtedly, the major challenges for housing the elderly are shown from the moment he shows weakness of health, which demand attention and care, that is potentiated when combined with low purchasing power. The challenges associated with public policy for housing the elderly in Brasil, and contextualizing the possibilities of performance in the different situations that come to your home. As the architect and urbanist vision and concern for the elderly, one can emphasize the importance of identity established in their homes and living, reflecting a building and think about the possibilities of the use made by several users, pleasing each “taste” individual. The housing has an influence “odd” in the development, training and quality of human life and therefore its psychological aspect is studied and researched for several areas of psychology.
Identifies the advisability of expanding the alliances between government, private enterprise and nongovernmental organizations, in view of improvement of alternative care for the elderly. Longevity brings a delicate situation: everyone wants to live longer, but they fear failure. The challenge is to care about a life better every day, for the years lived have, in fact, a meaning.

P18

Why older adults withdraw from Diabetes Self Management Education: A grounded theory study

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Objectives: Diabetes self management minimizes rising health care costs while increasing quality of life and limiting secondary complications for patients; however, available self management programs are underutilized among older adults and reasons for withdrawal are poorly understood. The aim of this research study is to develop a model to explain why older adults withdraw from diabetes self management education (DSME).

Methods: This grounded theory study, as developed by Strauss and Corbin, used focus groups and follow up individual interviews which were audio taped and transcribed. Eight community dwelling older adults (aged 73-83, mean 77) with type 2 diabetes, who had withdrawn from the Seniors ABCs of Diabetes program at the Diabetes Education Centre at St. Joseph’s Hospital in London, Ontario, participated.

Results: The model derived had knowledge gap as the central construct to which all other components linked. The primary components were program, with subthemes related to access and the scheduling of the third class; continuous support; and the individual, with subthemes of co-morbidities and emotions. Secondary components included limited takeaway information and links to outside resources; struggles with diet, exercise, and realistic goals; and use of questionable sources of information to fill the continuing knowledge gap experienced by the participants.

Conclusions: This model can help explain why older adults withdraw from DSME and provide recommendations for program enhancements. Further, it highlights continuing knowledge gaps that need to be addressed in the wider health care system to ensure optimal diabetes self management in older adults.

P19

Factors that Affect the Implementation of Montessori Methods for Dementia™ in Ontario Long-Term Care Homes

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Objectives: The purpose of this study was to investigate which factors support or obstruct the implementation of Montessori Methods for Dementia (MMD) in Ontario long-term care (LTC) homes. Research shows that Montessori-based activities can effectively reduce responsive behaviours in persons with dementia by increasing their participation in and enjoyment of daily life.

Method: Qualitative data was obtained during semi-structured telephone interviews with 17 participants who attempted to put MMD into practice in Ontario LTC homes. The study was guided by a political economy of aging perspective using thematic analysis to elucidate the micro-, meso-, and macro-level factors that affected the implementation of MMD.
Results: Several themes emerged from the data: Ministry of Health and Long-Term Care Regulations; Educating and Understanding; Seeing is Believing; Finding Support; Connecting; and Quality over Quantity. Overall it was found that insufficient funding and negative attitudes toward MMD and activities were the main barriers which reinforced a biomedical model of care, whereas various forms of support and understanding helped put MMD into practice which improved the quality of life of residents, staff and family members.

Conclusions: The results from this research can help ensure that MMD are as practical and easy to implement as possible so that persons with dementia in LTC and their partners in care can have a good quality of life. The findings can also be used to improve the implementation of other activities in LTC with suggestions for reducing staff hierarchies and ensuring there is sufficient educational, organizational and financial support.

P20

The role of community gardens in promoting social engagement among urban dwelling older adults

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The primary objective of this qualitative study is to indentify the ways community gardening participation facilitates social and civic engagement among urban dwelling older adults. In-depth interviews and ethnographic observations with a sample (16-20 total) of community gardeners 60 years and older will be utilized to obtain a thick description of the social milieu existing within two urban gardens located in East Vancouver. This study may have potential implications in regards to urban design and sustainable living projects within the City of Vancouver.

P21

Caregiver Framework for Seniors Project

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The Caregiver Framework for Seniors Project was created to find innovative, practicable and affordable ways to support at-risk family caregivers of elderly care recipients living at home. Toronto Central LHIN initiated this project as part of their 2011-2014 Strategic Plan to ensure high-quality care, oriented around people and communities. Phase one of the Caregiver Framework for Seniors Pilot Project, initiated in 2010, was designed to:

- Create a framework for the provision of individualized supports to caregivers of frail seniors living in the TC LHIN. This model seeks to meet the needs of caregivers, as they define them, through individualized, supported self-directed care plans.
- Recruit 150 caregivers who have been identified as being at risk or on the cusp of being at risk because of their caregiving burden.
- Work with care coordinators who in close consultation with each caregiver will identify factors that contribute to that caregiver’s distress.
- Implement the care plan to relieve stressors, mitigate risk, and increase the resiliency of the caregiver.

Questionnaires were mailed directly to caregivers at the initiation of the intervention (N = 166) as part of the evaluation. Of those, 58% were returned. On average, caregivers reported high satisfaction with the project (8.9 of 10).

In this project, caregiver satisfaction acts as a proxy for caregivers’ perception of support. This support may potentially lead to long-term system savings, insofar, as it is able to reduce the number of crisis applications to residential LTC due to caregiver burnout.

P22

Exploring the Caregiving Attitudes/Expectations of Adult Stepchildren and their Stepparents
This study explored the nature of support and caregiving in 7 adult stepchild-stepparent (matched) dyads (N=14) using constructivist grounded theory methods. Findings indicated that all stepchildren in the sample would consider contributing some sort of care/support to their aging stepparents if necessary, but that not all stepchildren considered it their responsibility to do so. Likewise, most stepparents would expect at least some kind of care and/or support if required. For stepparents this was often limited to emotional support and limited instrumental help. The expectations of stepchildren and their stepparents are tied to four major rationales: (1) presence of family history and familial ties, (2) gender, (3) histories of exchange and support, and (4) loyalties of stepchildren to their biological parent. Findings suggest that for some stepfamilies decisions surrounding caregiving may be more context dependent, complicated or burdensome due to greater levels of ambivalence and boundary ambiguity.

P23

Meaning of Home in Later Life as a Concept to Understand Older Adult's Housing Needs: Results from 7 Age-Friendly Cities Pilot-Projects in Quebec

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Problem: Housing issues are crucial aspects for health, security and social participation of older adults. Even if the spectrum of housing alternatives is wide in theory, little is known about housing needs from the senior’s point of view.

Objectives: This poster presents the results of a research aiming to explore, through the Heuristic framework on domains of meaning of home in old age (Oswald & Wahl, 2005), older adult's housing needs and how a non-profit assisted-living facility may promote a positive meaning of home in later life.

Method: This research is based on a thematic analysis of two data collections: 1) 49 focus group of older adults and services providers (n=392) from the 7 pilot-projects of Age-Friendly Cities in Quebec and 2) 11 in-depth interviews with stakeholders from a case study of 3 non-profit assisted-living facilities in the region of Témiscamingue (Quebec).

Results: Results show that a positive meaning of home is influenced by accessibility and affordability of assisted-living resources and community-based services close to home. Also, freedom of choice and movement, participation to the organizational structure and the control of the daily activities are key components preserving a positive meaning of home in the transition from home to assisted-living resources. Due to their organizational values, non-profit assisted-living may facilitate this transition.

Discussion: Our results will be discussed in relation with health and home-based services and will also focus on the role of policies and programs in the development of a positive meaning of home in later life.

P24

Impacts of Cultural mediation project on elderly and volunteer and paid worker

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In 2010-2011, the city of Saguenay (Quebec, Canada) received a subsidy from the federal government in order to develop a pilot project. This project involved 24 older people who would take charge of the production of six half-hour television shows. This initiative was developed within the framework of a cultural mediation policy. Cultural mediation aims to support the identity expression of various minority groups of citizens by encouraging their social integration, while renewing the culture (Lafortune, 2008). This pilot project entitled "Elder TV" was subjected to a pre-post intervention evaluation using the focus group method as a technique of data acquisition. Group interviews took place involving older people taking part in the development of these television shows and paid or volunteer personnel (n=6) structuring the work of the elderly. This study made it possible to observe positive effects as much for the elderly
as the personnel. Concerning the elderly, positive repercussions were noted on their self-image, their self-esteem and their feeling of social usefulness. As for the personnel, their participation in this pilot project modified their views regarding old age, among other things, along with their apprehensions concerning their own ageing. This project received an outstanding commendation award from the Québécois Network of Healthy Cities and Villages, in September 2011.

P25

The Relationship Between Dementia Family Caregivers’ Culturally-Based Beliefs about Caregiving and Well-being

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The master’s thesis research will examine the relationship between dementia family caregivers’ culturally-based beliefs about caregiving, their caregiving experience, and their well-being. This research is of paramount importance because as the Canadian population continues to age, the prevalence of dementia is also on the rise. The amount of informal caregiving hours is expected to increase exponentially and is currently estimated at 231 million hours (The Alzheimer Society of Canada, 2010). The research questions are, (1) Are there ethnocultural differences in beliefs about caregiving, caregiving activities, and caregiver well-being? (2) Do culturally based beliefs about caregiving moderate the relationship between caregiving activities and caregiving well-being?

Secondary data analysis of survey data will be conducted of a survey for caregivers of people with dementia in the community (n = 190). Variables and measures include, (1) ethnocultural group, (2) immigration status, (3) The Cultural Justifications for Caregiving Scale (CJCS); (4) Health Status Questionnaire (HSQ12)-Caregiver; (5) Modified Autonomy Assessment Scales with Distress; (6) Neuropsychiatric Inventory (NPI component); (7) Social Stimulation Questionnaire and; (8) Center for Epidemiological Studies Depression Scale (CES-D).

Results of correlation analyses evaluating bivariate associations will be presented, as well as regression analyses testing for moderation. Implications for research and practice will be discussed. Discussion will focus on emerging evidence about ethnoculturally based meaning of caregiving and implications of the findings for ensuring access to appropriate supports.

P27

Aging in Africa today, a complete overhaul of the healthcare system

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A survey carried out on 102 patients that visited an urban medical practice (clinic) within 3 months revealed a trend of social neglect, segregation and ignorance of the aged which is partially due to their attitude to changes in their social environment. This is more pronounced in the rural areas, where technological and social development are been greeted with skepticism and the process of aging is downplayed in many developing nations especially in Nigeria. This study revealed that, every third individual is 60 years old and above. There is a general lack of plan and/or policy designed for our older/aging population. Within the Medical sector, there is a lack of enthusiasm regarding caring for the aging in rural communities where herbal medical practitioner have gained an upper hand in treating the so-called "old age illnesses" in years past e.g. Type 2 Diabetes, Glaucoma, Dementia, Arthritis and Rheumatism, High blood pressure and Alzheimer's, Multiple Sclerosis. Using a question-focused dataset, an investigation was carried out within a small community. This showed that, due to civilization and overwhelming advances in technology, more aging population are turning for hospital treatment. However, this is slowed down by the fact that most of the patients can not afford the medical care and are disappointed. The results from the survey were compared to the results from the investigation and a statistical trend was observed which provided valuable information regarding poor nursing care and medical inexperience to some illnesses, concluding that the healthcare system needs a complete overhauling.
**P28**

**Tensions in dominant discourses of dying between health care professionals and palliative patients**

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**Research Aim:** The purpose of this study was to conduct an in depth analysis of qualitative data from palliative patients, caregivers and health care professionals (HCP), as part of the Changes Toolkit evaluation, in relation to discourses of dying. The Changes Toolkit was developed to help older rural palliative care patients and caregivers deal with transitions related to dying.

**Methods and Sample:** Ninety Changes Toolkits were distributed by home care staff in Alberta Health Services North and Central Zones to palliative patients and caregivers. Seven palliative care patients and caregivers in total completed the toolkit evaluation survey. Two focus groups were held with 9 HCPs in the zones who had distributed the Toolkits. A Foucault discourse analysis was used to analyze the qualitative data.

**Results:** Discourses of decline in relation to dying were dominant among HCPs. HCPs were hesitant to give out the Changes Toolkit because of the word “palliative”. HCPs believed their patients interpreted the word palliative with “no hope” and did not want to upset or strain the trust in their relationship. In contrast, discourses of hope in relation to dying were dominant in palliative patients and caregivers. Patients and their caregivers found the toolkit to be a useful resource and wished they had received it sooner.

**Conclusion:** Ways to improve communication between HCPs, palliative patients and caregivers should be explored in order to support the needs of the dying person and their family.

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**Impact of leisure education and services marketing principles on the participation of senior citizen in leisure activities**

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The purpose of this study involves the impact of leisure education and services marketing principles on the participation of the senior population in organized leisure activities in senior centers. Research shows that there is a significant association between the practice of leisure activity and the wellbeing; in order to enhance this participation, a different way to better reach and inform the elders should be considered. Three theories are the basics of this conceptual framework to try to understand the participation of elder citizens: continuity theory, selective optimization with compensation theory and innovation theory. The concepts covered are participation, leisure education and services marketing principles. The concept of participation is defined by the analysis of two dimensions: leisure behaviour of senior citizens and social participation. The focus of the analysis will be on the motivations and constraints that could cause the individual to cease his participation. The approach of the leisure education includes four components: 1) self-awareness, 2) leisure awareness, 3) leisure skills and 4) leisure resources. The goal is to improve the quality of life through leisure. In the service marketing principles; the focus is on the service offerings and the communication mix. The conceptual framework organized these concepts in a dynamic action-reaction in which the dimensions are inter-connected. The service offerings are built on the guiding principles of leisure education and the communication mix are designed to reflect the values within the service offering in order to reach the older people and encourage participation.

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**P30**

**She’s Fast For Her Age! Older Women and Running Culture**

Bridget McGowan

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This poster reports on the involvement of older women in competitive running from the 1970s until today. The findings are derived from interviews with four elite female runners age fifty and over. Discourse analysis is used to examine how these women's experiences have been shaped by medicalized notions of the female body and moral discourses about women's involvement in athletic pursuits. The poster also explores how current competitive running discourses commodify the female athletic body.

P31

Type 1 Diabetes in Older Adulthood: Relationships with Technological Treatments

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The increasing international prevalence of chronic disease has been accompanied by new products and devices intended to better treat and manage chronic illnesses such as Type 1 Diabetes. Since the discovery of insulin in 1921, the treatment and management of Type 1 Diabetes has significantly improved, and witnessed innovations such as the insulin pump. Yet, as the population ages within a technological society, the implications of advancements in diabetes care and its relationship with older adults is of great concern. How do older adults identify and make use of these new technologies? The objective of this study is to explore how older adults with Type 1 Diabetes relate to management devices used in their daily routines. Ten open-ended, semi-structured interviews were conducted with older adults living with Type 1 Diabetes (recruited through the Canadian Diabetes Association). Interviews were transcribed and analyzed using open, axial and selective coding in conjunction with NVivo 9 software, according to the constant comparative approach. Preliminary themes and findings regarding relationships between older Type 1 Diabetics and their management tools will be discussed. This study has implications for understanding relationships to technology, life course trajectories that challenge standard models, and the impact of chronic illness in late life.

P32

How Age-Friendly is This City? Strategies for Measuring Age-Friendliness

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Introduction: The Age-Friendly Communities (AFC) initiative has emerged as a policy and community response to the aging demographic. Communities across Canada and the world have developed age-friendly projects and strategies for the implementation and evaluation of their AFC programs. Currently, there is no tool that is accepted as the ideal measure of the baseline age-friendliness of a community, so that meaningful comparisons can be made to assess future progress.

Objective: The purpose of this study was to review potential assessment tools for measuring the age-friendliness of a community. The objective was to present the strengths and weaknesses of available tools, and to determine their validity, reliability, and sensitivity to change over time.

Method: A comprehensive review was utilized to examine currently available age-friendly assessment tools. Existing compilations of assessment tools for AFC were also reviewed. Communities across Canada were contacted and assessment tools were gathered from personal communications.

Results: Preliminary results indicate that assessment tools vary in their focus on aspects of the built and social environments. Many of the tools assessed are not sensitive to incremental improvements or change over time. Recommendations are provided on how communities can choose a tool that may accurately and effectively assess baseline age-friendliness.

Conclusions: A considerable number of assessment tools are available to assess various aspects of age-friendliness. Only the most comprehensive of these tools can be recommended for effective baseline assessment of the age-friendly features of a community.
Alzheimer's disease and Dementia: An improved model of care related to improved quality of life from the early 20th century to present day.

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Alzheimer's disease is a progressive, degenerative disease of the brain featuring memory loss, and one or more of the following cognitive impairments: aphasia, apraxia, agnosia, difficulty with day to day tasks, mood and behaviour. Dementia is a word used to describe a group of signs and symptoms seen in a variety of diseases affecting the brain. Dementia is a progressive brain disease of older generations that affect higher order brain functions such as memory, thinking, orientation, comprehension, calculation, learning capacity, language, judgment, and executive functions. Although the chances of having dementia increase with age, it is not a normal part of aging. Nearly 500,000 people live with dementia in Canada, and of that, 60% have Alzheimer's Disease. The projected numbers are 1 in 3 will be living with Alzheimer's Disease by the year 2031, increasing our costs over the $700 million mark, according to the Rising Tide Document. (Alzheimer's Society of Canada, 2010) The onset of dementia is now starting as early as 30-40 years old.

The presentation will look at how care has evolved from the early 20th century to present day and with that is there any real advantage to a person centered care approach as opposed to disease centered in relation to the overall quality of life that the person with dementia gains.

Innovations in Wayfinding Using Cupboard and Door Design Templates for Dementia

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People with dementia are often frustrated by their inability to "find their way", including the task of looking for “things” (such as items in cupboards) or locations (such as the dining room or bathroom). This poster presents findings from a student thesis that explores the use of "wayfinding" and cupboard door design templates in the homes of families living with a loved one who has been diagnosed with dementia. Findings include feedback from both the person with dementia and their loved ones.

Pour rassembler nos connaissances et unir nos efforts dans la lutte contre l'âgisme : résultats d'une recension faite par l'Association québécoise de gérontologie en 2011/ An Opportunity to Gather and Share Knowledge about Ageism: results of a survey on Ageism

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En mars 2011, la ministre responsable des Aînés du Québec, madame Marguerite Blais, accordait une subvention de 604 000 $ à l'Association québécoise de gérontologie (AQG) pour réaliser, sur une période de trois ans, une campagne de sensibilisation et de lutte contre l'âgisme intitulée L'Âgisme, parlons-en! Ce projet avait identifié, comme toute première démarche, la réalisation d'une recension du maximum de documents écrits, de résultats de recherches scientifiques, d’exemples de meilleures pratiques et d’outils développés sur le sujet de l’âgisme et sur la lutte contre l'âgisme tant au Québec, au Canada qu’à l'international.

La conférencière partagera, avec les participants à cette présentation, la stratégie choisie par la chercheuse madame Marie-Emmanuelle Laquerre et les résultats obtenus dans le cadre de cette recherche. Elle abordera les différents mots-clés reliés à la notion d’âgisme, les définitions, les manifestations, les sources, les conséquences, les différents aspects du vieillissement en lien avec l'âgisme, les thèmes relatifs à l’âgisme, les milieux (tels que : milieu de travail, milieu de la santé et des services sociaux, milieu de vie, milieux avec une présence importante de diversité multiculturelle.
ou intergénérationnelle, les discriminations en lien avec le sexisme et l'homophobie, milieu des communications et médiatique) où l'âgisme s'est avéré plus présent. La conférencière invitera les participants à échanger à partir de leurs propres connaissances et ressources en matière de lutte contre l'âgisme.

P37

Is the Rand-36 valid as a measure of health status in the elderly?

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Background: The Rand-36 is an eight scale health related quality of life (HRQOL) survey instrument. Based on the SF-36 prototype, a relic of the Medical Outcomes Study (MOS), the Rand-36 has been used as a valid health status tool in several populations consisting of participants of different ages, with good results. However, as a health status measure, use in the elderly is controversial due to a lack of evidence that it is equally reliable and valid for different age groups. This study will use data from the UK Data Archive to assess the reliability and validity of the Rand-36 in different age groups in the UK.

Method: Rand-36 data were obtained from Wave 9 of the British Household Panel Survey (BHPS), cohort (n =15 157). The main outcomes measures were scores of the eight Rand-36 scales and response to questions on presence of chronic illness and use of health services. Reliability was determined by Cronbach's α.

Results: The results show that Cronbach's α > 0.7 for all eight Rand-36 scales and that Rand-36 scores were both predictive of visits to the General Practitioner (GP visits) and sensitive to differences in age bands.

Conclusions: There was considerable evidence from Rand-36 scores to support its construct validity. Rand-36 can be used as a valid means of assessing health status in the elderly.

The Effects of an Exercise and Lifestyle Intervention Program on Cardiovascular, Metabolic Factors and Cognitive Performance in Middle-aged Adults with Type II Diabetes: A Pilot Study.

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Canada is experiencing a rise in Type II Diabetes Mellitus (T2DM), a known risk factor for accelerated cognitive decline and dementia. Within the context of an aging population, this will impose significant individual and societal burden, making the development of prevention programs imperative. This pilot study examines the effects of the Diabetes Exercise and Healthy Lifestyle Service, a 24-week intervention program at the Toronto Rehabilitation Institute, on cardiovascular, metabolic regulation and cognitive function in adults with T2DM. Seventeen participants, between the ages of 40-65, provided blood samples for biological markers, underwent cognitive testing and a physical stress test pre- and post-intervention. Cognitive performance was evaluated using the California Verbal Learning Test (CVLT) and the Digit Symbol Test (DS). Controlling for age and sex, participants displayed an increase in oxidative metabolism (VO2 max) in response to the stress test (Mchange= 4.09 SE=1.4 p<0.01), and a decrease in BMI (Mchange= -1.03 SE=0.40 p=0.01) and depressive symptomatology (CES-D: Mchange = -3.62 SE=1.44 p=0.01). No change was found for lipid levels and fasting glucose. Controlling for age, sex, education and blood glucose levels during testing, analyses showed that cognitive performance on the CVLT (Mchange= -4.37 SE=2.21) and DS (Mchange = -3 SE=0.53) declined following the intervention (ps<0.05); however, decline on the CVLT was limited to adults with diagnosed hypertension only. The results pertaining to cognitive function were surprising. Additional research is needed to evaluate this intervention program in T2DM, to determine the cost-benefit of participating in the program depending on health status.
Changes in functional status while waiting for transcatheter aortic valve implantation: Study design and clinical significance

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As the body ages, there is a natural decline in both physical and cognitive abilities. The presence of chronic disease can accelerate this process. Aortic stenosis (AS) is a structural heart disease primarily associated with aging. Untreated patients die within 2 to 5 years following the onset of symptoms, including shortness of breath, syncope and angina. For elderly individuals with multiple co-morbidities, surgical treatment is not an option because of high risk for surgical complications. An innovative and minimally invasive procedure called transcatheter aortic valve implantation (TAVI) has emerged as a safe and viable treatment option for higher risk patients who are likely to benefit from aortic valve replacement. TAVI is presently limited in availability in British Columbia. Our centre has a wait time from referral until procedure of 2 to 6 months. During this time, symptoms progress in an already vulnerable population.

Using a prospective cohort design, we plan to explore the changes in functional status of patients who are waiting for TAVI. A comprehensive functional assessment at baseline and prior to procedure will include physical, social and psychological measurements. This study will be guided by Ferrans’ Model of Health-Related Quality of Life, which posits that biological function, symptoms and individual and environmental characteristics influence functional status. The purpose of this presentation is to describe the proposed study and discuss its clinical significance.

Exploring changes in functional status of the elderly waiting for TAVI is critical in helping to inform care and improve patient management during this period.

Test-Retest Reliability of the French-Canadian Version of the Wheelchair Skills Test (version 4.1) for Older Adults Powered Wheelchair Users

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The Wheelchair Skills Program (WSP) is a testing and training approach for manual and powered wheelchair users, clinicians and/or their caregivers. Version 4.1 of the WSP includes four different assessments (Wheelchair Skills Test [WST]): for manual wheelchair users, manual wheelchair users and caregivers, powered wheelchair users, and powered wheelchair users and caregivers. However, no measurement properties of the WST are available for the two powered wheelchair assessments. The goal of this study was to evaluate the test-retest reliability of the French-Canadian version 4.1 of the WST for older adults powered wheelchair users. Thirteen participants (9M, 4W, mean age ± SD: 63.5±5.8 years, mean wheelchair experience: 12.7±9.2 years) were evaluated twice (13-40 days between T0-T1) and received a total score for capacity and safety. The mean±SD Total Capacity Score was 87.7±10.0% at T0 and 87.8±8.0% at T1, and the mean±SD Total Safety Score was 93.0±6.6% at T0 and 92.2±6.2%. The range of the percentage of agreement between each test and the intraclass correlation coefficient (ICCs with 95% confidence interval) were, respectively, -10.5% to 6.5% and 0.88 (0.68-0.96) for the Total Capacity Score, and -8.3% to 6.9% and 0.85 (0.61-0.95) for the Total Safety Score. The range of the percentage of agreement between each test and the intraclass correlation coefficient (ICCs with 95% confidence interval) were, respectively, -10.5% to 6.5% and 0.88 (0.68-0.96) for the Total Capacity Score, and -8.3% to 6.9% and 0.85 (0.61-0.95) for the Total Safety Score. Total Capacity and Safety Scores of the French-Canadian version 4.1 of the WST for older adults powered wheelchair users appear to be interpretable in the same manner over time. These preliminary findings suggest it has good test-retest reliability. Additional study is needed.
to further evaluate the reliability with a larger and more diverse sample group.

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Creating effective Knowledge Exchange in Canadian Muslim Communities on Seniors Health Issues

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Canadian researchers have been in the forefront of effective knowledge exchange initiatives regarding the health of older adults. One area that has been identified as requiring greater focus is how to bring health knowledge to ethnocultural older adults who are not engaged by mainstream media outlets. This study describes an initiative whereby unique partnerships with community spiritual leaders and centers were created to exchange health information to older Muslim seniors and their families. Four open forums were held in various Muslim communities across the Vancouver lower mainland on dementia, depression, medication management, and end-of-life care. Each forum was developed in partnership with the spiritual leaders within each community to optimize how health information can be delivered effectively within the community’s existing social network structure. Over 600 seniors and family members attended the two-hour forums, which were held in the languages of their preference during each forum. Of the attendees, 58% were women, 49% were 65 years of age and older, and 33% were currently providing care to an older adult. Ratings of the topics covered were rated highly (overall average: 4.8 out of 5). Preferences were expressed to receive additional information through DVDs and ethnocultural radio by older adults in addition to the spiritual community-based forums. Younger-aged respondents indicated a preference for web-based and phone-accessed information. This poster will present the overall structure and forum processes as well as additional findings from the reviews.

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Effect of aging and long-term caloric restriction on neuropeptide Y receptor subtypes in the rat brain

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Background: Neuropeptide Y (NPY) mediates its physiological effects in the brain through multiple receptor subtypes. They are involved in memory functions (Rangani RJ et al. Peptides. 2012;33:317-318), mood disorders and stress responses (Morales-Medina et al., Brain Res. 2010;1314:194-205), as well as feeding behavior and energy homeostasis (Pjetri et al. Genes Brain Behav. 2012;11:105-112). Their dysregulation may play a role in aging processes (Akimoto and Miyasaka Geriatr Gerontol Int. 2012;10:S107-S119). Moreover, it has been proposed that hypothalamic NPY neurons contribute to downstream physiological benefits in calorie-restricted rats (Minor et al., Aging Cell. 2011;10:483-492).

Objective: We aimed to assess the effect of aging and caloric restriction (CR) on brain NPY receptor subtypes, by quantitative receptor autoradiography.

Methods: Eight-month-old male Sprague Dawley rats were fed ad-libitum (AL) or submitted to a 12-month CR. They were compared to 3-month-old AL rats. Labeling of Y1, Y5 and Y2 receptors was performed as previously described using radiolabeled ligands in the presence of selective antagonists.

Results: Aging was associated with a decrease of Y1 (cingulate cortex, CA1), Y2 (CA1) and Y5 (CA2), and an increase of Y2 (lateral septum)
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receptor densities. CR resulted in a decrease of $Y_1$ (CA3, dentate gyrus) and an increase of $Y_2$ (CA2) and $Y_5$ (CA2) receptor densities. Some changes were also observed in hypothalamic nuclei of old AL and RC rats.

Conclusions: Altogether these results suggest that long-term CR may contribute to healthy brain aging by regulating NPY receptor subtypes involved in cognition and food intake.

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Adjusting to long-term care: Mealtime strategies help families living with dementia “become at home” in the new environment.

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Mealtimes are an important part of living in long-term care, providing not only for physical, but also social needs. This study is a secondary analysis of a six-year longitudinal study, called Eating Together (ET), which used grounded theory methodology. The ET study sought to better understand the mealtime experience of community dwelling persons with dementia and their primary partners in care through qualitative interviews with both members of the dyad (n=27) on a yearly basis. Over the course of the six years, several dyads from the primary study experienced a move into long-term care; seven dyad were analyzed longitudinally with thematic analysis to understand how families living with dementia experienced mealtimes in this new setting. Findings revealed strategies dyads developed to adapt to, or “become at home” in the new setting. Strategies included: returning home for meals, retaining personal routines and family traditions, creating new traditions through relocating family gatherings, belonging to the community and remembering home. Results suggest that although some dyads developed strategies that allowed them to view the long-term care environment as their “home”, it was not an easy process as they needed to become accustomed to the organizational structure within the new setting. Knowledge of these strategies can help long-term care homes realize how families and residents adapt to commensal dining and support various strategies that can be used to support ‘becoming at home’.

P44

The Determinants of Long-Term Care Utilization and Equity of Access Among Korean Older Adults

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Objective: To examine the determinants of long-term care use and evaluate the equity of access to care within the Korean health care system.

Methods: A series of bivariate analyses and associated chi-squares was performed examining the relationship between each of the predisposing, enabling and need variables and long-term care utilization. Logistic regression analysis was then used to examine the relative importance of factors found to be significant in the bivariate analyses in predicting whether or not an individual used long-term care.

Results: Bivariate analysis showed that age, sex, education, marital status, social work, family size, basic living security, insurance coverage, home ownership, health status, ADL/IADL limitation, and cognitive condition remained significant predictors of long-term care (p<0.01). Multivariate analysis confirmed that certain subgroups, i.e., those 70 and older, men, those who were unmarried, widowed or divorced, those in big families, and those who have no regular contact with network members are least likely to have used long-term care, irrespective of need or resource availability. Differences in need generally account for somewhat of the original differences observed between demographic subgroups, but personal and health care resources did not.

Conclusions: Eliminating personal barriers associated with individuals’ needs and health status is necessary for equity of access to care. The priority of policy should be on expanding insurance coverage and reducing the inequities reflected in disparities in consumer cost-sharing and associated patterns of utilization across plans.
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The body experience and suffering of senior women with incurable cancer

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When a senior woman has incurable cancer, her body goes through many changes. Losses, body transformations and the impacts of the illness often cause much suffering (Antignac Bonnaud, 2005; Kuuppelomäki, 1998; McGrath, 2002). Yet, while medical personnel and relatives address these women regarding their physical pain, they rarely focus on their psychological suffering, particularly that which is related to their body experience. To our knowledge, there has been no research which specifically addresses this suffering. The objective of this presentation is to better understand how the suffering experienced by senior women with incurable cancer is linked to their body experience. It is based on Ricoeur's (1994) concept of suffering.

Funded by the Public Health Agency of Canada, this is an exploratory qualitative research in humanistic psychology. It is based on an analysis of the conceptual categories (Paillé, Mucchielli, 2003) that emerged from 19 semi-structured interviews realized with 10 women aged 65 years and over with incurable cancer.

The results demonstrate that the transformations of their self-image, the changes in abilities, the uncertainty regarding their body and what it will become, and stories of cancer are linked to the suffering of these women. This suffering must be addressed, as much by relatives and practitioners as by researchers.

P46

Trauma, Challenge and Growth Appraisals of Cancer Experience and Differential Benefits of Online Networking among Older Users of the Internet

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Purpose of the study: The advent of computer-mediated communication is transforming how older adults find social support within a larger community of online peers who cope with similar physical and health problems. This study explores the relationship between peer support and alternative appraisals of illness experience in old age among people who use the Internet for cancer related information and support. The study hypothesizes that online peer support is associated with positive appraisal of cancer experience as a personal growth opportunity.

Design and Method: The sample consisted of individuals who self-identified themselves as middle-aged and older cancer patients (N=157, Mage = 57; age range: 50-79) and users of the Internet for cancer related information and support. Ordinary least-squares (OLS) regression analyses were performed to examine the associations between online peer support and alternative measures of cancer appraisal.

Results: Comparison of regression models indicates that even though appraisals of cancer experience as a traumatic event and as a challenge that life presents are positively associated with online peer support (β = .18, p < .05 and β = .24, p < .01 respectively), the beta for appraisal of cancer as an opportunity for personal growth has no significant association with online support (β = .11, p < .23).

Implications: The results demonstrated the perceived value of online health networking technology among older adults that go through a similar health crisis and point out the potential of health networking technology to have a positive impact on aging cancer patients' quality of life.

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A Rural Perspective on Dementia Care Decision-Making

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Purpose of the study: The advent of computer-mediated communication is transforming how older adults find social support within a larger community of online peers who cope with similar physical and health problems. This study explores the relationship between peer support and alternative appraisals of illness experience in old age among people who use the Internet for cancer related information and support. The study hypothesizes that online peer support is associated with positive appraisal of cancer experience as a personal growth opportunity.
The research project, Developing Dementia Care Decisions Through Knowledge Exchange in Rural Settings, aims to enhance the use of evidence-informed dementia care in rural settings through a richer understanding of the diverse types of evidence and knowledge used and needed by rural dementia care networks (networks consist of a person with dementia (PWD), their care partners and their community health care providers). This analysis extrapolates qualitative data from the parent study (80 interviews) to focus specifically on how distinct aspects of rural residency shape dementia care decisions. The sub-analysis is based on 45 interviews with 25 respondents (2 PWD, 11 care partners and 12 health care providers) from seven dementia care networks in which the intersection between dementia care and rural residency was discussed. Four key observations emerged: 1) distance and transportation were significant factors where dementia care involves physical presence (appointments, respite care, support groups), but less significant for information access alone; 2) the rural environment and culture were generally seen as protective for a person with dementia; 3) perspectives on the extent to which a rural location contributes to gaps in the availability of services to support dementia care varied widely; and 4) aging in place of choice was an underlying quality of life theme that established the context within which dementia care was experienced by individuals and their care partners.

P48
Enhancing Leadership in the Non Profit Sector: The Bennett Village Experience
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The changing nature of volunteerism is having a dramatic impact on the non profit sector. It is generally understood that communities are strengthened when volunteers give time and money to organizations. Many nonprofits are struggling to attract highly skilled board members to maximize social impact. This leadership challenge will only become more acute in the coming years. (Tierney, T. 2010) Bennett Village Board members have a vision to expand services for an older and increasingly frail population and this paper will explore how they approached capacity building in their rural community.

Methods: Quantitative and qualitative methods were adopted by the Board of Directors who carried out an environmental scan and literature review. In addition, they conducted numerous site visits to learn about promising programs.

A communications package was developed and included: questions for interviews and focus groups, consent and evaluation forms and a facilitator's guide for the community consultations. Interviews with various stakeholders and six focus groups were conducted, data collected and analysed. Social accounting methods were adopted to calculate the economic value of the volunteer time committed. (Mook, L. & Quarter, J. 2004)

Findings: This paper shows how capacity is enhanced by the contribution of about 8,000 volunteer hours as a social output or about $160,000 towards the innovative design of an integrated service model.

Conclusion: The relevance of this research relates to the ongoing training and support necessary for Boards to lead the non profit sector.

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The need for an alternative to acute hospitalization for the frail non-acute ill older adult: A prospective survey in a tertiary care hospital
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Objectives: To develop a typology of frail in-patients in a tertiary care teaching hospital who have been deemed by staff as being “sub-acute”.

Method: Sixty two patients (mean age 77; range 33-99 yrs; 50% women) were identified as “sub-acute” by health care staff on 7 medical/surgical units (total bed capacity 151). Their health records were reviewed to identify demographic/diagnostic characteristics and functional needs. Participants underwent semi-structured interviews, consisting of open and closed ended questions, designed to identify barriers to discharge. A concurrent triangulation mixed methods design was used to guide the study’s data collection and analysis.

Quantitative data was used to analyze the descriptive characteristics of the patients. Qualitative data underwent thematic analysis.

Results: Participants had a multitude of diagnoses [e.g. 33%-active treatment of chronic condition (COPD), 20%-falls, 13% chronic active care (chronic pancreatitis)]. Although considered no longer acutely ill, all participants required active medical and/or nursing care. Thematic analysis indentified the majority of participants wanting to be cared for at or closer to home. The triangulated results exposed a lack of an alternative to acute hospital care for frail older adults as resulting in premature placement in long-term care and/or lengthy hospital stays as the major theme of this project.

Conclusions: Frail older patients suffer from multiple, complex needs that often go unmet in an acute care setting. We are in pressing need of an alternative to acute hospitalization for the non-acute ill older adult.

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Ageing in Saudi Arabia: Impact of Demographic Transition

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Saudi Arabia, the largest country in the Arabian Peninsula is going through changes on its demographic front showing signs of ageing in the near future. Demographic achievements of Saudi Arabia in terms of remarkable decline in mortality rates, declining trend of fertility gains in life expectancy at birth are factors that favor ageing of population - an indication of population health.

This paper examines age distributions over a period of last 4 decades for both natives and expatriates with an aim to delineate changes over time.

Data utilized in this analysis are of National Censuses conducted in 1974, 1992, 2004 and 2010.

Population growth of the native and expatriate population was noted. While the native population shows an ageing trend, the expatriate population does not. There is accelerated ageing trend among the native population. Projections indicate further constriction of age pyramid, during the coming decades.

Changes in Saudi Arabian Demography are indicative of transition in birth and death rates leading to ageing of population. It is time for the country to adopt population based information driven development planning to meet the challenges of ageing.

P51
Transnational Caregiving for Aging Parents

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Transnational caregiving for aging parents is a growing phenomenon with serious social and economic implications for individuals and families, yet little is understood about it in the Canadian context. This paper reviews the current literature on transnational caregiving for aging parents by adult children. Peer-reviewed journals were searched using terms such as “transnational caregiving”, “care at a distance”, “aged or aging care”, “aging, older, or elderly parents”, and “immigrant family”.

Findings from this nascent body of research indicate that caring for aging parents is often prescribed as a duty to be filled by adult children by national policies, and in cultural and familial expectations and obligations. Individuals negotiate familial and cultural expectations around care and support with kin and parents

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back home, while navigating home and host country national policies on migration, aging individuals, and caregiving. These intersections and tensions shape decision-making processes, and the capacity to provide, transnational caregiving to aging parents.

Currently, studies focus almost exclusively on individuals and families residing in Europe and Australia with limited information on transnational caregiving from individuals in Canada. Investigating the prevalence, processes and experiences of Canadian families with transnational caregiving responsibilities will contribute meaningful information for future social policies and the development of caregiver supports and resources in Canada to address the needs and challenges of the growing numbers of transnational caregivers.

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Themes from self-definitions of successful aging and long term prognosis of older Canadian men: The Manitoba Follow-up Study

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In 1996, 1,745 community dwelling members of the Manitoba Follow-up Study cohort of males (mean age 78y) were surveyed, and provided narrative responses to the open-ended question: "What is your definition of successful aging?". Keyword coding of the narratives has resulted in a coding manual that contains 21 groupings of 86 themes. The present objectives are to examine how the presence or absence of each theme grouping was related to two long-term outcomes: long-term care placement, or death, over the next 15 years. From 1996 to 2011, 258(15%) entered long-term care, and 1197(69%) died. Using Cox proportional hazard models, the age adjusted multivariable rate of long-term care placement was 39% (HR=0.61 95%CI 0.45,0.84) lower for those with the theme of "happiness (being content, satisfied with life, sense of meaning and purpose, etc.)" and 37% (HR=0.63 95%CI 0.39,1.00) lower for those with the theme of "lifestyle (healthy living choices, diet, alcohol moderation, etc.)" in their definition of successful aging, compared to men without these themes in 1996. In a model of mortality over the next 15 years, the theme of "activity and interests (gardening, travelling, hobbies, crossword puzzles, etc.)" was associated with an 18% (HR=0.82 95%CI 0.72,0.92) lower mortality rate, "lifestyle" with a 25% (HR=0.75 95%CI 0.61,0.92) lower mortality rate, and those with "health-system (taking medications, seeking medical care for problems, recuperation from surgery, etc.)" in their definition, a 42% (HR=1.42 95%CI 1.01,2.01) greater mortality rate. Themes from self-definitions of successful aging are valuable in determining long-term outcomes in this cohort.

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A Community Consultation on Primary Health Care for Older Persons with Chronic Illness

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Community-based primary health care (CBPHC) has broadened its scope beyond family medicine to encompass many services, including health promotion and disease prevention; diagnosis, treatment and management of chronic and episodic illnesses; rehabilitation support; end of life care; and care coordination. CBPHC is now delivered by a diverse set of health care professionals in various settings. Recent health care policy initiatives have placed increasing emphasis on client-centred approaches. Input from clients is critical in developing recommendations for improved CBPHC, along with input from informal caregivers and health care professionals.

To gain input from these groups, we conducted a series of focus group interviews (n=9) with clients and informal caregivers (n=28) and health care providers (n=30) in mid-sized urban and rural communities in Ontario, with a focus on CBPHC for older persons with chronic illness. Results were shared and discussed in a community forum which included consumers, health care administrators, and regional and provincial policy-makers. Key themes for system improvement related to early identification and prevention of chronic diseases; health care access; and end of life care were identified. through this process, recommendations will be developed to improve primary health care in Ontario.
information sharing and standardized assessments; prepared and proactive teams; successful navigation of a complex health system; and multidisciplinary capacity for primary and specialized care. This presentation will discuss the recommendations and plans that emerged from these consultations, along with the research program being developed to guide the implementation and evaluation of the proposed strategies.

P54

Health Dimension of Inclusive Development: The Case of Elderly Women in India

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Statement of the Objective: The present paper looks into the issue of health as a critical dimension within the broad charter of comprehensive societal development in India. The conjunction of gender and age can have detrimental effects on the quality of life of elderly women unless there is a thorough review of the national development planning and corrective measures incorporated as a result of such a review.

Method: With conceptual and authentic secondary data backup, this paper substantively argues that Indian national development process should integrate demographic, socio-cultural, economic and environmental aspects within its frame.

Results: The thrust of the paper is - largely because of their longer life expectancy compared to their male counterparts, a disproportionate number of older people in India are women today. This is in spite of the declining female ratio to the males. However, though women live longer, they experience greater morbidity and have relatively less access to health care than men – both rural and urban. Health needs and resultant predicaments of older women are thus becoming increasingly important.

Conclusions: The guidelines in this regard should hold fast to the principles of equity, social justice, sustainability, and human rights approach; the creation of educational, economic and social opportunities at adequate measures. Pragmatic approach in this regard can provide a model for entire South Asian region.

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Older Hospital Staff

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At present the average age of hospitals staff is increasing in the developed world. Hospital managements are interested in a better understanding of the possible problems of a higher staff age than previously. We carried out studies the hospital in Estonia. 249 people, all staff 45 years of age and older, were studied. Among them, 73 were more than 60 years old. The participating staff was given questionnaires with 20 questions which had up to 19 multiple choice answers. 226 questionnaires were completed. Statistical analysis of the data obtained was carried out using well-known methods of statistics.

An interesting finding was that correlation coefficients between age, and mental stress and health were very low or negative. The coefficient between age and mental stress was just -0.15. Older staff is likely to have experience in avoiding stress despite physiological resources decreasing. Back pain was the most significant health disorder, while pain in the neck and shoulders was in second place, followed by colds and flu, visual fatigue and sleep disorders. The intensity of disorders was the same among younger and older staff.

The results showed that the correlation coefficient between age and age discrimination at work was 0.36, and when searching for new employment 0.55. Older employees were often thought that they were too old and needed relatively less workload. This discrimination is probably the main problem that older hospital staff faces.

P56
Older Adults and Their Spare-Time Activity Participation: A Comparison of Mainland Chinese and British Canadian People

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Objective: This qualitative study examined why older (55+) Mainland Chinese and British Canadian people: (a) felt constrained from participating in spare-time activities, and (b) what strategies they employed to overcome or “negotiate” those constraints.

Method: Data were collected using open-ended, semi-structured interviews and a snowball sampling technique in Mainland China (n = 5) and Canada (n = 5). Directed content analysis was used to code and evaluate participants’ responses; and rank order comparisons were used to calculate the frequency of times a response was mentioned and the frequency of participants who mentioned a response. Numerical results were complemented by exemplars.

Results: Mainland Chinese older adults were more constrained by barriers such as lack of money, time, and transportation (i.e., “structural” constraints) and by babysitting grandchildren (i.e., “interpersonal constraints”) and “face” concerns (i.e., “intrapersonal” constraints). In contrast, British-Canadian older adults were more constrained by ageism- and sexism-related conflicts (i.e., “intrapersonal” constraints). Accordingly, negotiation strategies varied between two groups. For example, Chinese used more public transit than Canadians.

Conclusion: Findings from this study suggest that culture affects the importance of certain spare-time activity constraints and how they are negotiated. This information will help guide refinement of current, and development of new, scales that will be used in a future cross-cultural, quantitative study of older adults’ spare-time activities.

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The Correlates of Leisure-Related Activities Among Filipino Older People

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The data of the 1996 Philippine Elderly Survey (PES) conducted by the Philippine Population Institute and the Demographic Research and Development Foundation was used in this study. The study describes the leisure and related-activities of the 60 years old and above elderly. Linear regression analysis was used to evaluate the effect of household tasks and some background characteristics on the leisure activity of elderly. Results indicate that engagement of elderly on leisure-related activities was significantly related to education, membership in organization, perceived health status, household task and age. Findings bring into focus the need to promote healthy leisure among the Filipino older population taking into consideration the significant factors identified in this analysis.

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La défense des droits des ainés : une recension systématique critique

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Problème. La démocratisation du système de santé et des services sociaux au Québec prévoit des mécanismes de prise de parole, dont certains sont clairement identifiés comme des lieux de gestion des plaintes (Tremblay, 1998). Leur application n’est pas optimale en raison, entre autres, du manque de connaissance même qu’ont les usagers, résidents et leurs proches de leurs droits et de la façon de les faire respecter (MSSS, 2004). En amont d’un inventaire exhaustif des lieux d’expression de la parole citoyenne et de leurs modes de fonctionnement, il importe de cerner le concept de « défense des droits » dans le champ spécifique du vieillissement.

But. Exposer de façon critique les résultats d’une recension des écrits portant 1) l’évolution du concept de défense de droit, 2) ses usages contemporains dans le champ du vieillissement.
Méthode. Une recension systématique de la littérature scientifique des dix dernières années dans les banques de données sur le vieillissement en croissant, en anglais et français, les termes défense de droits et aînés et leurs dérivés.

Résultats. Bien que la défense des droits remonte à La Déclaration des droits de l’homme et du citoyen (1789) marquant l’avènement théorique d’un État qui reconnaît des droits fondamentaux (Larousse, 2012), deux pôles de revendications s’affrontent dans le champ du vieillissement. D’un côté, les droits sont mobilisés pour valoriser les aînés et inciter au respect de leur dignité. De l’autre, certains s’interrogent sur la nécessité de reconnaître des droits spécifiques sur l’unique base du critère d’âge chronologique.

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Older Adult Episodic Care: Clinical Conundrums Online Module

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Purpose: The purpose of this interdisciplinary workshop is twofold: 1) To introduce educators to Clinical Conundrums, an extremely low cost, online learning module designed to teach nurse practitioner students about the care of older adult experiencing an episodic illness, and 2) To provide instruction and demonstration for the replication of the module.

Objectives: After the workshop, participants will be able to incorporate the teaching method in their courses.

Format: This workshop will be taught as an interactive lecture with demonstration of the module; participants are encouraged but not required to bring internet-capable devices to use during the workshop.

Description: A changing world requires adapting educational practices to meet the needs of new students caring for older adults. Clinical Conundrums was created for a master’s level nursing course focused on the diagnosis and management of episodic illnesses, but could also be adapted to fit other disciplines. The module was constructed with an approach inspired by the "choose-your-own-adventure" book series and guided by experiential learning theory. In the module, students are presented with an ongoing narrative describing each aspect of an older adult's clinic visit, and asked to answer certification-style questions in order to progress with the narrative. Responses to each question are given immediate feedback with a running total score. Initial student evaluation (N=56) was highly positive, 100% of the students responded that they would like to have additional modules included in the course and described the module as enjoyable, engaging, realistic, and applicable.

P60

Searching for patterns in a blizzard of health characteristics of the oldest old: A cluster analysis of centenarians in the Ontario health care system

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OBJECTIVES: Like snowflakes no two centenarians are alike. However despite their heterogeneity, shared characteristics and common trends do exist among this population. This study examines populations of centenarians who either reside in home care or long-term care facilities (LTCF) and searches for patterns of health characteristics within a standardized data system using the K-means clustering algorithm.

DESIGN: Observational study of secondary data.

SETTING: This study includes centenarians receiving community based home care services (N=1627) or residing in LTCFs (N=709) in Ontario. This study focused on information collected using the provincially mandated RAI-HC and MDS 2.0 data systems. This dataset contains comprehensive information on every long-stay (>60 days) home care client in the home care system between 2003 and 2010 as well as residents who entered a LTCF between 2005 and 2009. The K-means algorithm was used to conduct cluster analysis on variables for
RESULTS: The K-means cluster analysis identified relatively homogeneous subgroups within the centenarian populations that differed on clinical characteristics including functional, cognitive, psycho-social, and demographic variables. Health profiles of centenarians were created using descriptive statistics to illustrate patterns within this diverse population.

CONCLUSION: The K-means algorithm provided a useful way to segment this heterogeneous client population into more clinically useful homogeneous subgroups. Enhancing understanding centenarian’s characteristics in the winder of life may enable more appropriate allocation of services to meet the needs of centenarians residing in either home care or long-term care facility settings.

P61

Applying the International Classification of Functioning, Disability and Health to clinical interventions aimed at the elderly with dementia

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Background: The International Classification of Functioning, Disability and Health (ICF) (WHO, 2001) is a widely used comprehensive model to understand health and function. The main goal of clinical intervention research in nursing is to develop an effective approach to maintain or restore health or well-being.

Purpose: To provide an exemplar of a clinical intervention that was guided by the application of the ICF and aimed at elderly with dementia. The example given will be the development of a physical activity intervention for nursing home residents with dementia.

Discussion: the ICF illustrates the complexity required to manage the geriatric population which is reliant on careful assessment and individualization. Aspects of the ICF, such as the influence of the environmental context and personal factors, are important areas to consider in intervention research. The application of the ICF as a conceptual framework in intervention research can provide an effective and logical approach to designing and targeting an intervention to care for the elderly.

Conclusion: the ICF is a useful conceptual framework to help map and develop an intervention for the geriatric population and reflects the multi-factorial aspect of geriatric care necessary for an effective intervention.

P62

Dysphagia in Individuals with Dementia: A Systematic Review of the Evidence

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Background/Objective: Dementia is a syndrome that can be caused by a number of neurodegenerative disorders that affect memory, thinking, behaviour, and the ability to perform activities of daily living. Dementia currently affects over 500,000 Canadians and over 35.6 million people worldwide. Individuals with dementia may experience swallowing impairment, or dysphagia, during the progression of the disease. Swallowing function is controlled in part by the parasympathetic branch of the autonomic nervous system. The primary objective of this study was to review studies of dysphagia in individuals with dementia. Secondary objectives included identification and review of the literature concerning autonomic dysfunction in individuals with dementia.

Methodology: Systematic searches of the PubMed, EBSCOhost, PsychINFO, Cochrane, EMBASE, and Scopus databases were completed. Search terms included dementia, swallowing, deglutition disorders, autonomic nervous system, and parasympathetic nervous system. Published studies and grey literature describing dysphagia or autonomic dysfunction in the context of dementia were identified. Studies were reviewed and organized into categories according to type. These categories included clinical reports, physiologic studies, and brain imaging studies.
**Results:** The literature contains evidence that different types of dementia result in distinct, but overlapping, dysphagia or dysautonomia profiles, even in the early stages of the disease process.

**Conclusions:** Although the prevalence and incidence of dysphagia or dysautonomia in the dementia population is unknown, there is preliminary evidence to suggest that dysphagia or autonomic dysfunction can occur in dementia.

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<td><strong>Getting on with the Rest of your Life After Stroke: Intervention Processes</strong></td>
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<tr>
<td>Sharon Anderson¹, Sylvia Koso¹, Nancy Mayo²</td>
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<td>¹University of Alberta, Edmonton, AB, Canada, ²McGill University, Montreal, PQ, Canada; E-mail: <a href="mailto:sdanders@ualberta.ca">sdanders@ualberta.ca</a></td>
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Worldwide, stroke is the leading cause of disability in older adults. Over 85% of people survive stroke; and of those over 80% are discharged to their homes in the community. Objective: To determine if participation be enhanced through a community-based structured program providing the opportunity for exercise, leisure enhancement, life-long learning, and social interaction. Methods: Randomized 11 site Canadian intervention for community dwelling stroke survivors. We report qualitatively on intervention processes. It was designed for 10 participants; held bi-weekly for three, ten week sessions. The health promoting program integrated: 1) adult based learning to develop goal setting problem solving; 2) exercise that integrated aerobic, strength, balance, flexibility, and rapidity of movements; and 3) fun social activities. Participants were encouraged to set goals that were staged into a series of realistic projects, achieved by developing internal resources, and used existing community-based resources. Participants 23 people, 6 months to 14 years post-stroke Results: The group program increased participants’ social networks and peer support. At the end of two 10-week, sessions of Mission Possible almost all participants were engaged in meaningful activity indicating a 3rd session was not needed. Participants enjoyed the adult learning approach that challenged perceived limitations.

**Conclusion:** Although qualitative and quantitative data support the benefits of this program to individuals, it will be a major challenge to sustain this evidence-informed program unless it becomes part of a universal system for stroke care. Knowledge translation should be provided more directly to people with stroke and their families.

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<td><strong>Patterns of Multimorbidity in Centenarians: Using Association Rule Mining to Discover Common Chronic Disease Combinations in Ontario’s Oldest-old</strong></td>
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<tr>
<td>Joshua J. Armstrong, Shannon Freeman, Suzanne L. Tyas, John Hirdes</td>
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<td>University of Waterloo, Waterloo, Ontario, Canada; E-mail: <a href="mailto:joshua.j.armstrong@gmail.com">joshua.j.armstrong@gmail.com</a></td>
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INTRO: Driven by the high prevalence of multiple chronic diseases, the aging population, and the rise of health care costs, there is a mounting interest in the study of multimorbidity. The prevalence of multimorbidity in older adults has been reported to range between 55 and 98% yet little research has focused directly on developing our understanding of concurrent multiple chronic diseases and the resulting patterns; fewer studies have examined multimorbidity in the oldest-old. With clinical and administrative data collections growing rapidly in today’s information age, investigations into frequent patterns of chronic diseases can be conducted through the application of novel data mining techniques. For this study, Association Rule Mining (ARM) is applied to electronic health information from centenarians within the Ontario Health Care System with the aim of discovering common patterns of chronic illnesses.

METHODS: ARM was performed using the arules package in R on clinical assessment data from centenarians receiving community based home care services (HC; N=1627) or residing in long-term-care facilities (LTCF; N=709) in Ontario. This assessment information was collected using the provincially mandated RAI_HC and MDS 2.0 data systems. RESULTS: There was a high prevalence of multimorbidity in the two centenarian populations (HC= 93%; LTCF = 71%). The ARM analysis resulted in identifying the most common
combinations of chronic diseases in each of the care populations.

CONCLUSIONS: Our findings illustrate that multimorbidity is prevalent in two centenarian care populations and that common patterns of chronic diseases can be identified through the application of innovative data mining techniques.

P65
Even the Best Laid Plans: Experiences of Older Adult Wheelchair Users and their Caregivers

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Objectives: Many older adults with mobility limitations are adopting use of a wheelchair to maintain engagement in important life activities. However, during this transition few receive training regarding effective wheelchair use in the community. To inform development of a novel wheelchair skills training home program for older adults, we pursued a better understanding of the process and impact of adjusting to wheelchair use for both users and caregivers.

Method: A series of focus groups were conducted in Winnipeg and Vancouver with older wheelchair users (n = 10) and caregivers (n = 4) to explore the experience and impact of wheelchair use in later life. Transcripts were analyzed using a directed content approach.

Results: Several salient themes emerged from the analysis. "I’m never going to do that" – wheelchair users reflected on psychological barriers of fear, confidence, and stereotype to participation. "Did I sign up for this?" – caregivers identified the pervasive and consuming responsibilities of managing and organizing life. "Even the best laid plans" – dealing with the frustration of uncertain, inaccessible and pseudo-accessible environments. "Thanksgiving at Swiss Chalet" – participants reflected on narrowing social circles and changing social dynamics with friends and family. These older adults and caregivers experienced substantial life changes during the transition to wheelchair use; some changes were mutual while others were unique.

Conclusions: A deeper understanding of these experiences provided valuable insight and several enhancements were introduced into the home training program to address psychological, social and environmental barriers as a result of these findings.

P66
Using Mobile Health Technologies to Support Healthy Aging at Home

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

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

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

P67

Active and Engaged: A Female Portrait of Health and Aging in Rural Churches

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Objective: There is growing evidence to suggest that the rural church may play a significant role in helping rural elderly women to promote their health. This study is conceptualized to examine the following research questions: 1) What is elderly rural women’s experience of health promotion in the rural church? 2) How could the church be used to facilitate health promotion for rural elderly women, allowing them to remain in their homes and communities longer?

Method: This study of doctoral work in progress is guided by interpretive phenomenology and the innovative research method of photovoice. In this novel approach, women take pictures of how the rural church influences or could influence their health and the health of other women in their community. Data are further collected via individual interviews and focus groups, as well logbooks written by participants and socio-demographic information. This methodology offers a unique opportunity to actively engage elderly rural women in health research.

Results and Conclusions: Preliminary findings from a small sample in southwest Ontario suggest that the rural church may be a significant health resource for rural elderly women. For example, the rural church provides emotional support in times of tragedy and transition, a social support network to reduce isolation and its associated negative health consequences, and access to physical health resources such as fitness classes. Enhancing understanding of ways that rural churches can further assist rural elderly women promote their health may help to address rural elderly women’s underprivileged access to social determinants of health.

P68

Rural vs. Urban: Care Transitions for Older Hip Fracture Patients

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Following a hip fracture, older patients typically undergo transitions through several care settings during the course of their recovery. Patients making transitions are more vulnerable to breakdown in care due to their complex needs. We explored care transition experiences of frail older hip fracture patients at three Canadian sites (a large urban, a small urban and a rural setting). Using an ethnographic approach, semi-structured interviews, observations and document reviews were completed with patients (n=21), family caregivers and healthcare providers during multiple post-surgical care transitions. Using data for similar patients from each of the three sites, a multiple case study analysis (Stake, 2006) was used to compare and contrast care transition experiences. There were noticeable similarities and differences between all three cases regarding communication, care pathways, rehabilitation options and caregiver support. Similar difficulties in communication between patients, caregivers and healthcare providers were experienced in all three sites, although communication with rural family caregivers was often challenged by distance. Rural patients had fewer rehabilitation options; urban patients were more likely to experience complicated care trajectories. Based on this research, we are currently developing, implementing and evaluating interventions to improve the quality of care transitions in each of the study locations.

P69

Parent-adult child relationship as a moderator on the relationship between marital risk and strain from spouse and depression among aging couples

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This study examined linkage between marital risk and strain from spouse and depression among aging couples, as well as moderation of this linkage by parent-child relationship and gender (N=2334) from across the United States,
utilizing the 2005 National Survey of Midlife in the U.S. Ordinary least squares multiple regression models revealed that marital risk and strain from spouse are significant predictors in depression among aging couples. Higher levels of marital risk were associated with higher levels of depression and higher levels of strain from spouse were associated with higher level of depression. Relationship between parent-adult child was a important factor in reducing the relationship between marital risk and strain from spouse and depression. Better relationship with children were associated with lower levels of depression. The discussion focuses on the importance of the parent-child relationship to overcome depression among aging couples who experience marital risk.

P70

Comparing Approaches for Categorizing Measure Reliability in the Assessment of Anxiety in Older Adults

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Researchers and clinicians working with older adults constantly need to decide whether an instrument is well suited for the assessment task at hand. Without specific guidelines, there is a risk that one might use measures that have limited psychometric evidence. A systematic review of the anxiety measures most commonly used with older adults found that the instruments are mainly developed for a younger population and that they lacked sufficient evidence of their psychometric properties when used with an older population. A reliability generalization meta-analysis was also conducted for each of these commonly used anxiety measures in order to estimate their average reliability. Although such meta-analytic studies are ideal to gather information on the likely psychometric properties of a measure, obtaining these estimates is extremely time-consuming. When faced with daily assessment tasks, researchers and clinicians need a faster way to judge whether a measures is appropriate. Recent efforts have been made in developing guidelines to operationalize the criteria necessary to designate a measure as evidence-based. The goal of this study is to: a) apply the reliability criteria of two existing evidence based assessment categorization systems to the most commonly used anxiety measures with older adults and b) compare the results of these categorization systems to the results obtained in the meta-analysis. Results obtained by these systems yielded similar results to the meta-analytic study suggesting they can be an appealing way for researchers and clinicians to identify psychometrically sound measures without having to conduct more labour-intensive meta-analysis studies.

P71

Factorial structure of a French version of the Nursing Home Behavior Problem Scale

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The majority of older people with dementia present behavioral and psychological symptoms that must be addressed by caregivers. Several questionnaires are available to assess specific behavioral problems of dementia patients residing in nursing homes but only few have been translated and validated in French. This study's main objective is to determine the factorial structure of the French version of the Nursing Home Behavior Problem Scale (NHBPS) with people suffering from dementia. A secondary objective is to document the variables associated with the global score of the NHBPS and the underlying dimensions of the instrument. Participants (N = 155) were diagnosed with dementia and resided in four nursing homes. The presence of delirium, behavior and cognitive problems, functional limitations, comorbidity, sleep problems, depression, pain, medication and environmental characteristics were assessed by two nurses. Confirmatory factor analysis shows a lack of fit of the data to two factorial solutions of the English version of the NHBPS. A principal component factor analysis revealed five key dimensions explaining 58% of the total variance (aggressive/non-cooperative behaviors, sleep problems, inappropriate moves, irrational behaviors and agitated behaviors). Several variables, including the use of antipsychotics, the presence of delirium, pain and depression, are associated with the total score of the NHBPS and its five underlying dimensions. Although the factorial solution of the French version of the NHBPS is similar to the original English version, our results also show
differences that may depend on methodological and cultural characteristics.

**P72**

**Wisdom and aging well: Longitudinal perspectives**

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This longitudinal research investigates the relation between wisdom and well-being in older adults, with an aim to elucidate pathways to successful aging. Two-hundred and seventy-four retired individuals completed a series of questionnaires once per year for three years including measures of wisdom, perceived control, life engagement, attitudes towards aging, and life satisfaction. Structural equation modeling controlling for social desirability, health, and sociodemographic variables revealed that perceived control, life engagement, and attitudes towards aging mediate the positive relation between wisdom and life satisfaction. The results demonstrate that having a sense of control over one’s life and being engaged with personally meaningful activities in conjunction with endorsing fewer negative stereotypes of aging account for the enhanced well-being associated with wisdom in older adulthood. Thus it appears that regardless of health or socioeconomic status, the road to happiness is paved with one’s attitudes and activities. Findings are discussed in terms of the specific characteristics of wise individuals that promote successful aging and the ways in which we can encourage the development of these more positive approaches across the lifespan.

**P73**

**Self-efficacy enhanced wheelchair training for older manual wheelchair users: A pilot feasibility trial.**

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**Rationale:** More than half of older adult manual wheelchair users require assistance with mobility. Self-efficacy may be an important factor for independent wheelchair use. Social cognitive approaches improve self-efficacy in other areas of rehabilitation. Similar theoretical approaches were applied to the development of the Self-efficacy Enhanced Wheelchair Training Program (WheelSee).

**Objectives:** Test the hypotheses that WheelSee: 1. works to improve self-efficacy for manual wheelchair use in older wheelchair users; and 2. is feasible to administer.

**Methods:** A pilot randomized controlled trial will recruit new manual wheelchair users who are 50 years of age or older. Participants in the intervention group (n=4) will complete 6, bi-weekly, 1.5-hour WheelSee sessions that will be individually designed according to self-identified situations that challenge self-efficacy. A peer-trainer will: facilitate the improvement of wheelchair skills using task-specific practice in a group setting; encourage positive reinforcement from family; and foster reinterpretation of physiological responses through situational vignettes and group discussions. Participants in the control group (n=4) will receive the same amount of contact during social-activity group sessions. Self-efficacy for manual wheelchair use will be measured using the Wheelchair Use Confidence Scale (WheelCon-M) at baseline, 1-week, 2-week, 3-week and post intervention.

**Data Analysis:** Graphical observation will be done to examine changes in WheelCon scores over time in both groups. T-tests will be used for preliminary comparisons of mean WheelCon scores. Feasibility of the WheelSee protocol will be evaluated.

**Results:** Anticipated completion of this pilot study is June 2012. Results will inform the refinement of the WheelSee protocol for future investigation.

**P74**

**A three-month physical exercise program improves Stroop performance in frail and non-frail older adults**

David Predovan$^{1,2}$, Francis Langlois$^{1,2}$, Mélanie Renaud$^{1,2}$, Sarah A Fraser$^{1,2}$, Louis Bherer$^{1,2}$
Growing evidence supports the use of physical training interventions to improve both physical and cognitive performance in healthy older adults. Few studies have examined the impact of physical training on cognitive outcomes in physically frail older adults. Two studies were conducted to assess the benefits of physical training on Stroop task performance, a measure of attentional control, in both frail and non-frail older adults. Study 1 included 67 non-frail older adults (mean age = 67.4 +/- 6.18 years) and Study 2 included 83 non-frail and frail elders (mean age = 72.25 +/- 6.23 years). Participants were randomly assigned to either a three-month physical training group or to a control group (waiting list). Training sessions were 3 times per week for 60 mins and involved primarily aerobic activity. All participants completed pre and post-test measures of cognitive performance (Stroop Task) and physical performance [Rockport one-mile test (Study 1) and Six-Minute Walk test (Study 2)]. Compared to controls, the training groups showed significant improvements in physical capacity (p < .03) and enhanced Stroop performance in executive conditions (p < .03). In Study 1, improvements in physical capacity positively correlated with improvements in the flexibility condition of the Stroop task (r = 0.45; p = .001). In Study 2, both frail and non-frail older adults improved to the same extent on physical capacity and Stroop performance. Results of the present studies suggest the benefits of exercise training on cognitive function can be observed in frail older adults after only three months.

P75

Sex as a moderator of the relationship between confidence with using a manual wheelchair and frequency of participation

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Objective: To test the hypothesis that sex moderates the relationship between confidence with using a manual wheelchair and frequency of participation in social and personal roles.

Methods: This cross-sectional study included 54 participants who were community-living manual wheelchair users (65% male), were >50 years of age (mean = 59 years), used their wheelchair daily, and had >6 months experience with using a wheelchair. The 16-item Late Life Disability Instrument, and the 65-item Wheelchair Use Confidence Scale measured participation, and confidence, respectively. Age and wheelchair skills, measured by the performance-based Wheelchair Skills Test, were included as covariates.

After centering the continuous variables, coding the categorical variable, and creating a confidence-by-sex interaction term, participation was first regressed on age and wheelchair skills, then on the first-order terms, and finally on the interaction term.

Results: Significant and positive relationships exist between participation and: 1) confidence (standardized coefficient (β)=0.83, p=0.002), and; 2) the interaction term (β=0.33, p=0.05). There was a 6% R² change resulting from the addition of the interaction term. Subsequent regression analyses revealed the magnitude of the relationship between confidence and participation is stronger for men (β =1.05, p=0.002) than for women (β=0.44, p=0.05).

Conclusions: Sex moderates the relationship between confidence and participation among older wheelchair users, with the magnitude being greater in males than in females. Treatments to improve confidence with using a wheelchair may lead to increased participation and quality of life especially among older male wheelchair users.

P76

Life Satisfaction after Retirement in Canada

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In developed countries, the Third Age for life fulfillment comes at retirement with accompanying fears about growing old. Researchers, emphasizing life fulfillment, widely promoted positive views toward aging and retirees, while other studies focused primarily on loss of social roles or social marginality in seniors and ignored their fears about growing old. The purpose of this study was to test theory of the Third Age from the social participation perspective with 190 Canadian retirees. The research questions focused on what factors predicted life/retirement satisfaction, specifically whether gender differences and/or fears about aging affected this outcome. A pilot study established the reliability and validity of Current Activities section of the Retirement Satisfaction Inventory (RSI) and Fears about Growing Old, which then went to a cross-sectional convenience sample of regular program participants at Canadian senior centers for a self-administered survey. The Life Satisfaction Index for the Third Age - Short Form and RSI predicted the two dependent variables: life satisfaction and overall retirement satisfaction ($R^2 = .266; .110$). Using multiple regression analyses, aside from common positive factors Current Activity and Perceived Social Support, factors for life satisfaction were Circumstance and Stress on Job (both negative) and Post-Retirement Work (positive), and being female was a factor for Overall Retirement Satisfaction. Fears about Growing Old negatively predicted both satisfactions. Retirees can have satisfactions and control fears by keeping positive ties with friends, family, significant others, and related facilities. Suggested future studies include with random sampling, pre-retirees, and larger male sample in other developed countries.

**P77**

**Mapping Long Term Residential Care**

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Little research in Canada or abroad focuses on residential care with particular attention paid to policies providing quality care. We examine what innovative financing and ownership models are promising in ensuring equitable access to quality long-term residential care while reducing offloading of costs onto workers, employers or individuals.

We developed indicators of ownership and financing of long-term residential care to map across five provinces in Canada, US and Europe. Jurisdictional scans were conducted to identify the contexts, regulations, funding and conditions. In addition reviews of the academic and grey literatures, statistical and a financial analysis of administrative data at each jurisdiction's system level was conducted. The overarching analytical approach is a descriptive comparative study design looking for commonalities and differences between jurisdictions while developing a model for collaborative research across disciplinary and geographic boundaries.

We describe the funding models for long-term residential care across multiple countries and jurisdictions. We map the ownership and financial structures for residential care in each jurisdiction by providing a portrait, analysis and identifying policy trends over time. We further describe important policy differences between jurisdictions that influence equitable access to and the quality of long-term residential care and its relative role in the continuum of frail elder care. We locate specific practices within broader social, economic, and political contexts to establish similarities and differences among compared jurisdictions.

**P78**
Stressors related to turnover of Regulated Nurses in long-term care facilities

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Abstract

Aims: To describe the relationship between nursing staff turnover in long-term care (LTC) homes and organizational factors consisting of leadership practices and behaviors, supervisory support, burnout, job satisfaction, and work environment satisfaction.

Background: Turnover of regulated nursing staff (Registered Nurses and Registered Practical Nurses) in LTC facilities is a pervasive problem, but there is a scarcity of research examining this issue in Canada.

Methods: The study was conceptualized using a Stress Process model. Distinct surveys were distributed to administrators to measure organizational factors and to regulated nurses to measure personal and job-related sources of stress and workplace support. Three hundred and twenty-four surveys were used in the linear regression analysis to examine factors associated with high turnover rates.

Results: Higher leadership practice scores were associated with lower nursing turnover; one score increase in leadership correlated with 49% decrease in nursing turnover. A significant inverse relationship between leadership turnover and nurse turnover was found: the higher the administrator turnover the lower the nurse turnover rate.

Conclusion: Leadership practices and administrator turnover are significant in influencing regulated nurse turnover in LTC.

Implications: LTC facilities may want to focus on building good leadership and communication as an upstream method to minimize nurse turnover.

Promoting Communication and fostering interaction between the generations: Reflections on a study of the UK's first Purpose-Built Intergenerational Centre.

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Many changes in society, such as increased geographic mobility and improved technological advances, have led to generations frequently becoming segregated from one another. Consequently, promoting communication and engaging citizens across the generations, has been identified as critical in helping to build more cooperative, inclusive and sustainable communities. One response to these social and economic changes has been to develop intergenerational shared sites (IGSS). IGSS’ are unique as they present the opportunity for frequent structured and informal activities with the potential to establish age-integrated communities that meet the diverse needs of their members.

While IGSS are well established across the US, very few centres with a specific ‘intergenerational focus’ operate in the UK. In 2008, one London Borough received capital funding to establish the country's first purpose-built intergenerational centre. Since then, the Acacia Intergenerational Centre has been developed as a one-stop resource of shared services and facilities for older people, children and younger people, and families.

This paper presents preliminary findings from in-depth qualitative interviews conducted with stakeholders responsible for the design and development of the Centre, documentary analysis highlighting the processes and decision-making behind its establishment, and non-participant observation of how the Centre’s social and built environments promote interaction between participants. In particular, the study explores stakeholders’ expectations and their proposed strategies for how the Centre will foster intergenerational interaction. Findings highlight the interplay between the objectives set for the centre, and the extent to which the environment has met the needs of participants and fostered intergenerational interaction.
Exploring older adults' perceptions of financial technologies

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Objective: In our increasingly digital society, older adults must decide how to interact with institutions with proliferating dependencies on technology. Banks are one such institution with which individuals must necessarily interact in order to maintain autonomy. It is important to understand how older adults perceive and negotiate the use of financial technologies (Automatic Teller Machines (ATMs), online banking, tele-banking, and mobile applications, etc.) as these are ever mitigating the relationship between individual and their means of financial independence.

Methods: This study incorporates a mixed methodological research approach. A forty-item questionnaire was mailed out to members of the McMaster Senior’s Helping Advance Research Group. The results of this survey were both quantitatively (using SPSS 20.0) and qualitatively analyzed. These findings helped to inform twelve in person interviews which were analyzed with a theoretical mindfulness of the Life Course Perspective (Elder, 1974; 1986).

Results: Adopting a Life Course Perspective has revealed an understanding of older adults’ perceptions and uses of financial technologies. Themes of gender and social roles, trust, and perceived need were strong indicators of opinions and adoption of technologies when managing finances.

Conclusion: Although older adults’ interactions with computers have been on the research agenda for many years, social gerontology needs to broaden its understanding of how seniors understand our increasingly digital world. In order to support successful aging and diminish institutional ageism, we must understand how seniors perceive technology within our institutions and advocate to ensure its incorporation is accessible to members of all age cohorts.

P81

Re-Conceptualizing ‘Social Interaction’ and ‘Friendship’ in Institutionalized People with Dementia

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Research exploring social interaction and friendships among institutionalized older adults with dementia has garnered increased attention in recent days. The objective of this study was to examine the conventional definitions of social interaction and friendship in a dementia care context and provide a framework for future research. Accordingly, a critical review of empirical and theoretical literature examining the nature of social interaction and friendship among people with dementia was undertaken. The results highlight several challenges in our current conceptualizations of social interaction and friendship. In terms of social interaction, definitions tend to highlight a dynamic interplay between individuals where there is an overt, active exchange of information. However, empirical evidence suggests that more covert, bodily expressions of social interaction (e.g., interaction through proximity) must also be incorporated into these definitions. Similarly, the notion that people with dementia interact with others based on the meaning ascribed to them must also be considered. Traditional definitions of friendship are also problematic when considering people with dementia. Friendship implies an affective bond over a significant period of time, reciprocity, trust and engaging in mutually meaningful activities. However, given the subjective nature of friendship, it is difficult for researchers to differentiate between meaningful and acquaintance-type relationships. Likewise, the time required to develop friendships, the brevity of social interaction and the progressive nature of dementia can pose challenges for individuals to develop friendships with others. Accordingly, definitions of social interaction and friendship must become more sensitive to the complex, yet unique experiences of people with dementia.

P82

Patients’ and caregivers’ attributes in a meaningful care encounter - similarities and notable differences
In today's healthcare system, there is an imbalance between what patients expect of caregivers' care and their perception of the care they get. How is it possible to reduce this imbalance? The aim of this study was to describe attributes associated with meaningful encounters in the Swedish healthcare system based on patients' and caregivers' written narratives and to note the differences and similarities between the attributes identified by the two groups. This study is a qualitative descriptive study. The analysis was guided by qualitative content analyses. Based on patients' narratives, attributes associated with a meaningful encounter fell into four categories: the kind-hearted caregiver, the thoughtful caregiver, the mutually-oriented caregiver and the helpful caregiver. Based on caregivers' narratives, the attributes were categorized as: being humane, caring through physical contact, caring by nurturing communication, joy and laughter in care and a sense of mutuality. The results show that there are both similarities and differences in patients' and caregivers' opinions about the attributes of a meaningful encounter. Knowing more about the attributes associated with meaningful encounters makes it possible for caregivers to individualize care for patients, and makes it easier to help and support patients in what they most need support with.

**P83**

Gender and Class Relations in Hospice Palliative Home Care for Seniors with Cancer

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The shift to community-based care and the rising cancer incidence and mortality rates in the growing aging population render hospice palliative home care a vital service for seniors. Occurring within the context of relationships, hospice palliative home care is significantly influenced by social relations of gender and class, which may mean limited choices and lower quality of care. Yet, few have examined how gender and class relations intersect to shape experiences in this context.

The purpose of this critical ethnographic study is to examine the intersecting social relations of gender and class in hospice palliative home care for seniors with cancer. This approach uncovers taken-for-granted assumptions that shape policies and practices, while exposing power relations that reinforce inequities. An intersectional lens was used to understand the interacting influences of gender and class. Data were collected from 7 caregiving clusters consisting of a senior with cancer, family caregiver and primary nurse. In order to capture data from a diverse sample, seniors from various socioeconomic groups were purposely selected. Data from in-depth interviews, observation and document review afforded insights into assumptions and power differentials in everyday hospice palliative home care. Analysis, in progress, will elicit themes and patterns informing the complex ways in which class and gender intersect to shape hospice palliative home care experiences for seniors with cancer. A comprehensive understanding of the context and interplay of multiple inequities is essential to better inform policies and practices to promote strategies for quality, equitable hospice palliative home care in this context.

**P84**

A 2012 pilot study examining health communication within a retirement community: Implications for future research

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Objectives: The social environment within retirement communities is important for healthy aging. This qualitative pilot study examines health communication within this evolving social environment to: 1) better understand how health is perceived and communicated to, with, and among older adults through interpersonal communication and mass media/technology, and 2) explore the different health topics and communication messages in this setting. This study is significant as it focuses on the overall dynamics of health communication, rather than
one dimension only (e.g., patient-provider communication).

**Methods**: Six hours of observations and two in-depth interviews with the social worker and pastor were conducted within a retirement community of over 350 residents. Fieldnotes and interview transcripts were analyzed with NVivo 9.2 using a grounded theory approach to analysis.

**Results**: Residents, family caregivers and staff played a critical role in health communication. Media/technology such as television and the Internet were also important sources of health information. Different health topics communicated in this setting included nutrition, physical activity, medication management, physical deterioration and diseases like dementia, ALS and arthritis. Safety and death were the two most communicated messages, while the control versus choice/independence dichotomy was the most recurring theme.

**Conclusions**: Further research is needed to understand health communication among this quartet of residents, family caregivers, staff and technology, as well as its impact on the health of older adults in retirement communities. Increased understanding of these dynamic processes and implications for practice can lead to improved communication, education and greater quality of life for older residents.

**P85**

Exploring social determinants and the role of place among aging immigrants: challenging the health status and utilization of health services by later-life Filipino immigrants

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The research seeks to understand how place and social determinants affect health and health care patterns among aging immigrants with a focus on the Filipinos in Toronto and the Greater Toronto Area (GTA). The first part of this study uses semi-structured interviews to explore key informants’ views on the health of aging immigrants broadly. The second part of the study focuses on Filipinos (>55 years and older) and adopts quantitative (survey questionnaire) and qualitative (semi-structured interviews) methods to identify broad issues with respect to their specific health and aging experiences. Results from key informant interviews (n=22) revealed that distinct settlement patterns result in physical isolation, while language barriers result in social and cultural isolation. Fostering a sense of community, establishing strong social supports, and bridging community networks within and among the different ethno-cultural groups are important in maintaining the health of aging immigrants. To date, 91 later-life Filipinos (mean age 67±7 years; 64 (70%) female) have completed a survey. The mean length of time in Canada since first arrival is 36±9 years. Fifty-nine (65%) participants felt that their health would be different had they not come to live in Canada and of those, 20(22%) felt that their health would be worse. Follow-up interviews support findings from the survey and concepts of home, community and belonging are further explored. This research is important in determining what resources and community supports are needed to aid in the planning and provision of services to support all later-life adults including aging immigrants.

**P86**

Aging and the Demand for Health: An Adaptation of the Grossman Health Capital Model

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Central to the development of quantitative models for public policies and health prevention programs, the Grossman health capital model provides mathematical and theoretical foundations for quantifying health determinants from the perspective of individual choices, scarcity of resources and health investments. Considering health as a depreciating stock over time, individuals seek to maximise their well-being based on the equilibrium between present (and future) benefits of good health, monetary constraints and consumption.

**Objectives**: To demonstrate that the health capital model is primarily suited for the labour
force population, and to propose a consumer-
type maximization problem adapted to the 
elderly population by introducing: 1) the 
perception of individual's health, 2) the non-
pecuniary cost of time and physical investments 
associated with a progressive functional decline, 
and 3) the substitutive relationship between 
health depreciation and consumption.

Methods: Priority was given to an 
interdisciplinary approach based on the 
integration of knowledge and leading innovations 
from the fields of health economics, dynamic 
optimization, consumption theories, habit 
formation theories and biopsychosocial studies 
in health promotion and disease prevention among elders.

Results: A constant relative risk aversion 
(CRRA) utility function with a multiplicative habit 
formation specification turns out to be a good 
combination for quantifying the direct satisfaction 
/utility) of consumption and perception of health. 
Furthermore, we prove that the use of a 
functional decline measure, as a curvature 
parameter for time spent on health investment, 
allows considering non-monetary required efforts 
in the maximization problem while satisfying the 
mathematical conditions for an optimal solution.

P87

Aging with HIV: Unmet basic needs and 
health status

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Objective: We studied the relationship between 
unmet basic needs and health-related quality of 
life (HRQoL) in adults with HIV in Ontario.

Method: We defined unmet basic needs as 
difficulty meeting needs with respect to food, 
clothes or housing-costs. To measure HRQoL 
status, we used a 35-item Medical Outcome 
Study HIV Health Survey. Data in 2006 comes 
from CIHR-funded study "Positive Spaces, 
Healthy Places" - a 5-year prospective study. To 
examine changes in unmet basic needs with 
aging, we formed three age groups - young, 20- 
34 (n=92, 16%), middle-aged, 35-49 (n=344, 
62%), and older-aged, 50+ (n=123, 22.0%).

Results: 75% of participants reported an unmet 
need. Food, clothes, and housing-costs 
correlated positively (Phi coefficient = 0.22 to 
0.46), and they were negatively and significantly 
correlated with physical and mental HRQoL 
(Rho = -0.18 to -0.27) (all, P < 0.0001). In univariate analyses by age, middle-aged and 
older-aged participants had significant 
associations between HRQoL and unmet basic 
needs (all, P < 0.0001). Controlling for 
demographic factors, economic status, and 
clinical conditions, unmet basic needs remained 
significant contributors to poor scores in both 
physical and mental HRQoL in the middle-aged 
(both, P < 0.01) and the older-aged (P < 0.0001 
and P < 0.05, respectively) participants.

Conclusion: Our results suggest that unmet 
basic needs are common in adults with HIV and 
these have significant effects on HRQoL 
particularly with increasing age; targeted support 
programs to address these basic needs and life 
issues are critically needed for this Canadian 
HIV-infected adults.

P88

Critical Approaches to Thinking about HIV 
and Aging

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People living with HIV/AIDS (PHAs) are living 
longer thanks to effective antiretroviral therapies, 
and people over age 50 comprise a growing 
proportion of PHAs in Canada. This population 
represents a significant shift in the age 
demographics of HIV/AIDS. This paper aims to 
assist understanding of how critical gerontology 
can be useful to address this issue. The majority of 
substantive and conceptual work in this field 
view aging with HIV through biomedical 
discourses, although there has been a recent
increase in work in HIV and social gerontology. Drawing on critical gerontology literature, this paper identifies links between current concerns in contemporary gerontology to chronic illness, disability, and to HIV/AIDS. The intersection of HIV and aging represents complex relationships influenced by episodic disability and comorbidities, individual behaviours, as well as social and structural factors, like the social determinants of health. HIV and aging challenges service providers and researchers to conceptualize and respond to the AIDS epidemic in new ways. Critical approaches to aging with complex chronic illness will generate knowledge to assist in developing improved services older PHAs may require. Particular attention needs to be paid to lived experiences, sexualities, gender, race, and colonialism. Implications for integrating critical gerontology into community-based HIV research, including dissemination to policymakers and caregivers, are discussed.

P89

Cross-Cultural Adaptation of ASKAS Scale - Aging Sexual Knowledge and Attitudes Scale - in Brazilian Elderly People

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Objective: The proposal of this study was to do a cultural adaptation of ASKAS - A proposta desse trabalho é estudar a sexualidade no envelhecimento. Diante da escassa literatura em nosso país sobre a temática e na ausência de escalas validada no Brasil que se propoem a avaliar esse tema, em nossa pesquisa estaremos fazendo uma adaptação cultural de uma escala norte-americana que avalia conhecimento e atitudes relativos à sexualidade dos idosos. Fazemos um levantamento teórico sobre a sexualidade no envelhecimento, trazendo autores brasileiros e internacionais que discutem sobre a temática acima. O objetivo dessa pesquisa é adaptar culturalmente e validar a escala sobre sexualidade no envelhecimento (ASKAS - Aging Sexual Knowledge and Attitudes Scale) to be used in Brazil. Methods: The cultural adaptation was accomplished according to the Academy of Orthopaedic Surgeons' Recommendations for Cultural Adaptation of Health Condition Measures. The sample was composed by 802 individual from public and private educational programs for elderly people. To assess the reliability of the measurement, the Cronbach’s alpha coefficient was computed and confirmatory factorial analysis model (linear structural equation model) was used to evaluate the construct validity. Results: After confirmatory factorial analyses, on the adjustment of the model, were eliminated the factors which presented a low factorial charge in their construct. Conclusions: The Brazilian version of ASKAS has a new layout and 28 questions instead 61 of original scale. This scale showed good reliability and internally consistent presenting Alpha's Cronbach values similar to original version.

P90

Differential effects of aerobic fitness on cognition between older men and women

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Aerobic capacity, as measured by maximal oxygen consumption (VO₂max) during graded exercise tests, and cognitive abilities vary with age and sex. Studies have demonstrated that aerobic fitness is associated with cognitive performances in adults of all ages, but it is not clear how this association in older adults is mediated by sex. Consequently, in this study, we compared the association between VO₂max and multiple cognitive domains, as measured by a battery of tests including memory, language, executive functions, and speed, in healthy older men and women participating in the Brain In Motion Study. Aerobic capacity and neuropsychological evaluations were measured in 43 men and 65 women (65.9 +/- 6.3 years old). T-tests showed that VO₂max was higher in men than women and differed in the language, memory, speed, and global subscales of the battery (all p’s<0.05). Pearson correlations showed that in men, higher VO₂max correlated with better executive functions and global performances (r’s=-0.02 to 0.48, p’s=0.002 to 0.89), whereas in women, higher VO₂max also
correlated with better executive functions and global performances, as well as with better memory and speed (r's=0.06 to 0.33, p's=0.01 to 0.65). Z-transformations suggest that the correlation coefficients are statistically different on the memory subscale (women r=0.32, p=0.02; men r=-0.02, p=0.89; Z=-1.75, one-tailed p=0.04). Cognition of older men and women might be differentially associated with aerobic fitness. Further research is required to determine if implementing an exercise intervention will differentially improve select cognitive domains in men and women.

P91

Feasibility of Monitoring Mobility Outcomes for Older Wheelchair Users with Computerized Calls

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The Mobility Outcomes via Information Technologies (MOvIT) system is designed to monitor adults through home phone contact after procurement of a wheelchair (WC). The system delivers pre-recorded questions through computerized calls. Based on responses by voice or keypad, MOvIT notifies a clinical coordinator who follows up with respondents requiring interventions. Computerized call monitoring is used in many fields of healthcare, but no empirical information is available on its use for older adults with physical disabilities. Objective: To examine enrolment and usability of computerized calls in relation to age. Methods: 122 Community-dwelling new manual and power wheelchair users aged 50-90 years with visual, auditory, speech, cognitive and motor impairments were assessed for eligibility. The characteristics of enrolled participants and the usability of voice and keypad response patterns were analysed in relationship to age and sex using logistic regression. Results: The enrolment rate was 77.2% (71 enrolled/ 92 eligible). Enrolment was significantly higher for women (OR=3.6) and lower for participants aged above 80 years (OR=0.17). The usability of the system such as the rate of successful calls with keypad or voice responses was good for all ages and both sexes. The only significant difference was a greater tendency for older adults (OR=7.1) to require prompting by the system in order to follow standard call instructions. Conclusion: The MOvIT design features enabled middle-aged and older adults with various impairments to effectively use the system. Eligibility rates could be improved with a caregiver version adapted for cognitively-impaired WC users.

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Recruitment for a Pragmatic RCT - View from the Front

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Background: Hip fractures are significant events for older adults with an increased risk for mobility disability and subsequent low trauma fractures. The time period immediately following a hip fracture and hospitalization can be stressful. Consequently, research trials to evaluate interventions to address care gaps can often encounter challenges recruiting participants. The objective of this investigation was to describe the recruitment process involved in an RCT evaluating a specialized follow-up clinic for older adults after hip fracture.

Methods: We recruited from two academic teaching hospitals using two methods to approach and invite participants to take part in the study. A recruitment co-ordinator screened for eligibility and invited eligible older adults to enrol. The study inclusion criteria were: older adults (65 years+) who were within 12 months following a low-trauma hip fracture; community-dwelling before and after hip fracture; and with no diagnosis of dementia.
Results: Approximately 500 hospital charts of older adults with hip fracture were reviewed within a 16 month time period. Approximately 60% of participants were not eligible. The three top reasons why individuals were not eligible were: younger than 65 years, diagnosis of dementia, and not community-dwelling prior to/following the hip fracture. Of those who were eligible, the three most common reasons for nonparticipation were: English language barriers, inability to make contact with the older adult by telephone and/or mail, or declining the invitation to participate.

Conclusion: Recruiting for clinical trials can encounter some challenges, especially with vulnerable populations.

P93
Expectations and Realities: Supports and Challenges for Stroke Survivors Living at Home

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The challenges of living with stroke carry on long after leaving the hospital. Stroke survivors often depend on a myriad of supports to help them live independently, and the availability of these services varies widely. The demographic and geographic realities of Newfoundland & Labrador, as well as many other parts of Canada, make it difficult to provide continuing care and support for many stroke survivors living at home.

Participants were aged fifty years or more, had recently experienced a first-time stroke, received some level of inpatient physical rehabilitation and were preparing to return home following discharge at the time of enrollment. In order to ensure that informed consent and full participation in the study were not problematic, individuals with notable cognitive or language impairment (as judged by treating therapists) were excluded at the time of referral. Participants were purposely recruited from both rural and urban communities in eastern Newfoundland.

P94
Voices Improve Following Group Treatment with Choral Singing for People with PD

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A group vocalization program for people with idiopathic Parkinson’s disease (IPD) consisting of vocal exercises and choral singing was studied using a single group pretest-posttest research design. A total of 28 people with IPD participated in the study. The bi-weekly intervention program was six weeks long. Each session included vocal warm-up, vocal exercises, singing exercises, choral speech, and choral singing with piano accompaniment. Participants were provided with video and audio files of songs and exercises to facilitate daily vocal practice.

Participants were tested for pre- and post-treatment changes in “vocal ability” and two participant-rated measures. Statistically significant improvement (p< .001) was found in two of the eleven measures of “vocal ability” (average frequency during an oral reading task and maximum intensity range). Three of the eleven measures of “vocal ability” were found to be clinically relevant changes (maximum intensity range, maximum frequency range, and fundamental frequency variation during oral reading). These results indicate that participants
with a progressive disease experienced improvement in their vocal skills following participation in a short term group voice program. Group interventions similar to this study are now offered in the Edmonton community and at the Glenrose Rehabilitation Hospital. At the Glenrose it has evolved into a “vocal strengthening group” for people with voice problems due to Parkinson’s disease, stroke, brain injury, deconditioning, and other diseases.

P95

A Novel Assistive Technology Intervention for Older Adults with Disabilities and their Informal Caregivers: Results from a Preliminary Randomized Control Trial

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Objectives: To determine if an inclusive, dyadic approach to assistive technology (AT) provision is effective in 1) improving care recipients’ activity performance, and 2) decreasing their caregivers’ sense of burden.

Methods: A delayed-intervention, randomized control trial was conducted in the homes of community-dwelling participants. The occupational therapy intervention involved: 1) conducting a detailed in-home assessment; 2) assisting the care recipient and caregiver to identify a problematic functional activity that AT might improve; 3) negotiating an AT focused intervention plan; and 4) implementing this plan, including device provision, training and home modifications. The primary outcome measure for care recipients was the Life H (satisfaction and accomplishment scales) and the primary outcome measure for caregivers was the Caregiver Assistive Technology Outcome Measure (CATOM). At the end of the study, qualitative interviews were conducted with 20 participants to better understand the intervention experience.

Results: Eighty-eight individuals participated in the study (44 dyads). Following the intervention assistance users experienced significantly increased satisfaction with activity performance; however, accomplishment scores only improved in the delayed intervention group. Informal caregivers experienced significantly decreased burden with the dyad-identified, problematic activity. Qualitative data indicated the intervention was very successful in ameliorating the problematic activity in most cases, and the intervention was well received.

Conclusions: This exploratory study lays the groundwork for a full-scale randomized control trial intended to compare this novel approach to AT provision to customary care. A successful demonstration should health-care providers to advocate for better funding of AT provision and related services.

P96

Influence of national income on characteristics of the fittest middle-aged and older adults in fifteen European countries

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Objectives: To compare characteristics of the fittest group of middle-aged and older adults in Europe.

Methods: Fifteen countries (Austria, Belgium, Czech Republic, Denmark, France, Germany, Greece, Ireland, Israel, Italy, Poland, Netherlands, Spain, Sweden, Switzerland) participated in the first two waves of the Survey of Health, Ageing, and Retirement in Europe. A frailty index was constructed for 36306 participants aged 50+ years (mean 65.2 ± 10.4 years; 55% female), from 70 age-related health measures. The fittest adults were defined as those with a frailty index of ≤0.03. Gross domestic product per capita (GDP) was used to examine how national income affects the characteristics of the fittest group.

Results: 5% of participants were identified as the fittest based on their frailty index score. For this group, mortality was 0.3% at 24 months and 1.4% at 40 months. The proportion of adults classified as the fittest varied by country from 1.5% (Poland) to 10.4% (Switzerland), and
Generally increased with GDP (r=0.60). The average age of the fittest group also increased with GDP (r=0.57; e.g. Spain, 55.1 ± 4.7 years vs. Denmark, 58.8 ± 6.5 years). Males consistently comprised a greater percentage of the fittest group, particularly in less wealthy countries (e.g. Spain, 72% male vs. Netherlands, 52% male).

Conclusions: The characteristics of the fittest group of middle-aged and older adults differ across countries. National income may affect the ability of a population to maintain fitness with age, while influencing sex-related differences in health status.

P97

Perceived control and benefits to short-term health and well-being in very old men: The Manitoba Follow-up Study

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Two ways to gain control over uncontrollable circumstances can include primary control, or acting directly upon the environment to change it; and secondary control, or psychologically adapting to negative circumstances. Secondary control is thought to encompass psychological adjustment and acceptance, the sequencing of which has yet to be ascertained. Past theory and research suggest that primary and secondary control positively relate to health and well-being, and that primary control decreases whereas secondary control increases with age. The objective of this study was to prospectively examine primary and secondary control (i.e., psychological adjustment and acceptance) in 1996 in relation to four short-term health and well-being outcomes from 2002 which included physical health, mental health, physical functioning, and life satisfaction. Baseline data came from the 1996 survey of 1745 community-dwelling men (mean age 76 years) from the Manitoba Follow-up Study, one of the largest and longest studies of aging in the world. Psychological adjustment in 1996 significantly and positively predicted physical health (B=4.14, p=0.0005), mental health (B=1.96, p=0.02), and physical functioning (B=4.22, p=0.006) in 2002. Furthermore, those individuals who mentioned psychological adjustment in 1996 were 53% more likely to report excellent life satisfaction in 2002 than were those who failed to mention psychological adjustment: OR=1.53 95% CI (1.17,2.00). These findings support past evidence to suggest that primary control decreases while secondary control/psychological adjustment increases in importance with age. What remains to be seen is whether acceptance will increase in prominence over the long term, with anticipated age-related decline.

P98

Socio-Economic Status and Other Risk Factors Association with Depressive Symptoms Among Older Black Americans

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Objectives: Previous studies examining socioeconomic status and depression have ignored the impact it has on the older population and the variation that may exist by ethnic group. This study examined several socio-demographic factors and their relationship to depressive symptoms in a nationally representative sample of older Black Americans.

Method: A cross-sectional study using data from the National Survey of Americans, the first national household survey representative of the non-institutionized U.S. Black population to examine differences in socio-demographic factors including individual parental SES and depressive symptoms. A sub-sample was examined for this analysis which included older African Americans (N=837) and Caribbean Blacks (N=271).

Results: Findings from this study suggest that those with less than 12 years of education are at greater risk for depressive symptoms and greater income is a predictive factors against depression. There was no significant finding between parental education and individual depressive symptoms.

Conclusion: The present study adds new information about older Black Americans with consideration of ethnicity and it also contributes...
to the growing awareness of the older Caribbean Black population in the US.

P99

At Odds: the Time Warp of ED nurses’ Care of Older Adults

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Background- The growing over 65 year old population is one of the largest consumers of health care in Canada. In a climate of constrained resources many older adults must seek health care in the emergency department (ED), where they spend more time, and are more often admitted and held until an inpatient bed becomes available. ED nurses must deal with this changing demographic of care but how they navigate this emerging trend in a traditional culture of rapid throughput is unknown. The purpose of this study was to understand the experiences of ED nurses’ caring for older adults in the ED.

Methods- This ethnographic study used observation, semi structured individual interviews, and thematic analysis of data to examine nurses’ (n=7) experiences of caring for older adults in the ED.

Results- Nurses' experiences of caring for older adults was one of being 'at odds' in the ED culture of pressured care and "ABC" priority setting. ED nurses experienced tension and moral distress in their care of older adults, related to their own self-expectations as ED nurses and the needs of their patients. Although nurses were often unable to mitigate being at odds, the presence of "ideal" conditions occasionally allowed nurses to employ strategies that mitigated the tension.

Conclusions- Being at odds places nurses in situations where older adults are at risk of substandard care while being held in the ED. Implications of this study for ED nursing practice are addressed.

P100

Alberta Caregiver College-Family Support for Caregivers of Older Adults

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The Alberta Caregiver College (ACC)-Family Support for Caregivers of Older Adults is a resource designed to provide information and education for the family caregivers of older adults who are frail with chronic health issues. Family caregivers are frequently called upon to provide care for their parent or spouse, and with increasing demands for adult children and spouses and the complexity of managing several co-morbidities of their loved ones at once, caregiving can be a daunting task for those that are unsure. The Alberta Caregiver College is a virtual resource available online at www.caregivercollege.org/scoa that has over thirty topics that was developed by the Glenrose Rehabilitation Hospital in Edmonton, Alberta in partnership with various educators and professionals in rehabilitation and geriatrics. As part of their changing roles and responsibilities, caregivers require accurate information and resources to manage care in the home, to provide coping strategies and to be informed about available resources. The ACC is designed to meet these needs, providing family members with the knowledge and the tools to ensure that their loved one receives the best possible care while enriching the quality of their lives. In person education sessions are also being provided at the Glenrose Hospital to caregivers of older adults presented by Registered Nurses from the Older Adult Rehabilitation Team based on the modules in the ACC. This one hour information session includes a power point presentation, printable resources, and the opportunity to talk to nurses trained in Geriatrics.

P101

A home away from home

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The purpose of this workshop is to present a new facility design concept of a Nursing Home. This interactive workshop will present alternatives to care opportunities in Continuing Care environment.
Extendicare Eaux Claires opened its doors on November 1st, 2011 to a new building and a different care model. The design of this building with its unique features provides a household where the residents live, a neighborhood to share with others and a community in which they are a part. It provides a home like environment that is relaxed, open and focused on a personal model of care. This model of care, the primary care model, is designed to offer residents and family a staffing pattern that is dependable and familiar. The families and residents get to know the staff assigned to their households. By having consistency in staffing it provides the residents a better life satisfaction, dignity and autonomy in care decisions.

We understand and believe that each resident's quality of life depends on a homelike approach that includes the resident, family and the care team. By providing an atmosphere that is very close to the home we can add to their quality of life.

This new building offers a myriad of new conceptual designs, small households, personalized spacious rooms, private dining area, family dining rooms, household laundry and showers in every room.

When residents arrive in their new home they can expect a homelike design and atmosphere, choice, privacy, space, and many areas to congregate to enjoy life.

P102

Long Term Care / Emergency Medical Services: Caring for our Residents Together

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Purpose: The need for collaborative education arose in response to concerns during a resident's transfer to the Emergency Department. The joint education was to provide background information and enhanced communication between the EMS and LTC. While not receiving this education simultaneously, it was developed in a partnership and was integrated to provide information so both groups could learn with, from and about each other's roles, responsibilities, work life, and governing regulations while caring for residents together.

Method: A task force was developed to investigate ways to address issues of miscommunication between the two services that had led to instances where resident/patient care was not considered to have been optimal. Enhanced understanding of each other's roles was seen as a means to mitigate many of these issues and provide enhanced communication between staff from different services.

Educators developed a booklet and PowerPoint presentation that both EMS and Nurses would receive and focus groups with Paramedics, Nurses, and Residents/Family were videotaped to allow each group to view the others' conversation on perceived situations that can arise in sending residents to hospital. Both groups viewed the resident's/family's perspectives.

Results to Date: Nearly 200 Registered nursing staff have completed the education, with overwhelming positive feedback. Another 100 are scheduled, with 250 EMS staff to receive training in fall 2012.

Conclusions: There is already an increase in understanding by the nurses of the role of the paramedics and EMS triage tool. Nurses have applauded the presentation and look forward to implementing the suggestions.

P104

Manual Wheelchair Propulsion by People with Hemiplegia: Within-Subject Comparisons of Forward vs. Backward Techniques

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Objective: To test the hypotheses that people with hemiplegic-propulsion styles propel better backwards than forwards and prefer the backwards direction.

Design: Within-subject cross-sectional design.
Participants: 18 manual wheelchair users using hemiplegic-propulsion, a sample of convenience.

Setting: Nova Scotia Rehabilitation Centre.

Intervention: Participants performed 9 relevant skills from the Wheelchair Skills Test (WST) – rolls 10m, turns 90° while moving, ascends 5° incline, rolls 2m across 5° side-slope, rolls 2m on soft surface, gets over 15cm pot-hole, gets over 2cm threshold, ascends 5cm level change, and descends 5cm level change – in both the forwards and backwards directions, in random order.

Main Outcome Measures: Total percentage capacity scores from the WST 4.1 and responses from an orally administered questionnaire regarding direction preference for each skill.

Results: The total percentage capacity scores for the modified WST were 53% (SD 26) in the forwards direction and 76% (SD 30) in the backwards direction (p = 0.0005 on a Sign test). Participants preferred the forwards direction for low-rolling-resistance skills and the backwards direction for high-rolling-resistance skills.

Conclusion: Wheelchair skills that involve high rolling resistance are performed more successfully in the backwards than the forwards direction and participants prefer the backwards direction. These findings have implications for wheelchair-skills training.

Snoezelen® Therapy in Dementia Care: A Single Case Study

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Background: Snoezelen®, commonly referred to as multi-sensory stimulation, is a therapeutic approach that incorporates various forms of sensory equipment and materials to stimulate the five primary senses. It is specifically designed to offer individuals of all abilities and ages the opportunity to engage in choice and self-regulation, away from the control and routine of daily care and detached from their medical diagnosis. It is known to have benefits, however there is little empirical evidence of the effectiveness for older adults with dementia (Chung & Lai, 2009). With population aging and an increase in number of persons with dementia, further research is warranted if occupational therapists, and other care providers in this field, are to use Snoezelen® effectively. This research will facilitate evidence-based practice and further development of this treatment method.

Methods: This single case study involves a person diagnosed with moderate to severe dementia recruited from a psychogeriatric assessment unit. Snoezelen® sessions were videotaped for later analysis and caregiver interviews were conducted. The Cohen-Mansfield Agitation Inventory and Dementia Observation Scale were administered by formal caregivers on the unit before, during, and after Snoezelen® sessions for comparison purposes.

Results: Preliminary data analysis suggests that Snoezelen® decreases responsive behaviours, thereby providing therapists with the opportunity to implement individualized, person-centred Snoezelen® treatment plans.

Conclusions: This poster presents study highlights supporting Snoezelen® as an effective non-pharmacological treatment in dementia care, reducing responsive behaviours while carrying less risk than pharmacological options and potentially changing the experience of providing care to an individual with dementia.

Windows to the familiar: pilot study on the use of AV Technology in facilitating social connection of seniors with dementia

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Research has shown that, regardless of degree of cognitive impairment, the need for social interaction is important for older individuals living in nursing homes (NH). Although such interactions do occur through programmed
activities and visits, a major difficulty is how to provide all residents - including those who do not have visitors - with the opportunity to remain engaged throughout the day and/or when they so wish. This poster provides the results of a pilot study exploring how videos of familiar city images could engage older adults with cognitive impairment in NHs. Four 20-minute videos of Vancouver scenes were played daily in four hour time blocks for two weeks in two lower mainland nursing homes. Both direct behavioural observations of degree of engagement and positive or negative reactions by residents with moderate to profound dementia to the videos were recorded at baseline (no viewings) and during the viewings. Observations were made at both the group (people present in viewing area) and individual (randomly selected person) levels. The main findings are: 1) videos of the lower mainland generated sustained but variable levels of interest and reactions among residents; 2) greatest interest was generated by the videos most reflecting the cultural experiences of residents; and 3) no video created agitation or negative disturbance among the viewing residents. Videos were found to increase more positive interactions among staff and residents and may provide an effective way in which to engage cognitively impaired residents with their surroundings. These and other findings will be discussed.

P107
The Role of the Built Environment on Mobility among Community-Dwelling Older Adults
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The purpose of this study was to examine the relationship between neighbourhood characteristics and life-space mobility among community-dwelling older adults. The sample consisted of 190 men and women ranging in age from 65 to 94 years (mean = 73 years old). Mobility was assessed using the Life-Space Assessment. Perceptions of the environment were assessed using select items of the Neighbourhood Environment Walkability Scale. Demographic and health information (self rated health, number of chronic conditions and body mass index) were also collected. Multiple regression analysis showed that personal and health-related factors including younger age, male sex, and higher self-rated health were associated with greater life-space mobility. After accounting for personal and health-related factors, greater land use mix was significantly associated with increased life-space mobility. A negative association was found for sidewalks in the neighbourhood. This may be explained by a suburban effect (i.e. the lack of sidewalks and public transit in some suburban neighbourhoods would have little impact on older adults' mobility because they drive). Results suggest that the mix between commercial and residential areas may impact life-space mobility positively. The negative association between sidewalks and life-space mobility suggest that the role of the neighbourhood type (suburban, inner city) should be explored.

P108
Dietary intervention and grip strength among community-dwelling older adults with Alzheimer's disease.
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Adequate intakes of energy and protein are essential to maintenance of muscle strength in older individuals. Targeted nutritional care was implemented in a hospital-based outpatient memory clinic attended by community-dwelling older adults with early-stage Alzheimer's disease (AD). Objective: To determine whether an individualised dietary intervention to improve adequacy of energy and protein intakes could influence handgrip strength over a 6-month follow up period. Methods: Nineteen patients (68% female, mean age 83.2±5.3 years) were recruited from the clinic along with their caregivers. Diet was assessed at recruitment (T1) using modified 24-hour diet recalls, and grip strength was measured using a Martin vigorimeter. Patients received tailored dietary advice to improve intakes of energy and protein, and were re-evaluated after 6 months (T2). Results: Both energy and protein intakes improved marginally from T1 to T2 and on average, participants met adequacy criteria. Among those with complete data (n=13) mean
daily energy adequacy was 29.3±7.6 and 31.9±13.2 kcal/kg body weight at T1 and T2, respectively. Average daily protein intakes also met current criteria for sufficiency (1.1±0.3 and 1.3±0.6 g/kg body weight, T1 and T2, respectively). However, grip strength decreased over the 6-month period (-3.69±9.40 kPa) suggesting presence of the frailty phenotype.

**Conclusions:** Although there were no significant differences in nutritional parameters from T1 to T2, patients' general nutritional stability over the follow-up period could be attributed to the dietary intervention. Further research is needed to better understand the role of diet in maintaining muscle strength in frail older adults with Alzheimer's disease.

**P109**

**Frailty in relation to immigration status in middle-aged and older Europeans**

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**Objectives:** To compare characteristics of frailty in immigrant and native-born middle-aged and older community-dwelling Europeans.

**Methods:** This is a secondary matched cohort analysis of the Survey of Health, Aging & Retirement in Europe. A frailty index (FI) was constructed from 70 age-associated health measures for 31 115 participants aged 50+ (mean 64.2±10.6 years; 56% female), from 11 European countries. Frailty was defined as an FI score ≥0.25. Immigrants were matched with native-born participants on age, sex, education, and country of residence, resulting in 1901 immigrant/native-born pairs (mean 63.9±9.9 years; 56% female). Immigrants were divided into four subgroups by age, as well as four subgroups by years since migration (YSM).

**Results:** 7.7% of participants were immigrants (mean YSM 40.2±18.1), and about half were from European countries. Overall, the prevalence of frailty was greater among immigrants (21.5%) than among their matched native-born peers (15.8%; p<0.001). Subgroup analysis showed frailty was more prevalent among immigrants than native-born participants in each age group except the oldest (50-59 years: 13% vs. 7.2%, p<0.001; 60-69: 17% vs. 11%, p<0.01; 70-79: 32% vs. 24%, p<0.05; 80+ = 55% vs. 56%, p=0.9). Frailty was also more prevalent among immigrants in every YSM group except in the longest (≤20 YSM: 18% vs. 9%; p<0.001; 21-40: 18% vs. 12%; p<0.001; 41-60: 22% vs. 17%; p<0.01; ≥61: 40% vs. 39%; p=0.8).

**Conclusion:** Middle-aged and older European immigrants demonstrate a higher burden of frailty than their native-born peers. This discrepancy diminished in the very old and longest established immigrants.

**P110**

**The Experience of End-Stage Renal Disease Among Older Families: A Metasynthesis of their Use of the Creative Arts**

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The number of older people in Canada who are experiencing end-stage renal disease (ESRD) is substantial, with 53% of new cases of chronic renal failure diagnosed in adults aged 65 and older. The experience of ESRD creates significant stressors and alterations in functioning for families (1). In addition, the physical and psychological changes related to the disease can be pervasive and debilitating; impaired quality of life and depression are frequently associated with kidney disease and chronic hemodialysis (2). The purpose of this indepth literature review is to describe the salient findings about how these older people and their families go about dealing with uncertainty, and subsequently create meaning and health through use of any number of creative arts, such as: music, painting and drawing, textile arts, and reminiscence groups (3).

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P111

Income Source and Mortality

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Objectives: To determine if source of income is associated with mortality over a five year period; and to determine if there are interactions in these effects. Methods: Secondary analysis of a prospective cohort study - 1751 community-dwelling older adults were interviewed in 1991; and were followed five years later. Death was determined by administrative records and proxy reports. Age, gender, marital status, education, source of income, monthly income, and satisfaction with income were self-reported. Income source was grouped as: Old Age Security (OAS); OAS and Guaranteed Income Supplement (GIS); private pension (PP); and dividends, interest, and investments (DI).

Results: 1571 participants had no missing data. Those reporting PP and DI as the main source of income were more likely to be men, have higher levels of education, and to have higher levels of satisfaction with income. The five year mortality for those whose main source of income was OAS was 26.6% compared to 26.3% (GIS); 18.0% (PP); and 22.2% (DI) (p<0.05, chi-square). In stratified analyses, these effects were more pronounced in men. In logistic regression models there was a strong interaction between gender and income source. In logistic regression models, income source predicted five year mortality in men; in women, there was no association. Education, income satisfaction, and income security were all highly correlated with income source, so these were omitted from logistic regression models. Conclusions: Income source was associated with death in older men, but not older women. The causal pathway is not clear.

P112

Addressing the Relevance of the Needs of People with Dementia in Long Term Care in Cross-Cultural settings: A Pilot Study

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The objective of the study was to obtain pilot data on whether the needs of people with dementia (PWD) in long term care (LTC) as portrayed in the scientific literature, is representative of the needs identified by LTC staff. Since the needs of PWD might be influenced by their ethnic or linguistic heritage, we sought to obtain respondents’ perceptions regarding the influences these may have on the prioritization of needs.

The qualitative design included nominal groups and key informant interviews with frontline staff and administrators respectively from two LTC homes in Ottawa. Approximately 25 staff participated in the nominal groups where they discussed their agreement with the list of needs developed from a systematic review. The data was analyzed by visual comparison of the lists generated by staff with the list developed from the literature. The participants from each centre provided additional data on funding distribution and impacts of multi-ethnic settings.

The results demonstrate differences between needs in the literature and those generated by front-line staff such as greater focus on ADLs. Administrators believed that cultural considerations could be categorized under social or spiritual needs, but stressed that weighting would be greater in multi-ethnic settings. While the need to manage behavioural sequelae was prominent in the literature, it was prioritized after the need to manage ADLs. The discussion will focus on how the results relate to the need for a cultural shift in LTC and the focus on individualized activities and care.

P113

Does cholinesterase inhibitor use by dementia patients predict lower burden for spousal caregivers?
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Conservative estimates suggest that the number of dementia diagnoses in Canada will double over the next 20 years. Along with 'aging in place' public policy, this means that ever growing numbers of men and women will be providing care in coming years for a spouse with Alzheimer disease or other neurodegenerative disorder. There is today a class of medications (cholinesterase inhibitors) prescribed to slow the progress of cognitive decline; do these drugs, however, benefit spousal caregivers? This was the objective of the current study (N = 185).

Controlling for age and cognitive loss, dementia drugs prescribed at baseline were examined as a predictor of caregiver burden; this result was not found (β = .02, p = .77). In contrast, depressive symptoms (β = .28, p < .01) and (inversely) life satisfaction (β = -.30, p < .01) emerged as significantly associated with burden one year later (ΔR² = .24, p < .01). This finding is in accord with Pearlin's stress process model in which various individual differences are thought to affect caregiver well-being. As noted by Pearlin and colleagues (1990), intra-psychic variables are generally more important than contextual and illness-related variables. Our results support this assertion. Limitations of this study and directions for future research are discussed.

P114

Everyday Physical Activity and Functional Status in Older Men and Women

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Research on everyday physical activity (EPA) suggests that the age-related patterns of decline differ for men and women as do both the predictors of EPA and its health consequences (Chipperfield, 2008; Chipperfield et al, 2008). The present study further explored the relation between EPA and functional status in 234 older community-dwelling men and women. An objective indicator of EPA was obtained using computerized actigraphs, and functional status was determined by the ability to perform basic (BADL) and instrumental (IADL) activities of daily living as assessed during face-to-face interviews. To consider a potential mediator of EPA's effect on ADLs/IADLs, we assessed blood oxygen levels using oximeters. In Step 1 of a series of two-step regression analyses, EPA significantly predicted ADL and IADL functioning respectively (t = 2.85, 2.63, p < .01 for men; t = 3.27, 3.65, p < .001 for women). This shows the importance of EPA in predicting daily functioning for both men and women. However, the results from Step 2 suggest that the explanation for the EPA effect on ADLs/BADLs differs for men and women: For women only, when blood oxygen was added to the model (Step 2), the effect of EPA decreased from Step 1 to Step 2 for both ADLs (B = .27 to .24) and IADLs (.29 to .26), showing that it partially mediated the relationships between EPA and ADLs. This suggests that part of the reason why women's greater physical activity predicts ADLs is because it stimulates blood oxygen levels.

P115

A longitudinal examination of persistence and remission of anxiety disorders among older adults

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Objectives: Anxiety disorders among older adults occur more frequently than previously recognized. It is unclear, however, the course and factors influencing persistence of anxiety. We aimed to examine a) the prevalence of persistent and remitted anxiety disorders and, b) mental and physical health predictors of persistent anxiety disorders in a longitudinal nationally representative sample.

Methods: We analyzed data for older adults (>54) from Waves 1 and 2 (3 year follow up) of the National Epidemiologic Survey on Alcohol and Related Conditions (n = 10,409). Diagnoses of panic disorder with or without agoraphobia, social phobia, specific phobia, and generalized anxiety disorder were based on DSM-IV criteria using the Alcohol Use Disorder and Associated Disabilities Interview Schedule. We defined
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Navigating unknown waters: Exploring the interface between family caregivers of people living with dementia and the health care system

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Family caregivers are vital partners-in-care with health care providers to support people living with dementia along the dementia trajectory. Despite their shared goals, the interactions between family caregivers and the health system is fraught with challenges highlighting a disconnect between perceptions and realities of the appropriateness, availability and accessibility of formal health services. With an increasing emphasis on “home is best” policies, it is critical to examine this disconnect and envision creative and novel ways to better support family caregivers of people living with dementia.

This poster describes a qualitative study that explored the interface between family caregivers of people living with dementia and the health care system. Using participatory action research, we conducted a series of community dialogues with family caregivers in seven jurisdictions across British Columbia. These dialogues explored family caregivers’ uses of, and experiences with, formal health care services. We also returned to these communities to develop and articulate priorities for action to forward the emergent needs of family caregivers of those living with dementia.

The results of the study offers insights into the tensions inherent at the nexus of informal-formal caregiving as well as offer how family caregivers themselves envision priorities for action and change in policies and services that affect their lives. These results have implications for policy directions relevant to primary and community care as well as advocacy directions for non-profit community organizations supporting caregivers of people living with dementia.

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Building Capacity in Palliative Care for Personal Support Workers in Long Term Care through Experiential Learning

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Objectives: Palliative care in long-term care (LTC) homes is an area of growing concern but little is known about effective learning strategies for personal support workers (PSWs) who provide the most hands-on care to LTC residents. The purpose of this intervention was to explore an experiential learning strategy (i.e., hospice visits) to increase the capacity of PSWs in palliative care.

Methods: This study utilized a qualitative descriptive design. Eleven PSWs from four Ontario LTC homes were sent to their local hospice to shadow staff for one to two days. After the visit, PSWs completed a questionnaire with open-ended questions based on critical reflection. Data were analyzed using thematic content analysis.

Results: PSWs commented on the extent of resident-focused care at the hospice and how palliative care interventions were tailored to meet the needs of residents. PSWs were
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surprised with the lack of routine at the hospice but felt that hospice staff prioritized their time effectively in order to meet client care needs. They were pleased to see how well integrated the PSW role is on the hospice team without any hierarchical relationships. PSWs felt that other LTC staff would benefit from palliative care education and becoming more comfortable with talking about death and dying with others.

Conclusion: This study highlighted the benefits of PSWs attending a hospice. Future work is needed to evaluate this strategy using more rigorous designs as a way to build capacity within PSWs to provide optimal palliative care for LTC residents and their family members.

P118

Variations in Practice Among General Physicians Providing Clinical Care to Individuals with Dementia - A Systematic Review

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More than one million individuals in Canada will be living with dementia by 2038. Annual healthcare costs are three times those of a comparable person without dementia. Primary care physicians are gatekeepers who make the diagnosis of dementia and set in motion decisions about clinical care. Examining variations in physician practice patterns therefore can highlight inconsistencies in care delivery that may influence outcomes for dementia patients. Variations in patterns and outcomes may also help identify clinical pathways associated with more positive outcomes for patients and their families.

To date, there has been no systematic review of variations in physician practice patterns associated with the care of people with dementia. We conducted a systematic rapid evidence assessment to review available literature on variations in clinical care for dementia. We completed keyword searches in major electronic databases that indexed all relevant journals as well as the web and grey literature. All quantitative, quasi-experimental and observational studies were included as part of a PICO-based review protocol. Only general or family practice physicians were included, with a focus on the provision of services to seniors 60+ diagnosed with primary or secondary dementia.

The search returned 42 articles. Abstract reviews were conducted by two reviewers and 29 articles met the inclusion criteria for full review (kappa = 1). We describe in detail both the measures of variation and the variations themselves in overall dementia care. We specifically assess important patterns of diagnosis and management. We further locate these variations within broader geographical and clinical contexts.

P119

Discharge planning: Ideology versus policy?

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Introduction. Discharge planning with older adults is a complex process in which occupational therapists are called to make recommendations that will have a significant impact on the lives of their older adult clients. Within the context of current healthcare and political systems, competing role expectations can result in situations where there is no apparent “best” solution for discharge, leading to ethical challenges for occupational therapists assisting their clients.

Objectives. This paper follows an individual throughout his healthcare journey and examines the discharge planning options at each point, what are the policies shaping these options, and what are the implications for the occupational therapist involved.

Method. A case study method is used to illustrate the intimate implications of policy on the lives of older adults who are admitted to inpatient health care services.

Results/Practice implications. At each point in a healthcare journey, the options available for discharge will vary based on what matches the needs and wishes of the older adult on the journey. Quite often however there seems to be no option that will answer this challenge, which can lead to ethical challenges for therapists struggling to take a client-centered approach.
that balances clients' needs and wishes. This paper will illuminate the role of policy in shaping discharge planning processes and outcomes, and the resulting effects on occupational therapy practice.

Conclusions. Policy has a much greater impact on occupational therapy practice and on the lives of our clients than may at first glance be apparent.

P120

Developing a National Collaboration to enhance the Quality and Safety of Older People in Canadian Hospitals

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The objectives: to establish a national collaboration to influence policy and practice change in hospital care for older adults in Canada; and to reach national consensus on recommended quality and safety standards.

Method: Accumulating evidence exists on effective care models and protocols designed for older patients. For this project, a three phase methodology is used including: a scoping literature review; interactive workshops at three Canadian national conferences - Canadian Association of Gerontology (2011), Canadian Gerontological Nursing Association (2011), Canadian Geriatrics Society (2012); and a round table meeting of Canadian experts (funded by Canadian Institutes of Health Research) using nominal group process and Delphi electronic voting. These activities identify senior friendly initiatives underway across Canada, and select priority content for development of national quality standards.

Results: The following dimensions were identified: care systems and processes of care; organizational policies, procedures and supports; social, emotional and behavioral environment; ethical considerations in clinical care and research; and physical environment and architectural design. Participants in the workshops and round table rated the priority issues in each of these domains. Pockets of excellence and innovation were identified.

Conclusions: The efficiencies embedded within acute care systems and processes, and the omission of gerontologically sensitive interventions, gives rise to potentially preventable harm to older people in hospital. Significant disparity exists across Canada in provision of elder care, and in the mandate for improvement of standards. This project will develop a national strategy to coordinate efforts and facilitate synergies to narrow the care gap.

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Life Expectancy and Healthy Life Expectancy differentials in Cuba. Are males improving their survival or is it females who worsen theirs?

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Our paper focus on the evolution of mortality and in the differences in life expectancy in Cuba, a country with 79.0 years old of life expectancy and an increasing aging population. Our aim is to shed light on the epidemiological transition and its effect on the life expectancy. Moreover, healthy life expectancy in older people is also analyzed comparing between years 2000 and 2010.

Mortality data are obtained from the National Statistic Office (ONE) and Public Health Ministry of Cuba. Prevalence of diseases comes from the Health, Wellbeing and Aging Survey (SABE) carried out during 1999-2000, and from the National Ageing Survey carried out in 2010.

We describe the evolution of the standardized death rates for the period 2000-2010, and applied the decomposition method (Shkolnikov et al, 2001) to determine the role of age and cause specific-death rates on the life expectancy sex gap. Moreover, the Sullivan Method is used to calculate Healthy Life Expectancy and compare it for 2000 and 2010.

As early as 1970, Cuba was already in an advance stage of the epidemiologic transition,
with Heart diseases, Neoplasm and Cerebrovascular diseases leading the ranking of main causes of death until nowadays. The mixture of mortality patterns described in the study appears to be one of the reasons of the slowdown of life expectancy's pace along with its low sex differential. Moreover, it is observed that males had recuperated faster than females in the improvement of survival for the last decade.

P122
Transformations of practices of respect to elderly people among migrants

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Nowadays, the attitude of youth towards elderly people in Russian cities is considered to be disrespectful. However, not only Russian youth should be accused of it. Though seniors are supposed to be respected at least by representatives of traditional cultures (migrants from Caucasus and Central Asia), even this rule is not followed in due course in Russian conditions. Experience of social adaptation of migrants allows highlighting those factors of Russian reality which are responsible for the slow transition from «good attitude» to «respectful actions».

Data for the article were collected by means of non-structured interview (N=23, 2007-2010).

The Caucasian/traditional model of respect differs from a «rural» one. Respect to elderly people here is not a specific form of help («respect as the help/attention to the weak»). Moreover, the recognition of authority of elderly people is based on traditions («respect for wisdom/status»).

Benevolent attitude towards the old age among migrants remains to be higher than usual city standards. Meanwhile, the main deformations influence the behavior in a great extent. Disappearance of respectful actions is caused by: an absence of repressive sanctions for disrespect; an erosion of the way of respect (when asymmetrical reactions of elderly people in situations of intergenerational contacts in Russia break the migrant models of respectful behavior); a vagueness of the object of respect (out-of-status behavior of the elderly people may not only contradict the norm concepts of migrants but also disqualify an elderly person as an object of respect); weak compatibility of traditional behavioral models etc.

P123
Emerging Community - People Aging with HIV and Other Related Chronic Diseases

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What do you need to know about people aging with HIV and related chronic illnesses? People living with HIV who have access to medication are living longer and require care as they age. This is a new phenomena in the aging sector which requires a coordinated approach to ensure quality of life and care for this disease and related complex chronic illnesses.

This workshop will present new research on HIV and aging and discuss its applicability to service provision. Participants will have an opportunity to engage in dialogue using a comparison of people aging with HIV and related chronic illnesses and those who are aging without HIV. Presentations will also include the aging process of people living with HIV.

The workshop will consist of a panel of experts in the field of HIV, including researchers and people aging with HIV. After each panel presentation there will be a question and answer period / discussion. At the conclusion of the workshop participants will have an opportunity to engage in an open discussion.

P124
The Sunshine Clown Society presents Care Clowning with an Aging Population

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The Sunshine Clown Society's mission is to enhance the therapeutic milieu of continuing care facilities with humour, play, and interactivity. When the clowns visit a facility the objectives are to reduce depression, to activate the immune system, to reduce pain, to increase social contact, and to serve as a form of "brain exercise" for people who spend many hours disengaged from activity.

In this workshop there will be an academic presentation of information that supports the following about care clowning:

- That laughter can help us process painful events
- Our sense of humour and play can have a positive impact on the perception of pain. It also benefits the immune system. The benefits to heart health are especially well documented because humour lowers blood pressure
- That laughter and play works by relieving stress, which is implicated in so many negative impacts on our health and is also a common occurrence for those living in residential continuing care facilities
- Humour is a great tool for sustaining optimum intellectual function and joking can actually be a highly developed mental exercise, training us to approach ideas in different, inventive ways. Even the lowly pun requires the brain to shift perspective.

After the presentation of written material, participants will experience a demonstration of a visit with clowns in a care setting. A discussion period follows the demonstration where clowns sit in as part of the panel available to answer questions.

P125

La collaboration entre professionnels et proches aidants dans la prise en soin à domicile des sujets âgés

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Résultats : Un réseau des interdépendances est autour de la dépendance du sujet âgé. L’intervention des professionnels s’articule à celle des proches dans une dynamique de complémentarité, sans s’y substituer. Or, leurs interventions se mêlent sans qu’une frontière ne les distingue toujours clairement. Lorsque ces aidants ne participent pas de la même économie morale de prise en soin, des tensions peuvent émerger entre eux; leur collaboration devenant problématique. Des concurrences territoriales dans leurs pratiques, à différents niveaux - espace domestique, corps, lien social, écoute, argent, savoir, sens du soin - sont à l’origine des difficultés relationnelles.

Conclusions : La collaboration professionnels-proches aidants est influencée par la dimension morale de leurs interventions, voire interrompue lors des relations conflictuelles. Les enjeux relationnels entre ces deux formes d’aide sont donc à inclure dans les programmes de soutien/formation des proches/professionnels.

P126

Effects on serum lipids and fatty acid profile by an energy rich formula distributed at medication rounds to elderly care residents - a randomised controlled trial

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Dietary intake in frail elderly is often lower than estimated needs. The aim was to evaluate how serum lipids and fatty acid profile was effected by an energy rich formula distributed at medication rounds.
Residents in care residential homes, assessed as being at risk for malnutrition according to Mini Nutritional Assessment-Short Form (MNA-SF), were included and randomised to controls (CG) or to open treatment (IG) with Calogen® extra, i.e. a fat emulsion (rapeseed- and sunflower-oil) containing 400 kcal, 5g protein per 100 ml. Daily 3 x 30 ml was distributed at the same time as the medication for 6 weeks. The effects on serum lipids and fatty acid (FA) profile were studied by analysing total cholesterol, high density lipoprotein (HDL), low density lipoprotein (LDL) cholesterol and serum triglyceride concentrations. FA-profiles were measured in serum phospholipids. Coagulation factors such as plasma-fibrinogen and P-plasminogen Activator inhibitor-1 (PAI-1) were included.

14 residents in IG (87±6 yrs, 50 % w) and 18 in CG (84±8 yrs, 78% w) fulfilled the protocol. P-fibrinogen tended to decrease in the IG (P=0.09 between groups). The saturated FAs palmitic acid (16:0) and palmitoleic acid (16:1) decreased significantly in IG (both within (P=0.004 respectively P=0.040 and between the groups P<0.0001, P=0.043 respectively). Linoleic acid (18:2n6) increased within the IG (P<0.0001) and (P=0.0004) between the two groups.

An energy-dense oral supplement, rich in monounsaturated and polyunsaturated fatty acids, distributed at medication rounds to elderly care residents had a favourable effect on the fatty acid profile and tended to have beneficial effects on serum lipids and coagulation.

P127
Differences in Ethics and Self Esteem between Seniors and Students
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The rationale for this study was to better understand some of the components of cheating behavior because of the growing concern over fraudulent activity in society today. Ethics is part of moral judgment and self esteem is part of moral identity. Both moral judgment and moral identity influence decisions about right and wrong behavior. The between groups seniors versus students study of self esteem and ethics showed from the questionnaire results that seniors have a higher ethical position than students but they both have about the same scores on self esteem. The within groups correlation of ethics and self esteem for seniors was positive. Seniors who have high self esteem score higher on ethics position. The correlation between ethics and self esteem was only weakly positive for students. Perhaps the low score in ethical position for students indicates they are more prone to cheat because they lack moral judgment.

P128
Effectiveness of acute geriatric unit care on resource use, functional, and iatrogenic outcomes during older adults' acute hospitalization
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OBJECTIVES. To determine the effectiveness of acute geriatric unit care introduced in the acute phase of illness or injury, compared to usual care.

DESIGN. Systematic review and meta-analysis of 13 randomized control and quasi-experimental trials with parallel comparison groups retrieved from multiple databases, journals, and bibliographies of included studies and previous reviews.

SETTING. Acute care geriatric and non-geriatric hospital units.

PARTICIPANTS. Acutely ill or injured adults (n = 6839) with an average age of 81 years.

INTERVENTIONS. Acute geriatric unit care characterized by patient-centered care, frequent medical review, early rehabilitation, early discharge planning, and/or prepared environment.

RESULTS. Acute geriatric unit care was associated with reduced falls (risk ratio [RR] = 0.51; 95% Confidence Interval [CI] = 0.29-0.88), pressure ulcers (RR = 0.49; 95% CI 0.23-1.04), delirium (RR = 0.71; 95% CI 0.59-0.86), functional decline in 2-week pre-hospital admission status (RR = 0.87; 95% CI 0.78-0.97), nursing home discharges (RR = 0.82; 95% CI 0.68-0.99), and hospital costs (weighted mean difference [WMD] = -515.46; 95% CI -10,656.76-34.84); and increased discharges.
home (RR = 1.05; 95% CI 1.01-1.10). No differences were found in mortality or hospital readmission. **Because of heterogeneity**, results were inconclusive for functional decline in hospital admission status and **length of hospital stay**.

**CONCLUSION.** Acute geriatric unit care introduced during the acute phase of illness or injury reduces falls, delirium, and functional decline in 2-week pre-hospital admission status; improves discharge destination outcomes; and may reduce pressure ulcers and hospital costs.

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**Eldercollege? What’s that?**

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Everyone knows Elderhostel, but mention of Eldercollege often evokes a puzzled ‘What’s that?’ Using Vancouver Island University (VIU) Eldercollege as an example, the talk describes the characteristics of the particular type of educational program for older adults that, in British Columbia and increasingly across Canada, goes by the name ‘Eldercollege’. The ultimate purpose is to encourage proliferation of this invaluable grassroots asset for seniors.

The VIU Eldercollege began as an agreement between “a group of citizens” (to quote from “Policies and Procedures”) and what was then Malaspina College in Parksville, to offer short courses of an academic bent for seniors. The Nanaimo college, now Vancouver Island University, joined later.

The "group of citizens", now over 800 strong, is represented by a volunteer Board of Management responsible for organizing, overseeing, and promoting the program. Volunteer instructors, many of them former lecturers or teachers, share their knowledge and expertise with Eldercollege members in approximately 80 courses per year. The University has a non-voting representative on the Board, and the course fee, typically $40, helps reimburse the University for some administrative services.

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**Learning activities and positive wellbeing in late adulthood: What matters to the association?**

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Educational activities in retirement appear to be full of potential to help older adults stay connected to a rapidly changing knowledge-based world, and to promote later life development and healthy aging. Nevertheless, studies which examine the influence of learning activities on late adulthood are still scarce. This paper presents the results of our SSHRC funded research which examined the association between older adults' participation in a continuing education program and wellbeing.

The study employed a cross-sectional survey design. Participants were “older learners” (aged 60 and older) (N=699) who were recruited from a public continuing education program in Ontario. The program offers general interest courses in arts and crafts, fitness and exercise, music and dance, and language and computer skills. The data collected by a questionnaire included learners’ demography, health conditions, participation patterns, and the state of wellbeing measured by the Psychological General Well-Being Index (PGWBI) (Dupuy, 2006). Logistic regression and univariate analysis were conducted to examine the association between the duration of learning and wellbeing, and to determine variables which might potentially influence this association.
The results show a positive and significant association between the duration of learning and the learner's wellbeing score. The study also found that the learner's age and the type of subject taken, especially "arts and crafts", play a significant role in this association. These findings raise questions for further research and the implication that policy-making should be aimed at more effective utilization of educational activities to promote well-being in late adulthood in an aging society.

**P131**

**Navigating Research Issues with Hospitalized Older Adults**

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Guidelines for research ethics, such as Tri-council, were developed to protect vulnerable individuals and populations, such as hospitalized older adults. These guidelines both protect and contribute to the challenges associated with accessing vulnerable populations. Negotiating the challenges and yet staying true to ethical principles are important elements associated with research aimed at the betterment of care for vulnerable populations. This paper includes a discussion of the challenges encountered in including hospitalised older adults' interactions with their nurses while conducting participant observations of nurses in a study examining nursing practice with hospitalized older adults. In order to include the older adults' interactions with nurses, consent had to be obtained from older adults who frequently had cognitive challenges and/or were acutely ill, in a context of frequent turnover of patients, where designated decision makers were often not accessible. This discussion includes lessons learned for future projects and questions for further dialogue with other researchers wrestling with these important issues.

**P132**

**Accumulation of non-traditional risk factors in a Frailty Index predicts cardiovascular disease events**

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**Objective:** To investigate whether the accumulation of non-traditional risk factors can predict adverse outcomes related to cardiovascular disease (CVD).

**Methods:** 3157 community-dwelling adults participated in the Nova Scotia Health Survey (mean age 48.4, 49.8% males). Traditional risk factors examined were history of diabetes and hypertension, as well as smoking, high body mass index, and high levels of cholesterol and triglycerides. A Frailty Index consisting of 15 health deficits not known to predict cardiovascular disease (the non-traditional risk factors frailty index; FI-NTRF) was constructed for each participant. All-cause mortality and CVD-related hospitalization and death were followed for 10 years after baseline (1995-2005).

**Results:** In a logistic regression model adjusted for age and sex, each traditional risk factor was independently predictive of CVD event. The FI-NTRF was also predictive of CVD events (OR 1.23, p<0.001, CI 1.11 to 1.37), even when independent traditional risk factors were added to the model (OR 1.23, p=0.001, CI 1.09 to 1.38). Traditional risk factors discriminated people who had CVD events at follow-up from those who did not with areas under the receiver operating characteristic curves ranging from 0.477 (smoking) to 0.695 (hypertension), while the FI-NTRF demonstrated an area under the curve of 0.71.

**Conclusions:** The accumulation of non-traditional risk factors adds a unique contribution to the prediction of CVD hospitalizations and mortality. This lends support to the emerging view that maintenance of general health lowers risk for late-life disease.

**P133**

**Relationship of Hip Fracture Rate and Prescribing of Osteoporosis Drugs Across Canadian Provinces**

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Objective. Hip fractures are the most disabling and costly of osteoporotic fractures and a reduction in the risk of hip fracture is an expectation of osteoporosis medication. In this study we have compared the use of osteoporosis medication across Canadian provinces with the rate of hip fractures in the same regions.

Methods. Five years of hip fracture data were obtained from CIHI for all Canadian provinces excluding Quebec. Population information was obtained from Statistics Canada and medication information from the Brogan database. Because osteoporosis medication is available daily, weekly, monthly and yearly, medication prescriptions were converted to 'units' of prescribing, so that a once a year infusion represented 365 units, a monthly prescription 30 units and so forth. Physician numbers were obtained from CIHI.

Results. There is a four-fold difference in prescribing across provinces but no corresponding variation in hip fracture rate and no correlation exists between prescribing load and hip fracture rate. This was true for all age groups and both genders. Physician numbers per 1000 population were fairly constant across provinces and the variation in prescribing load was a result of differences in prescribing practices.

Conclusion. We find no association between osteoporosis medication prescribing and hip fracture rate. Possible explanations include insufficient numbers of at-risk patients on treatment, inappropriate targeting, and either lack of efficacy or efficacy limited to only certain subgroups of patients such as those with demonstrable trabecular osteoporosis.

P134
Sharing Care Between Residential Complex Care and Seniors Mental Health on Vancouver Island

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Care transitions are known to pose safety risks and this is particularly true for older adults with complex medical and mental health conditions. Acceptance of people into long term care facilities after mental health hospitalization was problematic in our health authority. Multiple concerns and traditional barriers were identified and addressed in a partnership with residential services. Process improvement considering both quality and lean principles has grounded our prototype design which we plan to spread to other facilities across our health authority. The redesign impacts two levels: 1) The organizational level with a program to facility shared care agreement outlining roles & expectations of each party. 2) The individual care level with an individualized transition check list, a person centred care plan, and customized transition supports to assist both client/family and clinical staff sending and receiving the person. The documents were created in collaboration with many individuals from the acute care, the Seniors Mental Health transition team and the leaders in complex residential care. Challenges and lessons learned associated with these transitions will be shared so that we can all work towards best care practices for those who are "Aging in a Changing World".

P135
Age-Related Neural Correlates of Emotional Processing Under Implicit and Explicit Attention Conditions

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Healthy aging is associated with a "positivity bias", which suggests greater attention and memory for positively-valenced information with age. To identify potential mechanisms underlying the positivity bias, we compared patterns of neural responses to emotion stimuli in young and older healthy adults using functional magnetic resonance imaging.

Eight young (YA; mean age= 21.4±1.7; 5 males) and 9 older adults (OA; mean age= 69.6±0.2; 4 males) performed two emotion tasks during which they viewed faces with happy, sad, fearful, or neutral expressions. Subjects were instructed to 1) attend to and rate the emotion (EXPLICIT
task), or 2) attend to and rate a physical feature of faces (IMPLICIT task). We used Partial Least Squares (PLS) to identify patterns of brain activity according to valence and group.

PLS identified age group x valence interactions such that greater neural activity within a set of brain regions was found in response to happy expressions in OA, while the same regions responded to sad and neutral (EXPLICIT) or fearful (IMPLICIT) faces in YA. Regions modulated during explicit emotional processing included medial and middle frontal (BA6) cortices, parietal cortex including precuneus, superior and middle temporal cortices (BA22), and fusiform gyrus. Implicit emotional processing modulated activity within dorsolateral prefrontal and inferior parietal cortices, precuneus, and lingual gyrus.

Our preliminary data suggest a positivity "bias" in neural responses to implicitly- or explicitly-processed emotion stimuli in healthy aging. These findings may have implications towards understanding emotional processing in late-life mood disorders.

P136
Implementing mouthcare programs into long-term care facilities

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Background: Research indicates a need for improved oral health (OH) for residents in long-term care (LTC) facilities. On average, people are retaining more teeth as they age and therefore, will require more complex oral maintenance. However, oral health professionals are rarely part of LTC staff and facility staff are under-prepared to provide daily mouthcare.

Objectives: The objectives of this project were 1) to determine what level of OH assessment is feasible for use in LTC, and 2) to improve mouthcare programs. Methods: In 13-weeks, dental hygiene students made weekly visits at two LTC facilities. Students completed OH assessments and daily mouthcare for 109 residents. A modified version of Chalmers’ Oral Health Assessment Tool (OHAT) was used to collect data on health of the lips, tongue, gingival tissues, saliva, dentition or dentures, oral cleanliness, and presence of pain. Neither facility had an existing specific mouthcare program. Feedback on the oral health project was collected using focus groups with students and individual interviews with Health Care Aides, registered nurses, nurse educators, and facility administrators. Results: OHAT data for oral cleanliness revealed 20% healthy, 35% unusual/reportable aspects, and 38% unhealthy/reportable aspects. Themes emerging from qualitative data include: communication challenges between students and staff, and students and residents; uncertainty about follow-up to student recommendations; barriers to provision of daily mouthcare; uneasiness of students in the LTC environment; and impacts of dental hygiene repeat visits to residents.

P137
Rural Aging in a Changing World: Public Health Nursing Practice and Policy in Rural Southwest Ontario

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By 2021 one in four seniors will live in a rural setting, most will be women. As most rural communities receive inadequate health care, the objectives of this study are to: 1) analyse policy documents pertinent to rural public health nursing in Ontario to determine relevance to rural women’s health; 2) identify organizational attributes that enable or impede the work of public health nurses (PHNs) to improve rural women’s health; 3) critically examine present and potential future PHN practices regarding rural women’s health and policy development.

Methods: 1) Content analysis of key policy documents from national and provincial governments, public health units, and rural and nursing organizations, and 2) Focus group interviews with 20 PHNs and 14 PHN managers in three rural health units in Ontario.

Results: 1) PHN practice is primarily focused on child bearing women and children to the exclusion of other populations of rural women such as seniors, 2) Policy documents address rural public health nursing and women’s health minimally or not at all, and 3) PHNs work through and around policies to address rural women’s health more effectively.
Conclusions: 1) Health units in the study do not focus health promotion programs or policies on seniors or rural seniors, 2) Inclusion, voice, and influence of PHNs in policy and practice vary in health units and are affected by various factors, and 3) Changing government policies and priorities such as economic restructuring and shifting health priorities significantly affect health unit and PHN policies and practices and rural seniors’ health.

P138

The impact of physical versus social activity on the physical and cognitive functioning of seniors with dementia

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Purpose: The purpose of this study was to determine if regular physical activity was effective at maintaining/improving physical and cognitive function in this population as compared to a comparable social activity intervention.

Methods: Sixteen older adults with dementia residing in a Regina LTC facility were randomly assigned to either a walking program (3 days per week), or a non-walking condition which involved a weekly group social visit with student volunteers for 12 weeks. Functional indicators assessed at baseline, after six weeks, and after 12 weeks were timed up-and-go, functional reach, and six-minute walk. Cognitive function was assessed using the Mini-Mental State Examination. Descriptive data, including age, education level, prescribed medications, and co-morbid health conditions were collected through chart audits. Mixed-model ANOVA was used to assess within and between group differences.

Results: No statistically significant differences were found between the two groups in timed up-and-go, functional reach, and six-minute walk. Cognitive function was assessed using the Mini-Mental State Examination. Descriptive data, including age, education level, prescribed medications, and co-morbid health conditions were collected through chart audits. Mixed-model ANOVA was used to assess within and between group differences. No statistically significant differences were found between the two groups in timed up-and-go, functional reach, and six-minute walk. Cognitive function was assessed using the Mini-Mental State Examination. Descriptive data, including age, education level, prescribed medications, and co-morbid health conditions were collected through chart audits. Mixed-model ANOVA was used to assess within and between group differences.

Conclusion: No differences were found in the effectiveness of a physical activity intervention as compared to a social activity intervention in the maintenance of physical and cognitive function in LTC residents with dementia. However, individual percent change scores showed a beneficial effect of physical activity for some participants.

P139

Self-Management Programming to Enhance Level of Patient Activation

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Objectives: The hospital-centric healthcare system is not structured to assist people to incorporate evidence-based medicine into their lives. British Columbia's Chronic Care Model (CCM) posits that when "informed activated patients" interact with "prepared proactive healthcare members" improved functional and clinical outcomes are achieved. Self-Management Support, an integral component of the CCM is provided primarily through community programs and by healthcare professionals using self-management support strategies with patients in clinical practice.

Method: To ensure best practice a provincial evaluation is investigating the degree to which self-management inputs influence patient activation. It is being undertaken through a committee involving the MOH, academia, NGOs, HAs and patients. "Activation" refers to a person’s ability and willingness to take on the role of managing health and healthcare. The Patient Activation Measure (PAM) assesses an individual's knowledge, skills and confidence in managing health. During 2011-12 10,000 persons receiving services from BC programs were invited to complete the PAM questionnaire at baseline and at six-months. A one-group pre and six-month post-program matched pair design will be used to assess change (i.e., proportion of persons moving to higher levels of activation). Covariate variables (e.g., gender, age, # of chronic health conditions) will assist with the analysis.

Results: Ten organizations involving nearly 20 programs participated and the mean provincial activation score was generally high at baseline showing slight improvement at 6 months. Analysis by program, district, target population, and demographic covariates illustrated variances in activation levels. This information is
being used to review and strengthen program effectiveness.

**P140**

**Risk Taking Practices of Older Adults’ Returning Home from Hospital**

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**Background:** Risk taking is a part of life for many older adults but is often constrained by societal beliefs and attitudes towards aging. A period of hospitalization may introduce further barriers to risk taking for older adults. Little is known about how older adults navigate risk taking during the transition from hospital to home. The purpose of this exploratory pilot study was to understand the risk taking practices and activities of high-risk older adults who had returned home following hospitalization.

**Methods:** The study used a qualitative descriptive design. Hospitalized older adults from a cardiology unit, who were screened as high-risk by a clinical nurse specialist and agreed to participate, were interviewed face-to-face within two to three weeks of discharge using a semi-structured interview guide. Data were analyzed thematically.

**Results:** Hospitalization was often an unexpected, and traumatic event for participants, that created new risks, accentuated existing risks, or changed perceptions of risk. Older adults described risk planning in preparation for going home as either absent, limited, or avoidance-focused. During the early post-hospitalization period participants’ risk taking practices were highly protective and guarded, circumscribed, and extended to everyday activities that had become risks. Risk-taking was influenced by older adults’ gender, physical condition and symptoms, fears, family and spouse, and access to resources, such as information or paid help.

**Conclusions:** Hospitalization limited older adults’ risk taking in the short term. Risk taking was influenced by several factors, including gender, that require further study.

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**P141**

The "three plagues" and life satisfaction of long-term care residents over time

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In recent years, there has been greater recognition of the psychosocial needs of older adults in long-term care (LTC). According to William Thomas (1996), helplessness, loneliness and boredom are believed to undermine residents' quality of life. Alleviating these "three plagues" is believed to be integral to LTC residents' well-being; however, little empirical evidence exists to demonstrate that helplessness, loneliness and boredom predict the (absence of) life satisfaction. This was the objective of the current study. Questionnaires were orally administered to residents of two LTC facilities in Metro Vancouver at two points in time (N = 106). Our findings indicate that after controlling for age and cognitive loss ($R^2 = .07, p = .02$), the "three plagues" significantly predicted lower life satisfaction 6-months later ($DR^2 = .20, p < .01$). However, only loneliness ($\beta = -.22, p = .02$) and helplessness ($\beta = -.31, p < .01$), but not boredom ($\beta = -.08, p = .38$), contributed uniquely to prediction. These findings support the central role of two of the "three plagues". Results of this study are discussed in relation to challenges operationalizing and measuring psychosocial constructs in LTC research.

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**P142**

Time does not heal all wounds: Older adults who experienced childhood adversities are still at a greater risk for mood, anxiety, and personality disorders

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**Objectives:** To examine the prevalence of childhood adversity across the adult lifespan; the relationship between childhood adversity and mood, anxiety, and personality disorders among older adults; and the dose-response relationship between number of childhood adversities and mental disorders in later life.
Design: Population-based, cross-sectional study.

Setting: Nationally representative US sample.

Participants: Were 34,653 community dwelling Americans aged 20 years and older, including 7,080 who were 65 years and older from Wave 2 of the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC).

Measurements Lay interviewers administered the AUDADIS-IV to assess past-year mood and anxiety disorders and lifetime personality disorders. Participants self-reported various aspects of childhood adversity based on questions from the Adverse Childhood Experiences Study.

Results Childhood adversity remains quite prevalent across the adult lifespan. Individuals who experienced childhood adversity had higher odds of having a mood (OR = 1.59; 95% CI = 1.25-2.02), anxiety (OR = 1.49; 95% CI = 1.21-1.84), and personality disorder (OR = 2.11; 95% CI = 1.75-2.54) in late life after adjusting for sociodemographics and comorbid disorders. Having experienced an increasing number of childhood adversities was associated with higher odds of having a personality disorder, and somewhat higher odds of having an anxiety disorder.

Conclusion: Results from this study further emphasize the importance of preventing childhood adversity. In addition, researchers, clinicians, and policy makers need to devote more attention to the mental health of older adults who were victims of childhood adversity, as associations remain decades later.

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Individual differences as predictors of suicide-related ideation among older adults at risk of self-harm

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Objective: Rates of suicide among those 65+ years of age are double that of the general population. This issue is especially salient for depressed older adults. Identifying the predictors of suicide-related ideation among older adults is important for understanding risk, promoting awareness, and suicide prevention.

Method: This study was undertaken with a national sample of older Canadians (range 50-92 years) recruited over one year from several sources (N = 117). These participants were recruited on the basis of elevated levels of depressive symptomatology

Results: Hierarchical regression was performed first controlling for socio-demographic variables (age, sex, living arrangement, and socioeconomic status; R² = .12, p < .01). Individual difference variables were next entered accounting for a greater proportion of explained variance (DR² = .17, p < .01). Findings indicate that life stressors (β = .17, p = .05), perceived pain (β = .21, p < .05), and physical health (β = .26, p < .01) each emerged as statistically significant. (Male) sex was the only socio-demographic factor to predict suicide-related ideation (β = .23, p < .05). Of note, alcohol consumption was an unrelated risk factor among this sample.

Conclusion: Life stress, physical pain, and physical health conditions appear to be significant predictors of suicide-related ideation in depressed older adults. Accordingly, these person-specific variables are germane to the development of future initiatives and interventions to reduce the risk of suicide in this population. Other than male sex, socio-demographic variables appear comparatively unimportant.

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Goals guide the selection of daily life activities and shape well-being in old age

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Theory and research suggest that individuals adjust their personal goal system to age-related changes in functioning, but little is known about how goals translate into everyday activities in old age. The present study examined to what extent older adults who report goals in three salient life domains (health, cognition, and social relationships) also perform domain-specific activities and how engaging in domain-specific activities contributes to well-being. One hundred and forty-three older adults reported their personal goals and also recorded their daily activities and emotional experiences three times a day for ten days (‘time-sampling’). Initial Hierarchal Linear Models using a subsample of participants for whom data are already entered indicate that goals differentially set the stage for activities with strong associations found in the social domains but not in the cognitive and health domains. Furthermore, participation in social activities was associated with concurrent increases in positive emotional experiences. This social activity-emotional experiences association was more pronounced in individuals with social goals suggesting that there is a positive effect of engaging in goal congruent activities. Further analysis will include the whole sample and will further explore differential associations in social, health, and cognitive domains. The discussion will focus on integrating results into the action theoretical literature on successful aging taking into account domain differences in the control over goal implementation.

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Meeting Seniors’ Mental Health Care Needs in British Columbia: A New Resource Document

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In alignment with British Columbia’s "Healthy Minds, Healthy People - A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia", the British Columbia Psychogeriatric Association (BCPGA) sponsored the development of a new resource document entitled, "Meeting Seniors’ Mental Health Care Needs in British Columbia". This document is intended as a resource for those in British Columbia involved in providing care to seniors, including planners, program managers, policy makers, mental health and other health professionals. It provides evidence-based practices for enhancement of the quality of seniors’ mental health services, and addresses the implications of new trends and initiatives for the mental health care of seniors by reflecting emerging best practice.

Extensive consultation with the British Columbia Health Authorities, Ministry of Health accountability groups, key stakeholder groups, senior mental health subject matter experts, and non-mental health stakeholders (as required) was undertaken in the preparation of this resource document. This process was informed by the input received from these consultations, as well as literature reviews and focus groups with family caregivers and health care providers. An advisory committee also provided ongoing expert advice and feedback in the development of this resource document.

The resource document is organized into nine major chapters, and includes a detailed bibliography and resource references, followed by an appendix containing background information on the role of seniors’ community mental health in dementia care. This poster will present this new resource document and provide an overview of its content.

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Piloting New Innovations is an Art: A magic carpet and a rag-rug

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Introduction: The selection of a pilot project can make or break an initiative (Davidson and Büchel, 2011). Evidence indicates that pilots must have credibility, replicability, and feasibility to create a strong commitment to change in managers next-in-line for implementation. If the pilot does not convince managers involved in the
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Methods: survey of over 800 of older adults of pensionable age (over 55 for women and over 60 for men, which also brings one an official status of the "elderly") in Russian 8 cities, over 40 interviews with employees of governmental and nongovernmental organizations, online survey of different age groups. Results. Expectations of the older generation of Russians are still mainly based on the assumption that the state has to bear the responsibility for everything in a person's life, which is consistent with the political discourse, but not in fact implemented. However, official policies have started changing towards providing more opportunities for more productive and active ageing. For example, in 7 of 8 cities there were educational programs for older adults, some of which were supported by the government. In 6 cities new and more age-friendly policies and regulations were adopted in 2010-2011. However, governmental organizations are criticized by nonprofit organizations for their rigidness, lack of cooperation with the nonprofit sector, lack of expert consultations and only formal implementing of new policies. Nonprofit organizations appear to provide more variety of services and programs, especially those particularly targeting active life style, intergenerational activities and older adults engagement. Conclusions. There is a need for changing attitudes towards ageing both among the employees of public agencies and older adults and specific establishment of common grounds for cooperation between public and nonprofit sector.

P148
Factors Influencing Job Satisfaction for Ontario Social Workers in Health and Aging
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Background: Population aging demands increased understanding of the workplace experiences of gerontological social workers to better ensure their retention.
Methods: We conducted an Internet-based survey to examine worker, organizational, and job-related factors affecting the job satisfaction of gerontological social workers in Ontario. Members of the Ontario Association of Social Workers and regional geriatric professional networks were recruited as participants through listserv announcements.

Results: Univariate analyses showed that the majority of study participants (N=129) possessed a masters degree in social work (75.2%); had not specialized in gerontology (69.2%) as part of their training; had ten or more years of social work experience (69.5%) and gerontological experience (56.7%); and five or more years tenure at the current workplace (59.4%). A hierarchical linear regression analysis to predict job satisfaction was performed in three steps: Step 1) worker characteristics (i.e., positive affect, age); Step 2) job characteristics (i.e., perceived rewards, routinization, autonomy, promotions, and time spent on paperwork); and Step 3) proportion of clients with complex medical issues. This model explained 39.2% of the variance in job satisfaction (R2=.44, adjusted R2=.39, F[8,84]=8.42, p< .005). Four variables were significant: age (β = .30, p < .005), positive affect (β = .28, p < .005), availability of promotions (β = .24, p< .05), and proportion of clients with complex medical issues (β = -.17, p< .05).

Implications: Implications of this research include the importance of promotional opportunities for gerontological social workers and the need for additional advocacy and support for those serving clients with complex medical needs.

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Age-Friendly City in Quebec (Canada): Program design and implementation evaluation results

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Age Friendly City (AFC) was launched in 2007 by the World Health Organisation. Canada played an important role in its development. In Quebec, AFC started in 2008 by a participatory action-research program in 7 pilot projects. Thanks to Government funding, it is now over 300 cities involved in the AFC process and reached over 55% of Quebec population.

Aim
To present an overview of AFC program in Quebec by emphasizing on the implementation and evaluation results.

Method
Based on a community building approach, the AFC implementation is divided in 3 phases: 1) social diagnostic of community resources and older people needs; 2) action plan based on a logic model; and 3) implementation through intersectorial collaborations. In each city, this process is led by a steering committee composed of older people and stakeholders from civic society, administration and political level. A program theory model has been developed and evaluation is based on a realistic approach (Pawson & Tilley, 1997).

Results
More specifically, we highlight the primary challenges as well as the practical solutions that were raised in the fieldwork of implementation and evaluation. During implementation, a new kind of governance has appeared where coordination played a significant role between members of the steering committee. Also, we can observe throughout the evaluation an interrelation between 3 concepts (coherence, coordination and complementarity) during each phase of implementation. In all, AFC program in Quebec contributes to the understanding of effective social changes that aim to include older people in communities.

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Aging in rural regions - rural health care models

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Objectives
Germany faces the challenge of adapting the
provision and delivery of health care to the increasing number of elderly people with chronic illnesses and long-term care needs. Demographic aging progresses unequally in German regions and rural areas are more affected. Consequently it is postulated, to enforce regionally differentiated models of health care. But there is a lack of knowledge about care models suited for rural regions and there are uncertainties about planning options. Experiences from Canada and Finland could be of interest, because both countries have extensive rural areas and also decentralised health care systems.

**Method**
Based on a literature/document analysis, care models and arrangements of (rural) health care planning in Canada and Finland were reconstructed.

**Results**
Different regional care models have been established in line with decentralization of health care responsibilities within both countries. Especially community-based centres and models of cooperation between care professionals let expect a good health care performance. There is some evidence that regional/local responsibility across different service fields facilitates integration of care services. But ongoing adjustment processes in both countries indicate, that a big challenge is to find balance between central governance and regional autonomy, what is especially important in regard to disadvantaged rural regions.

**Conclusions**
Based on the first results, the next step of the study is to explore community-based care models in rural areas in greater detail. Field visits in both countries are planned.

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**P151**

**Lights! Camera! Age-friendly Actions!**

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Objective: use of video to showcase successful actions in local communities in order to inspire others to create more age-friendly communities.

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**P152**

**Older People 55 Years Old and Over and Helpline Services**

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In order to study the relevance and effectiveness of a psychosocial helpline service, a quantitative study was carried out in Quebec (Canada) in five Tel-Aide Helpline Centers offering their services in several different municipalities. Of the 166 people who participate in the study, 66 were 55 years old and over. This communication will present the results of the data collected from these 66 people. Information will be provided on the main sociodemographic characteristics of the callers, their level of emotional distress, the main reasons for their calls, their needs either met or not, and their satisfaction level regarding not only services received but also certain behaviours, attitudes and competences of the listeners. This information was collected via a questionnaire over the phone immediately after their initial call and three weeks after. To measure the callers' level of satisfaction, the 8-
Question version of the **Consumer Satisfaction Questionnaire** (CSQ-8) was adapted to account for the reality of the types of services offered by the helpline centers. The callers’ emotional distress was measured by the 12-Questions version of Goldberg’s **General Health Questionnaire** (1992). The results of this research tend to show that about half (46.2%) of the callers who completed the interview three weeks after their initial call experience emotional distress.

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**La fidélité intra- et inter-intervieweur de la version téléphonique française du MMSE**

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Une version téléphonique du MMSE est utilisée dans certaines études épidémiologiques pour évaluer les atteintes cognitives dans une population générale. Le test, via ce mode d'administration, a toutefois subi peu d'épreuves de validation dans sa version originale anglaise et aucune en français. Nous avons évalué la fidélité du test, un pré-requis à sa validité.

Des personnes de 70 ans et plus vivant à domicile ont été recrutées aléatoirement par téléphone pour une première passation du test. Les participants ont été recontatos deux à trois semaines plus tard par le même ou un autre intervieweur. La fidélité du score total a été estimée par le coefficient de corrélation intraclasse.

Parmi 164 personnes contactées, 8% n'ont pu passer le test par téléphone et 28% ont refusé. Le score total s'élève en moyenne à 24 sur 26 (entre 17 et 26) avec un taux de réussite au-dessus de 95% pour 10 des 16 items. La fidélité intra-intervieweur est estimée à 0.66 (IC à 95% 0.46 à 0.79) et la fidélité inter-intervieweur à 0.49 (0.24 à 0.68). Quatre participants seulement ont obtenu un score sous 21 à l'une ou l'autre occasion, le seuil généralement utilisé comme indicateur de troubles cognitifs.

De nombreuses personnes âgées francophones refusent la version téléphonique du MMSE et plusieurs de ses items sont non discriminants. De plus, la reproductibilité du test est modérée parmi les personnes qui acceptent d'y répondre. Par conséquent, nous ne recommandons pas son utilisation auprès de la population générale d'expression française.

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**Pattern of change of depressive disorder over a one-year period among community-dwelling older adults in Québec**

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**Introduction:** Past research has demonstrated the high prevalence of depression in elderly. However, the most of studies followed the symptom trajectory of individuals diagnosed with depression in a clinical setting and few longitudinal studies have characterized the patterns of depression in older adults population-based. Objective: to describe Pattern of change of depression and its correlates, over a one-year period among community-dwelling older adults in Québec

**Methods:** Data come from a longitudinal ESA Study of elderly community persons (n = 2752). Depressive disorder, including major and minor depression, measured using the DSM-IV criteria. Polytomous logistic regression was used to assess relations, over time, between participant's characteristics and depression.

**Results:** Among the 164 participants (5.9%), who are depressed at baseline, 19.5% were continuously depressed, 12 months later. Results showed that the number of chronic diseases and marital status significantly
predicted outcome in the continuously depressed subgroup, but not in the other subgroups (recovered, new/recurrent cases). Being separated increases the likelihood of a positive change towards recovery compared to living with a partner. On the other hand, as non-attendance at places of worship seems to predict the incidence of depression.

Conclusion: Results support the hypothesis about physical health and psychosocial factors as predictors over time of depression, in old persons. This study contributes knowledge on the natural course of depression in a large population-based cohort of community-dwelling older adults in Quebec. Available prognostic factors can be taken into account to help direct treatment to elderly at highest risk of a poor prognosis.

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Healthy Aging Through the Eyes of Rural Saskatchewan Seniors: Factors that Support Aging in Rural Saskatchewan

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Rural seniors are often disadvantaged in terms of having poorer physical and mental health status, and more chronic illness than urban seniors. A significant challenge to developing policy and programs to address these gaps is the lack of research on health and aging in rural areas and the factors that support healthy aging in rural communities. This study examines healthy aging and what it means to age well from the perspective of seniors living in rural Saskatchewan. Data was collected using qualitative interviews with 38 seniors aged 64-92 years. A social determinants of health approach structured the analysis and was used as the theoretical framework to examine seniors’ perceptions of healthy aging within a rural context. Respondents viewed healthy aging as extending significantly beyond access to physicians and the formal health care system. Currently, this is not well documented in the literature on rural health and aging. Participants addressed a range of facilitators that are located in their informal kin and community networks, as well as more formally in regional and local programs and services. Respondents identified key components of healthy aging to include social interaction, community engagement and active living. These findings from rural Saskatchewan, are considerably different from current research on rural seniors’ perceptions of health. More research is needed to further reveal rural seniors’ perspectives and experiences to inform conceptual, capacity, and programmatic improvements that support healthy aging in rural areas.

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Attitudes About Older Professors Need to Mature

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The part of older and experienced workforce is increasing in mental work. In comparison with times past, ‘young-old’ people (aged 65–74) are healthier than their predecessors. There is an accepted retirement age (65–70) in European universities and also in universities of many other countries. There is no biological basis for retirement at a fixed age. The workability of the older professor depends very much on the concrete person. Universities enable lifelong employment only in some countries, e.g. in the United States and Canada (Quebec, Ontario).

Data regarding academics’ scientific productivity at university were collected and questionnaires compiled in the Faculty of Economics and Business Administration of Tallinn University of Technology in Estonia. The questions considered different aspects of working conditions, health, motives for working, efficiency and plans for the future including activities at pension age. All 97 faculty academics received anonymous questionnaires. The oldest age group 56-65 showed the highest productivity. Academics in this age range were
also the most effective as supervisors of Master of Science and PhD students. Nobody doubts that accumulated knowledge is useful for traditional tasks, but it is often also useful in finding solutions for new tasks, since this activity requires knowledge. This aspect of gaining new knowledge also opens up possibilities in terms of making use of older academics, especially, in big projects. Whether effective older academics continue to work in traditional retirement age should be their free choice.

**Symposia/Symposiums**

**Defining and Measuring Elder Abuse and Neglect in Canada**

**Convenor:** M. Beaulieu, U. Sherbrooke, Sherbrooke, Québec, Canada

**Description:**

Few systematic attempts have been made to understand the definitions and methods underpinning research on mistreatment worldwide. Theoretical clarity and the development of consistent and reliable measures provide important conceptual tools for researchers, policy-makers and practitioners. In recent years, several countries have performed a population based studies to evaluate the prevalence of elder abuse. However, the results, which vary considerably from one country to another, can hardly be compared because of major differences in theories supporting the studies, definitions used and questions probed. In Canada, we lack accurate data on elder abuse. There have been only two population-based studies, one in the late 1980’s and the other in the late 1990’s. An international research team, funded by HRSDC (2009-2012), accompanied by a steering committee of key stakeholders, completed the process of designing a reach tool and pilot-testing it in Canada. This symposium will describe this pilot project including the main problems associated with the conceptual definitions and measurement of mistreatment of older adults, the theoretical difficulties, the current challenges associated with identifying risk factors for abuse and neglect and the issues surrounding the collection of reliable and valid data on the prevalence of abuse and neglect. Presenters will also address theoretical and methodological issues. Finally, we will present the results of the pilot-project.

**S1 Issues associated with multilingual and multicentric data collection**

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Doing research in Canada, a very large multicultural country with 2 official languages, requires strong tools that are understood and used the same way in all parts of the country. Our pilot-project on defining and measuring elder abuse in Canada faced at least three main issues: legislation in the 13 jurisdictions of Canada, ethics boards and translation. The legislations set directions on who can be a respondent and on mandatory reporting. It varies a lot in Canada, which impacts not only on data collection but also on what to do when discovering that a senior is abused. Per example, because of the civil code in Québec, only a legal proxy can answer for a non-competent senior. The challenge is that a few non competent seniors have a legal proxy! It limits a lot the possibility of requiring collaboration from proxies. In a multicentric study the main site clears ethics first, then the other sites will study the proposal based on results from the first ethical board. However, the other sites can require adjustments that can impact all sites. All ethics clearance must have went through in order to start data collection. Weeks of delay have been encountered. Translation issues are more complicated than back to back translation. It is a question of culture and different ways of speaking through Canada. Certain words are challenging, such as power of attorney that translates by mandataire; the issue is that a few people know exactly what is a mandataire!

**S2 An Overview of the National Survey of the Mistreatment of Older Canadians**

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The main goal of the study of abuse and neglect of older adults in Canada was to address the main problems associated with the conceptual definitions and measurement of mistreatment;
the difficulties with theory; the challenges associated with identifying risk factors and the issues surrounding the collection of reliable and valid data related to the prevalence of mistreatment. This paper reports on the five phases of the research project with emphasis on conceptual definitions of mistreatment worldwide, the decision rules used by the team to make definitional choices and the responses of older adults and professionals to these choices via focus groups, interviews and a national consensus meeting of stakeholders in Canada. It also highlights how the study was able to incorporate abuse and neglect items used by many studies and how asking respondents to describe what happened when they experienced abuse revealed a wealth of information.

S3

Results from the pilot project

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The main objectives of the analysis were to validate measures of elder abuse and neglect and to determine whether the questions on the instrument could be answered easily. Older adults recruited to participate in the community survey were asked if they had previously experienced abuse or neglect. Study respondents were classified into two groups: 39 who indicated they had, and 228 who said they had not experienced abuse or neglect. Several analyses assessed the construct validity of the items in the community survey instrument: (1) An evaluation of whether the two groups responded differently to particular items (2) Comparisons of the two groups on the mean number of abuse items to which they responded positively (using t-tests) (3) Computation of Cronbach's alpha to determine if the abuse and neglect items constituted single constructs of particular types of abuse (4) A multivariate discriminant function analysis to determine whether the instrument could be shortened.

Those in the "known abuse group" answered yes to significantly more items on abuse and neglect than the others in the "known not abused" group regardless of gender, education level, or marital status. We also investigated the risk factors for experiencing abuse and found that several groups were more likely than their opposites to experience abuse, including Visible Minorities, individuals with one or more ADL or IADL limitations, and individuals who were depressed. Experiences of abuse in all three life stages (childhood, young adulthood, and adulthood) were associated with a heightened risk of abuse as an older adult.

S4

The Life course Perspective as a Framework for Developing Definitions of Elder Abuse.

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Research into elder abuse in Canada and abroad has taken numerous forms but the consistent thread has been the adult in the later years of life. This research team, under the auspices of the Institute for Life Course and Aging, University of Toronto, chose the life course perspective as the blueprint for its Canadian elder abuse study in terms of the concepts to be considered, the interaction between societal, structural and individual factors, and changes over time. Five life course principles were used: abuse as a major turning point in a person's life; the inclusion of systematic factors such as those found in institutions; recognition that the mistreated person is embedded in professional and informal relationships; recognition of period and cohort effects that influence mistreatment; older persons were viewed as adults capable of making their own decisions. A history of mistreatment was common among the study participations. Over half of the sample (54.6%) reported abuse during childhood; 34% reported abuse during young adulthood and 43% said they were abused during mature adulthood, and 24% said they were abused since age 55 but prior to the interview date. Presented in this paper is an overview of the life course perspectives and the definitions of elder abuse, which emerged from this preliminary study of older Canadians.

The State of Seniors' Housing in Canada (Sponsored by Canada Mortgage and
**Housing Corporation) / État du logement des personnes âgées au Canada (Parrainé par la Société canadienne d’hypothèques et de logement)**

**Convenor:** Lee King, CMHC Affordable Housing Centre, Vancouver, Canada

**Description:**

What does an aging population mean for housing in Canada? What innovations in housing and community design will help meet the challenges ahead? As people age, sudden and significant changes to their health, household composition, or finances can impact housing needs. Successfully accommodating these changes requires a variety of housing types and models. At the building scale this includes housing that integrates support services. On a larger scale, this means community planning that responds to the needs of seniors and enhances their quality of life. Drawing on work from Canada Mortgage and Housing Corporation (CMHC), presenters will provide an overview of research available for academics, practitioners, and the housing industry to make informed decisions on seniors’ housing issues. First, a snapshot of senior’s housing in Canada provides context for current conditions and outlines the data available to researchers. Second, innovations in house and community design are explored, providing insight into the future of seniors’ housing. Third, the challenges and opportunities associated with developing seniors’ housing projects are addressed, given the housing affordability issues faced by many communities.

Que signifie le vieillissement de la population pour l’habitat au Canada ? Quelles innovations en matière d’habitations et d’urbanisme aideront à faire face aux défis qui nous attendent ? Au fur et à mesure que les gens vieillissent, des changements importants et soudains en ce qui concerne la santé, la composition du foyer ou l’état des finances peuvent avoir des conséquences sur les besoins en matière d’habitation. Pour s’adapter avec succès à ces changements, il faut disposer d’une diversité de types et de modèles d’habitations. Sur le plan de la construction, cela implique des habitations intégrant des services de soutien. À plus grande échelle, cela se traduit par un urbanisme qui tient compte des besoins des personnes âgées et qui améliore leur qualité de vie. Des présentateurs de la Société canadienne d’hypothèques et de logement (SCHL) feront un tour d’horizon des tendances démographiques et de leurs effets sur le marché du logement des personnes âgées, des recherches menées par la SCHL sur les questions entourant le logement des personnes âgées, ainsi que des meilleures pratiques et innovations en matière d’habitation des personnes âgées qui aideront à façonner l’avenir de notre société vieillissante.

**S5**

**A snapshot of the seniors’ housing market / Un instantané de l’état du marché du logement des personnes âgées**

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Addressing needs and gaps in seniors’ housing first requires an understanding of the current market conditions. This presentation draws on CMHC's Senior's Housing Survey to examine how different services and unit types translates into rents and vacancy rates. Demographic trends and their effects on the seniors' housing market are highlighted. CMHC conducts the Seniors' Housing Survey in February and March. This annual survey became national in scope in 2009, covering all centres in each of the ten provinces. Both private and non-profit residences are included in the survey universe. Non-profit residences must have at least one unit that is not subsidized. The Seniors' Housing Survey is a census and not a sample survey, therefore, all seniors’ residences in Canada meeting these criteria are included to be part of this survey. In terms of services, the data is broken down by Standard Space (a space where the resident does not receive high-level care, or is not required to pay an extra amount to receive high-level care. Regional terms for this type of space may vary across the country), Heavy Care Space (where the resident is paying an extra amount to receive high-level care, with examples including Alzheimer, Dementia and mobility support residents), or Respite Space (used to provide temporary accommodation for a senior who normally lives in another place and not at the residence). The survey also examines non-market or subsidy spaces, where the rent received for the unit is less than market rent or...
Enhancing the accessibility of homes and communities / Améliorer l'accessibilité domiciliaire et communautaire

Lance Jakubec
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Innovations in housing design and tenure are enabling seniors to stay in their homes longer, while seemingly minor changes in municipal planning practices can significantly enhance the "age friendliness" of a community. This presentation explores practical housing measures that can dramatically improving the quality of life for seniors. Accessible design is design that will accommodate everyone, including people with disabilities. Accessible housing includes houses that are minimally accessible, houses that can easily be made accessible at a later date, and houses that are completely accessible with power door openers, large bathrooms and so on. This presentation explores a variety of examples of accessible housing approaches, which can vary depending on the type of house, the profile and needs of its residents, and the design features that make the house visitable, adaptable, accessible or universal. Costing is also addressed. As housing and land prices continue to rise and land becomes less available-especially in large urban areas, housing that is "future proofed" with economical flexible options becomes increasingly necessary. The design and construction of FlexHousing involves extra planning time, but the pay-off is a comfortable home that will satisfy special needs in the future. CMHC research examined the breakdown of costs involved in building a home with many of the FlexHouse options, as well as the cost to renovate an existing house to make it accessible and adaptable.

Best practices in developing affordable seniors housing / Les meilleures pratiques pour fournir des logements abordables aux personnes âgées

Lee King
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While every community is unique, there are some common challenges and opportunities in terms of seniors' housing, and an increasing awareness of the need for affordable housing across Canada. This has created a heightened desire for many non-profit organizations to help fill the gap of available affordable housing. As Canada's Housing Agency, CMHC has been pro-active in the area of affordable housing via the Affordable Housing Centre and the program it administers. This presentation highlights successful projects from across Canada, providing valuable insights and lessons learned for transforming an idea into affordable housing. One of the services of the Affordable Housing Centre is to work with client groups on assessing a project's viability. CMHC developed a tool to help external clients assess proposed affordable housing projects and determine the financial requirements to ensure their viability. The assessment model allows potential project sponsors to run different financial scenarios by providing some information regarding the proposed project, such as costs, financing and sources of equity. This tool allows clients to become more informed of the options available to them. Putting the right financing in place can make all the difference between getting a successful project off the ground and having to put a great idea back on the shelf. CMHC works with organization to provide financial assistance in the very early stages of developing project ideas, and offers insights into affordable housing solutions that have worked in communities across Canada.

Integrating Mentorship and Patient Oriented Research - The Student Connexion and Interdisciplinary Education Partnership Symposium

Convenor: Kathleen Cruttenden, University of New Brunswick, Fredericton, Canada

Discussant: Shannon Freeman, University of Waterloo, Waterloo, Canada

Description:
The purpose of the 2012 joint symposium is to examine linkages between patient or person oriented research and the role of mentoring to
inform health care from multiple viewpoints. Patient-oriented research, the corner stone of evidence-informed health care refers to a continuum of research, from initial studies in humans to comparative effectiveness and outcomes research, and the integration of this research into the health care system and clinical/social practice. The goal of patient-oriented research is to better ensure the translation of innovative diagnostic and therapeutic approaches to the point-of-care, as well as to help the provinces and territories meet the challenge of delivering high quality, cost-effective health care. It involves ensuring that the right patient receives the right clinical intervention at the right time, ultimately leading to better health outcomes. http://www.cihr-irsc.gc.ca/e/41204.html. Each segment of the continuum involves specific learning by the knowledge holder and the student. Knowledge-holders may be researchers or supervisors and often take on the role of student mentor.

Mentoring refers to professional development and learning and is defined as personal, relational, and professional (Sambunjak, Straus, Marusic. (2009). The question for discussion at our 2012 symposium is: From your perspective, how can the mentorship relationship maximize benefits for researchers or supervisors and students studying evidence-based care with patients or persons, as described by CIHR from an aging population standpoint? This issue will be framed from various perspectives including that of successful mentors from academic and clinical backgrounds as well as from mentees sharing Canadian and international experiences.


Valuing LTC: An Innovation Strategy for Ontario's System of Care for Older Adults

Convenor: Paula Neves, OLTCA, Markham, Ontario, Canada

Description:

In a report released last year, the Conference Board of Canada recommended that the residential long term care sector develop a comprehensive innovation strategy to address growing demand, sector constraints and health system sustainability. In response, the Ontario Long Term Care Association convened a panel of experts to: 1) Consult with key stakeholders on possible content and priorities for an innovation strategy, 2) Promote a focused and informed strategic discussion on the future of long term care and aging policy in Ontario, 3) Help build consensus on a vision for LTC within an integrated health care system, and 4) Make recommendations for innovation to enable long term care to fulfill its promise as a partner in the health care system. The Panel’s report released in Spring 2012 addresses several areas ripe for innovation including:

- Service organization and delivery
- Health human resources
- Facility planning, architecture and design
- Devices, equipment and technology and
- Funding, financing and regulation

The Panel makes over 60 recommendations that will ensure that Ontario’s health care system is well-positioned to provide high quality, cost effective care to the aging population of the future. This session will explore options for implementing Panel recommendations to transform long term care to better meet the expectations of consumers and system partners, build capacity for transformation and enable innovation. The session will feature members of the expert panel along with an administrator, a policymaker, an educator and a consumer advocate.

Innovations in Aging: Engaging British Columbians in Solutions for Health Care and Healthy Aging (Sponsored by the Province of British Columbia) / Innovations en matière de vieillissement : engager les Britannoo-Colombiens dans des solutions de soins de santé et de vieillissement en bonne santé (Parrainé par le gouvernement de la Colombie-Britannique)

Convenor: Leigh Ann Seller, Home, Community & Integrated Care, Ministry of Health , Victoria, Canada

Description:
Engaging older adults in the design, planning and delivery of their own health care is paramount to the future success of the Canadian health care system (Health Council of Canada, 2012). This symposium brings together 3 innovative programs from across British Columbia (BC), funded by the Ministry of Health, aimed at engaging older adults in the development of health care policy, programs, products and initiatives.

The first paper highlights a unique initiative called the Patient Voices Network (PVN), a community of BC patients, families, caregivers, and others who wish to use their experiences for positive change to the health care system. The PVN was recently highlighted by the Health Council of Canada as a promising practice for patient engagement in Canada.

The second paper discusses Connect for Care, a collaboration between three internationally recognized BC innovations: Tyze Personal Networks, CanAssist at the University of Victoria and PLAN Institute for Caring Citizenship. Through development of a suite of online tools, Connect for Care establishes web-based networks to facilitate self-managed networks of care. It connects individuals, their families and other informal and formal care givers such that seniors remain as independent and socially connected as possible for as long as possible.

The third paper reports on an investigation by the Seniors Healthy Living Secretariat about the key elements necessary to plan for healthy aging and examines innovative delivery mechanisms to engage British Columbians to plan for healthy aging.

Although the problems of an aging population are typically highlighted in discussions of health care and aging, this symposium focuses on solutions developed in British Columbia, alongside the facilitators, challenges and opportunities for engaging older adults in health care initiatives. The Chair’s discussion of emerging directions in community care will emphasize the need for innovation and inclusion of older adults as key drivers of solutions for health care delivery.

Objective: Patient engagement offers real benefits - studies show that engaged patients have better health outcomes, while providers report an improved experience and the system itself saves money. In 2009, the Patient Voices...
Network was established to support the Ministry of Health's Patients as Partners initiative.

**Method:** The Network recruits, supports, and matches patients with engagement opportunities throughout the province, allowing them to work openly and collaboratively with health care partners towards a better system. **Results:** The Network has grown exponentially and there are currently over 1300 patients in the Network. Of these, 311 have attended an orientation to become "activated" and participate in opportunities like focus groups, advisory committees, conferences, and improvement teams. There have been over 700 opportunities across the province, working with a diverse range of partners including the Ministry of Health, British Columbia (BC) health authorities, the BC Medical Association, the General Practice Services Committee, and dozens of other non-governmental and community organizations. **Conclusions:** Seniors comprise a large percentage of the Network's membership and many engagements are in areas such as active aging, end of life planning, caregiving, and managing chronic conditions. Many report that the process of becoming an "engaged patient" both at the individual and the system level is extremely rewarding and even therapeutic.

Patient Voices Network Director Joyce Resin will speak about the goals and successes of the Network as they relate to the senior population, and two seniors/Network members will share their experiences and discuss the benefits they reap from being part of the Network.

**S9**

**Connect for Care: Engaging seniors in online personal networks at home and in the community / Engager les aînés dans des réseaux de personnes en ligne à domicile et dans la collectivité**

Kerry Byrne¹, Robin Syme²
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**Objective:** Connect for Care is a project to develop an accessible suite of online tools to help frail older adults, persons with mild to moderate dementia and persons with chronic conditions and diseases establish a web based personal network. Utilizing these online networks, individuals connect with family and other informal caregivers - along with their formal caregivers - to assist them in remaining independent and socially connected while still living at home. The partners engaged users in the development and refinement of the online tools and examined the facilitators, barriers and opportunities related to the adoption and implementation of Connect for Care technologies in private residences and various health care settings. **Method:** Using mixed methods approaches, including pilot and demonstration projects, stakeholder consultations and user testing sessions, Connect for Care partners examined the process of adoption, usability and accessibility considerations for the target populations. **Results:** Over 250 individuals and more than 25 organizations engaged in testing the Connect for Care suite of tools. Users include older adults, their family members and health care providers. Key themes include simplifying and streamlining implementation, access and administrative requirements, identifying early adopters and self-starters, and addressing privacy and security concerns. **Conclusion:** Engaging older adults, their family members, and health care providers in the design and implementation of technologies in health care settings is critical to uptake and adoption.

**S10**

**Planning for a Healthy Future / Planifier pour un avenir en bonne santé**

Doni Eve
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**Objective:** to highlight how planning and preparing for aging can help individuals better cope with changes that come with age. **Method:** a combination of consultations, focus groups and an environmental scan which helped inform policy direction. **Results:** The BC Ministry of Health is embarking on a plan to support development and marketing of tools and resources and ways to access existing information to encourage planning for healthy aging by seniors, near seniors and families/caregivers in the areas of housing, transportation, finances, health, wellness, community engagement, maintaining networks, safety, and end of life. The objectives are to raise awareness of the need to plan for healthy
Conclusion: Planning for healthy aging and preparing for changes that come with age can help individuals better cope with those changes, and prevent the stress and associated health impacts of dealing with change in a crisis situation. There are a vast number of tools and resources to support planning in some areas (e.g., finances) but not in all areas, and navigating the information available can be overwhelming. Supporting older adults to create plans will help them be prepared for future changes, and be empowered and in control of their choices and decisions.

A Platform for Research to Study Aging in a Changing World: The Canadian Longitudinal Study on Aging

Convenor: Susan Kirkland, Dalhousie University, Halifax, Nova Scotia, Canada

Discussant: Margaret Penning, University of Victoria, Victoria, BC, Canada

Description:

Over the next twenty years, the Canadian Longitudinal Study on Aging (CLSA) will generate a wealth of information that will contribute to the advancement of the science of aging and policy development in a changing world. The CLSA will collect information on the biological, clinical, psychological, social, and economic aspects of people’s lives in order to understand how, individually and in combination, they influence the maintenance of health and well-being, and the development of disease and disability as people age. The CLSA will be one of the most comprehensive studies of its kind undertaken to date. Its large sample, multidisciplinary focus, and longitudinal design will provide research opportunities unprecedented in Canada and internationally.

In 2009 the CLSA partnered with Statistics Canada to develop the Canadian Community Health Survey (CCHS) in Healthy Aging and launch the CLSA. Recruitment of the Tracking cohort began in 2010 with funding from the Canadian Institutes of Health Research. In 2011, with funding from the Canada Foundation for Innovation, the infrastructure for eleven Data Collection Sites across Canada was established to conduct health assessments in the Comprehensive cohort. In 2012, recruitment of the Comprehensive cohort began. The objectives of this Symposium are to: 1) Provide an update on CLSA progress and milestones achieved; 2) Report on uses of the platform to date; 3) Describe the process for future data access by the research community; and 4) Address the scope and potential of the CLSA as a platform for research on aging in a changing world.

S11

The Canadian Longitudinal Study on Aging as a platform for research on aging

Susan Kirkland¹, Christina Wolfson², Parminder Raina³, Lauren Griffith³, Mark Oremus³, Cynthia Balion³, Patrick Emond⁴, Andrew Wister⁴, Margaret Penning⁵, Holly Tuokko⁶, Max Cynader⁶, Michael Kobor⁶, David Hogan⁷, Verena Menec⁸, Vanessa Taler⁹, Larry Chambers⁹, Hélène Payette¹⁰, Gerry Mugford¹¹

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The Canadian Longitudinal Study on Aging is following 50,000 men and women aged 45-85 for 20 years. The two components of the study are the Tracking cohort of 20,000 randomly selected men and women from all provinces; and the Comprehensive cohort of 30,000 men and women randomly selected from within 25-50 km of 11 data collection sites (DCS) located across Canada. Data collection for the Tracking cohort is via telephone interview using Computer Assisted Telephone Interviewing (CATI); data collection for the Comprehensive cohort involves face-to-face interviews in the home and at the local DCS, where physical assessments and biological samples collection also takes place. CLSA innovations include: a system of information collection via web-based open-source software applications enabling paperless
data collection; data integration while protecting confidentiality and managing interactions with study participants, standardized across the eleven data collection sites and four computer-assisted telephone interview sites; and a Laboratory Information Management System (LIMS) for the collection, storage and retrieval of biological specimens. Linkages to administrative databases including health care utilization, climate and pollution, and the built environment are planned for the future. The first wave of recruitment for the Comprehensive cohort and the second wave of recruitment for the Tracking cohort are currently underway. A detailed account of the data collection procedures within the CLSA will allow researchers to appreciate its scope and potential as a platform for the study of aging.

S12
They are older now: Building upon the Canadian Longitudinal Study on Aging to study the health of aging Veterans in Canada

Christina Wolfson\textsuperscript{1,2}, Catherine Tansey\textsuperscript{2}, Parminder Raina\textsuperscript{3}, Bin Zhu\textsuperscript{2}, Linda Van Til\textsuperscript{4}
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Introduction: There are more than 750,000 veterans alive in Canada; including 160,000 WWII Veterans (average age 88); approximately 12,000 Korean War veterans (average age 79 years) and as many as 560,000 other Canadian forces veterans. Research into Veterans’ health is an emerging area in Canada and through a novel collaboration with Veterans Affairs Canada, the CLSA is developing the CLSA-Veterans Health Initiative (VHI). To date there has been very little research on the physical and mental health status of older Veterans as they age. Objective: To create a Veterans Health Initiative within the CLSA to enable longitudinal research with Veterans currently aged 45 to 85. Methods: As part of the CLSA baseline questionnaire 5 Veteran Identifier Questions are being asked of all 50,000 CLSA participants. Results: The VIQ have been successfully implemented in the CLSA. Based on the first 5,000 participants nearly 10% self-reported as Veterans. The vast majority (79%) served in the Canadian military. Conclusions: As recruitment rolls out, we have already identified close to 1 in 10 of the CLSA sample as Veterans. As recruitment and data collection continue we will create a veteran cohort within the CLSA. This group will allow us to conduct analyses related to general and specific physical and mental health problems in comparison to the general population as represented by the nonveteran participants in the CLSA.

S13
Consumer Products and Fall-Related Injuries in the CLSA

Lauren Griffith\textsuperscript{1}, Parminder Raina\textsuperscript{1}, Nazmul Sohel\textsuperscript{2}, Kate Walker\textsuperscript{2}, Ying Jiang\textsuperscript{2}, Douglas Hopkins\textsuperscript{2}
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The Public Health Agency of Canada (PHAC) has partnered with CLSA researchers to better understand the relationship between consumer products and fall-related injuries in adults. We conducted an environmental scan to identify the most current literature on consumer products (including assistive devices (AD)) and fall-related injuries. We then analysed data from participants of the Canadian Community Health Survey (CCHS) who agreed to share their data with Canadian Longitudinal Study on Aging (CLSA) researchers. The CCHS included questions on the number, nature, severity, and consequent healthcare utilization related to falls and whether an AD was being used at the time of a fall.

We found very little information in the literature on consumer products and injury. The studies available typically did not link consumer products and their influence on a given injury. As well, the CCHS-CLSA data provides some preliminary data on the relationship between AD use and falls, however, the current data is not sufficient to draw specific conclusions. It is clear that a substantial number of people were using an AD at the time of their fall, but it is less clear whether the use of an AD contributed to the fall.

To help address these questions we have worked with experts in the field of fall-related injury and aging to develop the CLSA injury and
consumer products module. This module collects detailed information on consumer products and fall-related injuries, particularly to the contribution of the design and maintenance of assistive devices to falls in seniors.

S14

Access to Data and Samples Collected in the Canadian Longitudinal Study on Aging: Principles, Policies and Procedures

Christina Wolfson1,2, Parminder Raina3, Susan Kirkland4, Cynthia Balion3, Amelie Pelletier2
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Over the course of the Canadian Longitudinal Study on Aging (CLSA) a rich resource of data and samples collected from study participants is being assembled. All participants in the CLSA have provided signed informed consent that includes the stipulation that the data and samples collected from them will be treated according to strict security and confidentiality standards. In addition, CLSA participants are also informed that data and samples collected from them will be made available to researchers under a set of conditions that respect the CLSA consent with particular attention to security and confidentiality of the data and samples.

It is a major goal of the CLSA and in the best interests of all stakeholders that the data and samples collected as part of the CLSA are used appropriately to generate new knowledge for the advancement of research. The CLSA includes as part of its governance structure the Data and Sample Access Committee (DSAC). The DSAC is the independent body responsible for the review of applications for access to, and use of, data and/or biological samples, collected as part of the Canadian Longitudinal Study on Aging. The Committee functions in accordance with the CLSA policies, guidelines and procedures for data/sample access.

In this presentation we will provide an overview of the CLSA principles and policies in relation to data and sample access as well as the guidelines to the processes in place to manage this important component of the CLSA.

Aging in the Digital Age

Convenor: Maggie Gibson, St. Joseph’s Health Care London, London, ON, Canada

Description:

The digital age is upon us. “Screen culture” predominates and is changing the way people live, work, relax, interact and possibly even the way they think. Terms like “digital immigrant” and “digital native” define generations by their proximity to the digital revolution. Digital literacy is increasingly the currency that determines access to information and opportunities. Devices influence the way people relate to content and digital mobility is poised to become the new normal. This year, the Psychology Division Symposium is featuring the topic “Aging in the Digital Age”. Barbara Purves will discuss how computer assisted communication technologies are changing the social horizons for people with aphasia and dementia. Kerry Byrne will describe an approach to social and care networking that is specifically designed to meet the needs of older adults, within an intergenerational framework. Joanna McGrenere will discuss research from the field of human-computer interaction (HCI) that focuses specifically on putting older technology users at the centre of technology design. Maggie Gibson will discuss the potential for digital technologies to contribute to wellbeing in end of life care. The papers presented in this symposium will illustrate the breadth and depth to which digital technologies have already taken root in the field of gerontology, and encourage speculation on how the digital age will continue to shape and define the social and psychological experiences and processes of late life development and aging.

S15

Digital Technologies and Social Wellbeing in End of Life Care

Maggie Gibson1, Eunice Gorman2, Wendy Duggleby3
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The human-computer interaction (HCI) community is devoting considerable effort to explore how death, dying and bereavement are touched by modern computing. Attention is accruing to technical issues, including the ownership of information, the inheritance of digital information, and curating digital identities. Forms of online practice for responding to impending and experienced loss include memorialization, social networking, special interest groups, memorial sites, blogs, websites, forums, photographic activity, video-blogging, poetry, scrapblogging and film making. Facebook memorials, RIP pages and other online tributes provide opportunities for mourners to share thoughts, photographs and memories of the deceased. Documenting life events and construction of legacies for loved ones are longstanding practices that can have benefits for both dying persons and their families. Hope-sustaining interventions can be used therapeutically to provide psychosocial support for terminally ill patients. The components of a good death have been explored from the perspectives of patients, care partners and health care professionals. Digital technologies add a powerful means for supporting these coping efforts. We consider the potential for digital technologies to play an increasing role in fostering social and psychological wellbeing in end of life care. This is an emerging issue within the health care sector, driven by the generational divide in expectations for technology utilization and the demographic imperative of an aging population, many of whom will live out their final years and die in residential care facilities.

S16
Digital Technologies and Communication Impairment: Predicament or Promise?
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Communication impairments associated with aphasia and dementia are more prevalent among older adults than any other age group, placing those individuals affected at increased risk for marginalization and social isolation within our highly verbal, hypercognitive society. An important consideration in exploring ways to counter this risk is the changing landscape of social communication and technology in this digital age. Over the past several years, researchers and clinicians alike have recognized both predicaments and promise for older adults with acquired communication impairments in the extent to which digital technologies are taken up and incorporated into everyday social interaction. On the one hand, cognitive-communication impairments can compromise individuals’ abilities to maintain familiar patterns of digital communication, in addition to compounding usability issues typically encountered by older adults adopting new technologies. On the other hand, the multimodal nature of digital technologies, the availability of online digital public archives to support reminiscence-based interactions for people with dementia as well as technologies for creating digital life stories, and the proliferation of devices such as ipads or smartphones in everyday use all offer new possibilities for developing programs and strategies for supporting social interaction for older adults with dementia or aphasia. This presentation reviews examples of initiatives exploiting digital technologies to support the communication of older adults with aphasia or dementia in order to highlight opportunities, challenges, and implications, as well as further questions to be explored.

S17
Designing Interactive Digital Technologies for Older Users
Joanna McGrenere
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The field of human-computer interaction (HCI) has made great strides over the last two decades with respect to putting the user at the center of interactive technology design. Unfortunately, however, the field continues to largely focus on the mythical "average user" who is a young-ish adult (<20-50 years old) and presumed to be reasonably adept with interactive technologies. There are well-documented changes in sensory, perceptual, cognitive, and motor abilities that occur in humans as we age; in order for interactive technologies to be universally usable, it is
imperative that HCI fully embrace and design for these age-related differences in users. My long-term objective is to help establish the field of elder-computer interaction: putting older users (65+) at the center of interactive technology design, rather than being an afterthought. Two key projects are driving my research agenda. In one project, my team is focusing on designing mobile devices, including tablets and smartphones, to improve the adoption rate among older users. We are taking a multi-pronged approach, including low-level interaction technique design as well as designing to support different learning styles and preferences. In a second research project, we are designing a self-administered web-based computerized cognitive assessment that individuals will be able to take independently from their home. The goal is to increase access to cognitive testing and thereby increase the early detection of dementia. Beyond basic usability challenges, we are researching the impact of both home-based interruptions and cultural design dimensions on test validity.

S18 Accelerating a Network Model of Care through Enhancing Intergenerational Connectivity

Kerry Byrne, Natasha Moore
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The connections, relationships and activities within an individual’s personal network (their family, friends and neighbours) lay the foundation for networks of care that health care systems must simultaneously support and draw on for positive outcomes. Practical tools, adequate information and tangible resources are required to coordinate, support and sustain care within networks. Tyze Personal Networks is a social venture that uses technology to engage and inform individuals, their personal networks and their care providers to co-create the best outcomes. Drawing on examples from health and social care settings, we discuss the acceleration of a network centric approach through the development of online personal networks. A network model of care acknowledges the value inherent in our social convoys - the people who stick by us, the people we can count on and the people we draw in to our networks because they have valuable experience and information to contribute. Online networks facilitate the mobilization and value of networks, particularly intergenerational connections. We discuss and expand the concept of ‘second-degree internet access’ (Fox, 2010), that is, the engagement of older adults who remain offline, through loved ones who are online. In addition, we highlight the ways in which online intergenerational relationships are strengthened, and in some cases, challenged, by a continuum of connectivity. While the space for innovation in care is wide open, and new disruptive patterns are emerging, the complexities of this unique emotional, informational and relational space are critical for promoting digital engagement, and accelerating a network model of care.

The Partnerships in Dementia Care (PiDC) Alliance: Facilitating Sustainable Culture Change in Long-Term and Community Care

Convenor: Zara Rafferty, University of Waterloo, Waterloo, Ontario, Canada

Discussant: Sherry Dupuis, University of Waterloo, Waterloo, Ontario, Canada

Description:

The Partnerships in Dementia Care (PiDC) Alliance is a collaborative research network and project focused on improving the dementia care experience for persons with dementia, family members, and staff in both long-term care and community settings. In 2010, the principal investigators, Drs. Sherry Dupuis and Carrie McAiney, along with a team of researchers, community partners, and over fifty organizations from across Canada, received support from the Social Sciences and Humanities Research Council (SSHRC) to develop the Alliance and undertake this project. Using participatory action research, the Alliance aims to facilitate sustainable culture change in dementia care reflective of a relationship-centred, authentic partnership approach and enhance the care experience for all in the care context. To this end, researchers have partnered with four research sites representing a range of dementia care experiences to undertake culture change guided by the authentic partnership model, appreciative inquiry (AI), and the Alzheimer’s Disease and Related Dementias Planning
Framework. Each research site has established a Culture Change Coalition (CCC) which includes representation from persons with dementia, family members, frontline staff, managers, researchers, and students. In an iterative process, all CCC activities are systematically documented and critically assessed so that learnings from one site can be translated to subsequent sites. An additional goal of the Alliance is to share learnings more broadly so that others can use the information to facilitate their own culture change processes. The purpose of this symposium is to introduce the four CCCs and explore their unique culture change processes thus far.

S19

Supporting Inclusiveness in Culture Change at Bloomington Cove Specialty Care

Sherry Dupuis, Lisa Meschino
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The Bloomington Cove Culture Change Coalition (CCC) came together in January 2011 and is comprised of family members, residents, on- and off-site staff, managers, community partners, and researchers. Bloomington Cove is unique in that it is devoted exclusively to dementia care. Being a self-contained, specialized long-term care (LTC) community brings with it challenges of participation and representation. Over the past year and a half, the CCC has worked together to: explore relationships and partnerships in dementia care and the difference between appreciative and problem-based processes; collect community stories as a means of discovering what is good at Bloomington Cove; and regularly map out and critically reflect on their process. The purpose of this presentation is to share the Bloomington Cove process map, highlighting the speedbumps and enablers experienced thus far. Bloomington Cove demonstrates a commitment to inclusiveness in engaging all of its diverse community members. Residents with dementia may struggle to find a voice in the LTC community and culture change process. The CCC continues to find creative ways beyond the coalition to connect with residents’ experiences. Family members on the CCC have actively embraced the culture change process as a way to build rapport with staff and a family council previously fractured by internal strife. Finally, the expertise and compassion of staff members has provided the CCC with support and leadership needed for moving the culture change process forward. It is in this spirit of inclusiveness with which Bloomington Cove has met the challenges of the culture change process.

S20

Collaborative Relationships in a Community Care Partnership

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The purpose of this presentation is to describe and explain how a group of persons with dementia, family members, researchers, and various community care agencies formed a collaborative community partnership, called the Huron County Culture Change Coalition (CCC). The CCC, which began meeting monthly since January 2011, is utilizing an Appreciative Inquiry approach to build on the strengths of each community agency and identify the positive aspects of community care. The goal is to work together to enhance the care experience even further. Throughout the process, the CCC has identified unique challenges that dementia care within the home and community poses for those who provide and utilize services such as: the geographical distance between the communities that house the various service providers and users, the rural area of our CCC catchment area, and privacy issues related to the overlap of clients among agencies. These unique features have enabled us to develop tools and protocols that address some of these challenges, which will be useful for others undergoing a similar process. Along the way, staff, families and clients are becoming empowered to question policies, to speak openly, and express positive care experiences. We have also become aware of the significance of building authentic partnerships that widen and strengthen the circle of care. This new model for community-care partnerships has the potential for improving awareness of, and access to, services and resources ultimately improving the care experience for persons with dementia, their families and staff collaborating in those settings.
S21

The Culture Change Coalition at Yee Hong Centre for Geriatric Care

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The need for culture change in long-term care, particularly related to dementia care, has been emphasized. Client- and family- driven and relationship-centred approaches hold much promise but are challenging to enact and sustain. This paper describes the process of culture change at Yee Hong Centre for Geriatric Care, a 200-bed nursing home in Ontario that is home and work for Chinese and other Asian residents and staff. The Culture Change Coalition (CCC) began in January 2012, with monthly meetings of family members, a resident, staff and researchers. Appreciative inquiry and authentic partnership approaches were used. Some unique challenges to culture change were experienced. First, language barriers create challenges for optimal participation of CCC members, in particular residents, requiring communication that is plain English and easily understood. Second, the cultural norm of maintaining a harmonious balance creates challenges for residents, family members, and even staff in having completely open dialogue about issues requiring change. Third, cultural norms of maintaining order and respecting those in authority create power dynamics that have the potential to create hierarchies in the CCC. To address these challenges, the CCC has engaged in numerous interactive activities to establish strong, trusting, working relationships among members including: (a) creating a safe space, (b) determining personal and group expectations, (c) determining values guiding the partnership, (d) mapping the community, and (e) challenging assumptions about including persons with dementia. It is expected that developing authentic partnerships among CCC members will set the foundation needed for a positive culture change.

S22

Building on an Organization-Wide Culture Change Initiative: The Experience at the Village of Wentworth Heights

Jennifer Carson¹, Carrie McAiney²
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This session will describe how the Village of Wentworth Heights, a long-term care home in Hamilton, Ontario, entered into the PiDC Alliance following a two-year organization-wide culture change initiative guided by critical participatory action research (CPAR) and appreciative inquiry (AI). The Village of Wentworth Heights is one of 11 communities owned and operated by Schlegel Villages. In 2009, Schlegel Villages, the Schlegel-UW Research Institute for Aging, and a UW doctoral candidate, embarked on a CPAR project to develop, implement and evaluate a strengths-based, collaborative approach to culture change guided by AI. In this session, you will learn how Schlegel Villages' residents, family members, and team members worked together to: 1) discover their strengths; 2) share their dreams for a more ideal future; 3) design aspiration statements to put their dreams into words; and 4) develop goals and action steps to turn their aspirations into operational realities. Today, Schlegel Villages' is working to: offer flexible living and dining; promote cross-functional teams; create opportunities for shared and meaningful activities; foster authentic relationships; connect research and innovation to Village life; honour diversity; and promote resident empowerment. Building on this work, the Village of Wentworth Heights, working in partnership with the PiDC team, is now turning their attention more specifically to the experiences of residents living with dementia and their partners in care. They formed a Village advisory team comprised of residents, family members, team members and researchers, to illuminate, consider and promote their aspirations within the context of dementia care and services.

Non-Medical Home Support of Seniors in Northern and Rural Communities

Convenor: Jean Kozak, University of British Columbia, Vancouver, BC, Canada
Discussant: Dawn Hemingway, University of Northern British Columbia, Vancouver, BC, Canada
Description:
The non medical home (NMH) support of seniors has long been regarded as an essential service for delaying the need for higher care placement and health care costs. Despite this belief, little evidence is available to support this long held assumption. Equally important, it is unclear what types of models are appropriate for rural and northern regions of Canada where resource availability and access is limited. This symposium explores the implementation and initial findings and impact of a unique partnered volunteer community and health authority model for the delivery of NMH services to seniors in northern British Columbia. The symposium will outline the development of the Health Authority partnered model and the preliminary evaluation follow-up findings from the Prince George region of BC. Presenters will discuss the initial impact of the partnered service model on an integrated primary health care team focusing on the care of highly frail seniors; on policies and procedures of health authorities moving towards community partnered health models for chronic disease management and seniors; and the realities of implementing the model on small rural regions in the north. Discussion will also focus on developing ongoing evaluation mechanisms in communities with limited resources as well as partnerships for sustaining the funding of non medical home support services in northern and rural Canada.

S23
Development and Implementation of Non-Medical Home Support Partnerships with Community Volunteer Organizations

Dawn Hemingway1,3, Jean Kozak2,6, Tim Rowe4,3, Marcia Leiva1,3, Lesley Anderson5,3, Lola-Dawn Fennell8, Vanessa Swanson7

1University of Northern British Columbia, Prince George, BC, Canada, 2University of British Columbia, Vancouver, BC, Canada, 3Northern BC Home and Community Care Research Network, Prince George, BC, Canada, 4Northern Health, Prince George, BC, Canada, 5United Way of Northern BC, Prince George, BC, Canada, 6Providence Health Care, Vancouver, BC, Canada, 7Northern Health, Fort St. John, Canada, 8Prince George Council of Seniors, Prince George, BC, Canada; E-mail: jkozak@providencehealth.bc.ca

In partnership with the University of Northern BC (UNBC) School of Social Work, Northern Health's Primary Health Care Integrated Health Network and Home & Community Care, United Way of Northern British Columbia, the Department of Family and Community Medicine at Providence Health Care (Vancouver), and the School of Population and Public Health (UBC), a non-medical home (NMH) support model was developed in the Prince George region of BC. The NMH model involves the coordination of health authority service requests to a community volunteer organization (Prince George Council of Seniors) that provides social outreach, housekeeping, and transportation services to seniors. This presentation outlines the evidence for NMH service outcomes; the development of the partnered service model through community participation; the formation of partnered links and processes; and challenges and lessons learned for northern and rural communities.

S24

Jean Kozak1,3, Dawn Hemingway2, Tim Rowe3

1University of British Columbia, Vancouver, BC, Canada, 2University of Northern British Columbia, Prince George, BC, Canada, 3Northern Health, Prince George, BC, Canada

The overall goal of this initiative is to develop and pilot test the feasibility of a community-based non-medical home (NMH) support service delivery model in Northern British Columbia. Specifically, the overall project goal is to determine the appropriateness and relative effectiveness of the NMH model in an urban and rural northern setting. To date, 125 older adults (70.8% female and 22.8% male) ranging in ages from 57 to 106 years of age (median age 81. years) were referred for NMH services. Participants, including both clients and their caregivers, were assessed at time of referral on IADL status, health status, health care utilization history, social wellbeing, social support, and service expectations. The evaluation was repeated at 3-month post baseline and a planned one at 12-month post evaluation. Analyses of baseline and 3-month post data has
indicated there was a significant decrease in unplanned emergency room visits, increased quality of life of clients and caregivers, but no change in perceived health status by clients. Caregivers were more likely to perceive an improvement in their own care responsibility and outlook for their relatives than clients did themselves. These and other results, including service volumes and volunteer time, costs, and health service utilization patterns, will be discussed.

S25

Moving Policies and Services Towards Partnered Community Health: Lessons from the Northern Non-Medical Home Service Model

Tim Rowe1,2
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A primary health care focus including the introduction of integrated health care teams allows seniors to be supported in the community in a proactive manner, thereby reducing the need for higher and more costly care services. Administrative and research evidence have clearly indicated the importance and need for non medical supports for older clients to remain in the community. In response to such a need, BC Northern Health Authority has been engaged with community and academic partners in pilot testing a unique program that partners health planners and providers with community organizations to provide such services in northern BC. This presentation will focus on the policy and related issues faced by Health Authorities in adopting community partnered health care models that provide non medical home support. Policies and resource allocation, both in terms of service development and sustainability, need to be based on a sensitivity of available community resources and levels of burden on all partners. Understanding that Health Authorities cannot be the sole provider and support for clients to remain and maintain independence in the community means that Health Authorities need to establish numerous community partnerships so that health care clients requiring supplementary non medical support have access to services such as social outreach, transportation, and housekeeping assistance. Policies need to allow and reflect alternative and creative approaches so that clients have access to non medical services.

S26

Implementation of Non-Medical Home Support Services in Smaller Northern Communities

Lesley Anderson
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Rural and northern Canadian communities have long faced enormous challenges in meeting the health needs of seniors. In the North East of British Columbia, the city of Fort St John has a current population of 19,000, of which 7.5% are people aged 65 and over. Although FSJ has only 7.5 % seniors compared to 15% in the rest of the province, the city has the fastest growing rate of people 65 years of age and over in the province. Other issues faced by the community include significant challenges in skilled and unskilled workforce recruitment and retention due to a booming oil and gas based economy. With the unprecedented growth of the aging population demographic, community services such as Home Support and Assisted Living are facing demands that are difficult to meet. An average of 250 clients are ‘case managed’ at any given time, and may or may not be receiving other community services such as home support, adult day program, or assisted living To help address some of these unmet needs, Northern Health has partnered with the North Peace Seniors Housing Society to offer non medical home support services to seniors in FSJ. The presentation will outline how the project is being implemented in FSJ, and the partnerships that have been formed, to deliver non medical home support to older individuals within the realities of a smaller northern community.

S27

Primary Integrated Health Care of Seniors and the Role of Non-Medical Home Support Services in Northern BC
Integrated Health Networks (IHN) were initiated in 2008 as a result of a Provincial initiative to shift the patient experience away from multiple, fractured services to a patient-centered experience. A major goal of IHNs is to focus on the central role of patients in staying healthy, managing their condition(s), and providing direct input into their care and prevention care planning within an integrated, multidisciplinary team context. Within Northern Health (NH), the initiative is an integral part of a strategic plan to optimize integrated health services for northern communities. One of NH’s IHN priorities is to improve care provided to at-risk seniors living in the community through a coordinated, multidisciplinary and proactive primary care approach, which will support the older client to remain in the home of his/her choice while optimizing both quality of life and appropriate health service utilization. In Prince George, the IHN is a multidisciplinary health care team involving 24 primary care physician practices. Using standardized assessment tools, identified older (65 and older) at-risk adults are referred to the non-medical home (NMH) support program partnered with the Prince George Council of Seniors. Intake referrals help determine client NMH needs and volunteers are matched to provide the services. The presentation will discuss process and information flow between the IHN and partners, and the initial impact of the program on the IHN. The presentation will also focus on the lessons learned from partnering with a volunteer based community, non-for-profit organization in the delivery of NMH services.

Technology for Injury Prevention in Seniors (TIPS)

Convenor: Stephen Robinovitch, Simon Fraser University, Burnaby, BC, Canada

Discussant: Stephen Robinovitch, Simon Fraser University, Burnaby, BC, Canada

Description:

The Technology for Injury Prevention in Seniors (TIPS) program at Simon Fraser University (SFU) is an innovative research platform funded through two team grants (over 2009-2015) from the Canadian Institutes for Health Research (CIHR). The program draws together local and international experts in clinical, social, and applied sciences to develop and translate novel technology for preventing falls and fall-related injuries. Our approach combines experiments in a variety of SFU applied science laboratories with field studies in three partnering local long-term care (LTC) facilities in the Vancouver region, who participate as “real life” laboratories for the evaluation and refinement of our technologies. The value of TIPS lies in technology innovation, a commitment between partners for translating the products of our research, and the unique and valuable interdisciplinary training it provides to future leaders in the field of injury prevention. This symposium will highlight TIPS efforts to develop and translate four technologies for fall injury prevention in LTC: (1) video capture of the mechanisms of real-life falls; (2) fall monitoring through wearable sensors; (3) fall injury prevention through compliant flooring; and (4) wearable hip protectors.

S28

Understanding Environmental Factors and Falls within Long-term Care: A Case Study Approach

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Objectives: Falls are a common cause of injury amongst older people, having a major impact on the health and well-being of the individual and a significant cost burden to society. Despite this, there is limited understanding of the circumstances surrounding falls within long-term care (LTC), which is a barrier to the design of interventions. This paper presents ongoing research aimed at understanding the environmental and situational factors contributing to falls within LTC. Methods: The research adopts a ‘systems approach’ to understanding falls, based on case files of fall incidents that occur within a LTC facility in Vancouver, BC. Primary data within the case studies includes observational analysis of video captured across the facility in the hours prior to the fall, focus groups and interviews with residents, informal caregivers and care staff. Secondary data includes the collation and
analysis of fall incident reports, client records and assessment data. The case study data is used to create an "events chain" or narrative of the complex sequence of occurrences leading up to a fall incident. Results: Early findings from the research suggest that a case file approach to investigating falls within LTC can yield substantial benefits, enabling a deeper understanding of the physical, behavioural and socio-environmental aspects of falls and providing the evidence to design context-specific interventions. Conclusions: This paper highlights some of the challenges in adopting a case file approach to understandings falls, including the difficulties in compiling information-rich descriptions, reconciling complex information and the generalisability of findings based on idiographic approaches.

S29

The development of semi-automated techniques to detect falls captured on video

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We present video analysis technology for improved understanding of the cause and prevention of falls in older adults. OBJECTIVES: We have developed algorithms for analyzing footage of real-life falls in high-risk environments such as long-term care facilities. This work is part of the CIHR-funded Technology for Injury Prevention in Seniors (TIPS) program at Simon Fraser University. Under this program, hundreds of hours of video data have been collected from real long-term care facilities. However, much of these data are uninteresting for the purpose of fall analysis. We present computer vision algorithms that can sift through these data to find potential instances of falls. This will result in a small subset of the video that can be shown to a human for verification. METHOD: We developed an algorithm based on computer vision techniques to detect humans in video data. We used feature descriptors and machine learning algorithms to distinguish falls from other activities. Our particular emphasis was the development of a "person context" method that jointly considers the actions of all people in a scene together. RESULTS: We have deployed our algorithms on 22 video clips collected from a real-world care facility. We compared our algorithm to several baselines, and found that our "person context" approach outperforms baselines at fall detection. CONCLUSIONS: We have shown that automated algorithms can be effective for fall detection on real-world data, and have potential to greatly reduce the amount of human labour that would be needed to analyze fall video data.

S30

Mechanisms underlying the relationships between cardiovascular dysfunction and fall susceptibility in older adults

Brett Shaw, Stephen Robinovitch, Victoria Claydon
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Objectives: Cardiovascular impairments are a risk factor for falls. However, the precise relationships between cardiovascular disease and fall susceptibility are unclear. The primary aim of this study is to evaluate the role of impairments in blood pressure and cerebral hemodynamics in falling risk in a cohort (n=60) of long-term care residents. Methods: We will determine beat-to-beat blood pressure and cerebral blood flow responses to orthostatic stress in residents of two long-term care facilities. Medical records will be used to assess covariates of cognitive function, medication use, and mobility. After recording baseline cardiovascular parameters, these findings will be compared to their prior history and prospective falling risk over 1 year of follow-up as recorded through incident report forms. Preliminary results: To date, 30 subjects have undergone a cardiovascular risk assessment. Evaluation of falls within the previous year indicates that 53% of subjects are previous fallers (1 or more falls in the previous year). Preliminary data from 20 subjects indicate that previous fallers have lower resting cerebral blood flow (difference of 15.9±7.6 cm.s⁻¹), and greater systolic blood pressure declines in response to orthostatic stress (difference of 11.5±9.7 mmHg) in comparison to non-fallers. Conclusions: These preliminary data suggest that differences in blood pressure and cerebral hemodynamics may influence falling risk in these elderly individuals. This work has important implications for the use of noninvasive blood pressure and cerebral blood flow assessments as screening tools to assess risk for falls.
S31

Technology for Injury Prevention in Seniors (TIPS)

Stephen Robinovitch¹, Fabio Feldman²,¹
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The Technology for Injury Prevention in Seniors (TIPS) program at Simon Fraser University (SFU) is an innovative research platform funded through two team grants (over 2009-2015) from the Canadian Institutes for Health Research (CIHR). The program draws together local and international experts in clinical, social, and applied sciences to develop and translate novel technology for preventing falls and fall-related injuries. Our approach combines experiments in a variety of SFU applied science laboratories with field studies in three partnering local long-term care (LTC) facilities in the Vancouver region, who participate as “real life” laboratories for the evaluation and refinement of our technologies. The value of TIPS lies in technology innovation, a commitment between partners for translating the products of our research, and the unique and valuable interdisciplinary training it provides to future leaders in the field of injury prevention. This symposium will highlight TIPS efforts to develop and translate four technologies for fall injury prevention in LTC: (1) video capture of the mechanisms of real-life falls; (2) fall monitoring through wearable sensors; (3) fall injury prevention through compliant flooring; and (4) wearable hip protectors.

S32

The Flooring for Injury Prevention (FLIP) Trial: Can Compliant Flooring Reduce Injuries Due to Falls in Long-Term Care?

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Falls are the leading cause of unintentional injury among older adults in Canada, including over 90% of hip and wrist fractures and a large percentage of head and spine injuries. Long-term care (LTC) is a particularly high-risk setting – approximately 60% of LTC residents will experience at least one fall each year, and 30% of falls in LTC cause injury. Despite these disturbing statistics, little attention has been directed to fall injury prevention in the LTC setting. A promising strategy for reducing fall-related injuries in LTC is to decrease the stiffness of the ground surface, and the subsequent force applied to the body parts at impact. Laboratory studies have demonstrated that purpose-designed compliant flooring can reduce the force applied to the hip during a fall by ~35% and to the head by ~70%, without substantially impairing balance. However, no studies have tested the effect of compliant flooring on fall-related injuries in LTC. To address this gap, we will conduct a randomized controlled trial of flooring in resident rooms at a LTC facility in Abbotsford, British Columbia. The trial will (1) evaluate efficacy of compliant flooring relative to control flooring in reducing fall-related injuries; (2) determine cost-effectiveness of compliant flooring; and (3) assess perceptions about compliant flooring among staff, residents, and families. This symposium presentation will first review biomechanical evidence supporting the use of compliant flooring for injury prevention and then highlight the trial’s design, including stakeholder partnerships, ethics, blinding, randomization, renovation logistics, endpoint surveillance, and statistical power.

S33

Using falls video capture data as a knowledge translation and exchange strategy in long term care

Joanie Sims Gould¹, Vicky Scott⁴,¹, Gina Gaspard³, Fabio Feldman³,², Ryan Woolrych², Andrew Sixsmith², Heather McKay¹, Stephen Robinovitch²
¹University of British Columbia, Vancouver, British Columbia, Canada, ²Simon Fraser University, Vancouver, British Columbia, Canada, ³Fraser Health Authority, British Columbia, Canada, ⁴Ministry of Health, British Columbia, Canada; E-mail: joanie.sims-gould@hiphealth.ca
Falls are the number-one cause of injury in older adults, and are especially common in the long-term care (LTC) environment. In this presentation we highlight an end-of-grant knowledge translation project that involves the development and dissemination of a video-based training tool addressing the cause and prevention of falls in seniors. While applicable to a wide range of stakeholders, this interactive tool is designed specifically for training nurses, care aides, and physical therapists who work with older adults in LTC. The unique and powerful aspect of the tool is the inclusion of video footage of real-life falls (collected under our primary CIHR operating grant) in a set of "case studies" which focus on current knowledge and best practices related to issues such as fall risk screening, mobility and balance assessment, exercise, fall-related injuries (especially hip fracture and head trauma), environmental hazards, and hip protectors. In the last decade, knowledge translation and exchange (KTE) has become a cornerstone of successful and effective health research programs. As an essential first step to KTE, stakeholders and end users must be engaged in the research process. We describe the steps we undertook to engage stakeholders in the development and design of this unique KTE tool. We also highlight our dissemination and evaluation plan.

Population Responses to the Rising Level of Risk Management Challenges in Later-Life, A New Field For Gerontology / Les réponses de la population du Troisième âge à la hausse du niveau des défis de gestion des risques, un nouveau champ pour la gérontologie

Convenor: Robert Brown, Ontario Expert Commission on Pensions, Victoria, BC, Canada

Description:
Policy changes in recent decades have helped to make the management of personal risks in later life more challenging across several life domains. Collective pooling of risks has been declining in a process that has been called "The Great Risk Shift", which entails increased burdens for persons and their families. Even if nothing in the external environment changed, developmental processes in the later stages of the life course cause individuals to confront an increase in the complexity of their risk management challenges, and the behavioral responses to this complexity should be a focus of study both at the social psychological and demographic levels within the context of gerontology. Authors in a new book entitled "Key Demographics in Retirement Risk Management" (Springer, 2012) will review recent pertinent developments in Canadian and American public and private policies, expost the concept of comprehensive personal risk management and why this is important, present findings about the identities of distinctive multidimensional Canadian and American population segments in risk management behaviours, discuss issues arising from the book’s findings concerning gender differences in preparedness to meet retirement’s challenges, and suggest strategies for enhancing the sophistication of risk management thinking and decision-making within families.

S34

Private and Public Sector Developments that Point to Increasing Complexity of Later-Life Risk Management Challenges

Carien Jutting
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Management of risk is an ongoing exercise. The penalty of only living in the moment is that once an occasion arrives and no previous thought had been given to the fact that it might happen it is usually too late to do anything about it. Insurance products such as health, life, critical illness and long term care insurance should be purchased around mid age; what if you failed to do that and now you find that time is no longer on your side? What are the most practical and effective strategies for risk management when time is no longer your friend?

As you ponder this question, you should be aware that there has been an acceleration of the speed of the passage of risk management challenges from organizations and on to the shoulders of persons and their families. This talk surveys some of the evidence that points to the acceleration, and will cover topics such as the following:
• Long-term-care insurance “may go the way of the dinosaur”
• The well orchestrated attack on employer pension promises in the public sector
• The proposed new PRPPs lack mandatory employer contributions
• New cracks in the retirement security net — various firms and public sector organizations are reporting that “that they can't afford” their pension plans, and accounting rules are also changing in ways that make getting rid of defined benefit plans and retiree health benefits more attractive to employers.

S35

No Place for Sissies: Women’s Preparedness for their Later Life Challenges

Brigitte Neumann
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Women making later-life transitions face special risk management challenges in the realms of finances, health and wellness, loss of key social network members at advanced age, and social participation. On the whole, risk exposure should be slightly greater for women than for men. Based on this hypothesis, one would expect that preparedness to address later-life risks would be greater among women than among men.

Our study, which uses a composite indicator of preparedness applied to the 2007 General Social Survey of Statistics Canada, finds that in the Canadian pre-retired population there is a higher level of preparedness among men. This gender gap is not large; but in important groups the vulnerability of women is substantially greater than that of men.

Women tend to have markedly greater concentrations than men in the lowest quintile of the preparedness indicator among widows and widowers. Among both the university educated and those without a high-school diploma, men have much larger percentages in the top levels of the indicator. A sharp difference favoring men also exists among married immigrants.

This presentation will discuss risk management strategies that are specially important to women, and raise questions about our institutions’ activities in assisting women in later-life to become effective in risk management pertinent to their challenges. These questions are especially important when one considers the implications of the fact that in both Canada and the USA, the largest distinctive population segments that have low average scores on retirement preparedness measures are numerically dominated by women.

S36

Comprehensive Retirement-Related Risk Management - Key Population Segments in Managing Multiple Risks

Leroy Stone
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The closing talk in this symposium will present findings from an analysis that identifies distinctive multidimensional Canadian and American population segments (key demographics) that are concentrated at high and low levels of an indicator that measures performance across a wide variety of risk management activities.

There is a large degree of homogeneity among 82 Canadian high-performing key demographics. They tend to be Canadian-born with English mother tongue, have university degrees, reported health status to be at least very good, and be self-employed.

There is much greater heterogeneity among the low-performing key demographics. They have a dominant tendency to share reported health status less than very good, to be at least 10 years away from the expected date of retirement, and to be non-unionized employees in the "residual" classes of occupation and industry. In the data for the USA, the largest low-scoring key demographics comprise women born in the USA, with household income in the lowest quartile, and in the residual "Other Occupations" category. The white women were separated or divorced, had a high-school diploma only, with health status rated as Fair. Their counterparts in the key demographic comprising nonwhite women were widowed and all had some university education (but not a degree), and a Good health status rating.

High and low potentials to achieve effective retirement related risk management arise from networks of variables linked via causal chains. Within these chains, no single variable is dominant. Policy implications are reviewed.

Creating a knowledge-driven nursing home
Convenor: Anne-Marie Boström, Karolinska Institutet, Stockholm, Sweden

Description:

Objectives: In this symposium we will report on three projects relating to develop a knowledge base for implementing research findings in nursing homes with the goal of creating a knowledge-driven nursing home.

Methods: We are using participatory action research methodology to disseminate and implement national guidelines on dementia care in a nursing home for 200 residents and their family members, and 200 staff. All nursing staff were invited to participate in unit-based seminars for changing practice according to guidelines. Faculty members and researchers from Karolinska Institutet were facilitators for the seminars. Additional research projects were initiated to involve students from different educational programs.

To assess changes in residents’ health and wellbeing, and gain perceptions from the staff and family members over time several data collections will be performed. The first collection was performed prior to the project in fall 2010 and the second collection was conducted one year later. A third data collection is planned for 2012. Data are collected by audit of patient charts, as well as questionnaires and interviews with staff and family members.

Results: Findings from the first data collection point will be presented in this symposium, as well as the implications for future research using participatory action research in this care setting.

Conclusions: Although diverse outcomes indicate that the inclusive and empowering participatory action approach has been successful as perceived by staff, the informal network of nursing home residents are still to be empowered. The first steps are taken to create a knowledge-driven nursing home.

S37

Implementing national guidelines on dementia in a Swedish nursing home using participatory action research

Anne-Marie Boström1,2, Ewa Stenwall1, Sofia Vikström1, Per Olof Sandman1, Lena Borell1
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Background: In 2010 the Swedish National Board of Health and Welfare launched guidelines for care of persons with dementia. The guidelines are based on evidence and best available knowledge on the provision of care for persons with dementia.

Objective: The aim is to study the effects and outcomes following implementation of the dementia guidelines from three perspectives: the resident with dementia living in the nursing home; the family member of the person with dementia, and staff working in the nursing home.

Method: The implementation project is conducted in a nursing home for 200 residents living in 24 small-scale units and 200 staff consisting of 170 nurse aides, 25 health professionals and 5 managers. Participatory action research methodology was used to implement the guidelines. Data was collected using questionnaires for staff and family members on person centered care, thriving, research utilization and activities. Data on resident health and wellbeing were collected from patient charts.

Results: Unit-based seminars for staff from all units were facilitated by faculty members from Karolinska Institutet every second week. These activities have been complemented with lectures for all staff and poster presentations from all unit-based groups to share accomplished changes. Information meetings for family members have been scheduled every sixth month but few of them have participated.

Conclusions: Managers and staff have increased awareness of the dementia guidelines and have identified areas for practice changes. The next step is to sustain the model with unit-based seminars using nursing home staff instead of faculty members as facilitators.

S38

Nursing staff experiences in the creation of a knowledge-driven nursing home by unit-based seminars - a stepwise journey

Ewa Stenwall1, Sofia Vikström1, Anne-Marie Boström1, Lena Borell1, Per Olof Sandman1
**Abstracts / Abrégés**

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**Background:** Although dementia is considered as one of the most common diseases among older people, dementia care interventions in nursing homes have been sparse. There is also a lack of studies focusing on creating a sustainable evidence-based practice that is applicable in diverse areas of quality improvement.

**Objective:** The aim of this study was to describe nursing staff experiences of unit-based seminars for implementing dementia guidelines.

**Method:** The intervention consisted of thematic seminars introducing the guidelines, regularly unit-based seminars and later dissemination in reflective seminars and poster-exhibitions. At the regular unit-based seminars, developmental areas were selected based on unit-specific needs, and a quality improvement strategy was created and tested. Each unit met 10 times during a period of seven months. Data was extracted from the reflective seminars and poster presentations and analyzed using a qualitative content analysis.

**Results:** The nursing staff reflected on the new knowledge gained as well as identifications of future requirements. Strategies suitable for each specific unit were created, which increased the likelihood of sustainability. Results also displayed experiences of enhanced meaning and participation that were perceived to be beneficial for both staff and residents. In contrast, barriers such as vulnerability in terms of organizational inconsistencies, sustainability to implement new routines and to find relevant sources of evidence was experienced.

**Conclusions:** Nursing staff appreciated being empowered to take charge throughout the implementation and evaluation of guidelines into daily practice, in a stepwise journey towards a knowledge-driven nursing home.

S39

**Including the informal network for persons with dementia to promote meaningful activities in nursing homes**

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**Background:** Studies of co-habiting couples where one has dementia show that some informal caregivers have developed personalized support strategies to assist continued participation in daily life activities for the person with dementia. At admission to nursing homes, nursing staff seldom acknowledge the informal caregivers' strategies used at home, e.g. inviting the partner to collaborate in the task performed, decreasing the challenge of the task and to chose to accept less perfection in the performance.

**Objective:** In the attempt to create a knowledge-driven nursing home, one focus was on the resident's informal network. The aim of the study was to identify informal and formal caregiver perceptions on the promotion of meaningful activities for residents with dementia.

**Method:** Data on their perceptions were collected from eight informal and formal caregivers using interviews and focus groups. Data analysis used the Grounded Theory methodology.

**Results:** Data on caregiver reasoning of meaningful activities were diverse. In general, informal caregivers expressed that they have potential and resources on activity promotion, seldom requested by managers and staff. Informal caregivers also perceived being under-informed partners in a suggested triangular structure consisting of formal caregivers, residents and themselves.

**Conclusion:** As the interviewed informal caregivers’ identified potentials and resources, along with known strategies used towards the resident prior to nursing home admission, a continuous inclusion of informal caregivers and their resources in the nursing home setting is suggested to be beneficial to promote meaningful activities.

**Social Policy and Practice Divisional Symposium: Translating research on the built environment to policy and practice**
Abstracts / Abrégés

Convenor: Joanie Sims-Gould, Centre for Hip Health and Mobility, Vancouver, British Columbia, Canada

Discussant: Heather McKay, Centre for Hip Health and Mobility, Vancouver, British Columbia, Canada

Description:

There are distinct, important and significant associations between older adults’ mobility and the built environment. Mobility is the physical capacity to function (i.e. walk) or the ability to complete everyday tasks. The built environment refers to the physical environment, specifically, how neighbourhoods are designed. As health and function decline with ageing, ensuing social isolation comingle with financial strain reduce older adults’ ability to engage with challenging physical environments (e.g. poor street lighting or long distances to amenities) and subsequently, health is compromised. A much better understanding of aspects of the built environment that enhance older adult mobility and health is key to planning and developing ‘age-friendly’ environments that allow older adults to ‘age in place’.

In this symposium we present five papers that highlight the link between the built environment and older adult health and mobility as well as underscore implications for policy and practice. Ward-Thompson highlights built environment research from the UK with specific emphasis on policy and practice directives. Clarke presents findings from a study conducted in Detroit, Michigan on the connection between the built environment and older adult health and mobility. Ashe and colleagues present findings from a synthesis of extant literature on key features of the built and social environment that facilitate or impede older adult health and mobility. Chudyk and colleagues present a framework for partnerships in built environment research. Sims-Gould and colleagues present findings from a series consultations with older adults regarding the development of an “age-friendly” Greenway in the downtown core of Vancouver, British Columbia. Taken together, these papers provide a platform to move built environment research to on the ground initiatives that can ultimately contribute to the health and mobility of older adults.

How does the quality of the neighbourhood environment impact on older people’s activity and quality of life? Evidence from a UK study

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Maintaining independent mobility in later life is an important facet of quality of life and the role of the built environment in facilitating physical activity is well recognised. This presentation explores the concept of a supportive environment and use of Personal Projects as a framework to understand the idiosyncratic activities that are salient to individuals. We present results from a longitudinal study across several locations in the UK undertaken as part of the IDGO TOO (Inclusive Design for Getting Outdoors 2) project (www.idgo.ac.uk). The interventions studied were changes to residential streets, designed to make streets more ‘liveable’ by removing vehicular traffic and creating more shared space for local use. Residents aged 60+ living in intervention streets and in nearby control streets were surveyed in 2008 and, following the implementation of interventions, in 2010 and 2011. Data collected related to perceptions of the environment, activities undertaken, quality of life and self-rated health, and frequency of getting outdoors. Results suggest that, while there are some positive changes in perceptions of the environment and self-reported activity in intervention streets compared to control streets, positive effects on quality of life and health outcomes are less apparent. In conclusion, we identify the challenges and limitations of a study such as this, where the context of deprivation and the age of participants meant retention of study recruits was particularly difficult. These findings may help inform the design of age-friendly residential and neighbourhood environments by showing which aspects make a different to older people’s everyday life.

S41

Optimizing Mobility in Later Life: The Role of the Urban Built Environment for Older Adults Aging in Place

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Hazards in the built environment can create barriers to mobility among older adults aging in place. We investigated the relationship between urban built environment characteristics and 15 month trajectories of mobility disability in a sample of 1013 older adults living in Detroit, MI, a city that has undergone rapid economic and structural decline. Data come from the Michigan Minimum Data Set (MDS) for Home Care (2001-2008), an enumerative database of older adults in Michigan who qualify for federal or state-funded home and community based long term care through a Medicaid waiver program. Standardized assessments are made at intake and every 90 days by case managers. Built environments were assessed with a virtual audit using the "Street View" feature of Google Earth. A summary accessibility score was created for each block based on a count of the number of accessible features (e.g. continuous barrier free sidewalks; proximity of public transportation). Using growth mixture models two latent trajectories of outdoor mobility were identified: one capturing limited mobility (representing 71% of the sample) and one capturing more frequent mobility outside the home (29%). Controlling for sociodemographic and health risk factors, individuals living in more accessible environments had a 23% higher odds of being in the more mobile group (OR=1.23, 95% CI=1.08, 1.39). Moreover, older adults with physical limitations reported greater mobility when living in more accessible environments. These findings emphasize the importance of the built environment for mobility among community dwelling seniors, with implications for costs of long term care.

S42

A Framework for Community-Based Research Partnerships: An illustration from a built environment and mobility study conducted with older adults of low SES

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Low socio-economic status (SES) is associated with poorer health in older adults. However, older adults in low SES categories are often under-represented in the research literature. This is due, in part, to the challenge of first identifying and then recruiting this demographic as participants in research. We use a case study approach to describe the steps we took to identify and recruit older adults of low SES as participants in a study that evaluates the role of the built environment on older adult mobility and health. We describe a central role for community partners (BC Housing in this instance) and examine some of the barriers and facilitators to working in partnership with community stakeholders. We present a framework with key practice and policy considerations that includes: strategies to address privacy policies of both partners in the research process, mechanisms to promote positive and transparent communication and the critical role of celebration. In conclusion, we offer practical suggestions to help strengthen community based built environment research partnerships and specifically initiatives that aim to address the specific needs of older adult populations in low socioeconomic strata.

S43

Concept Mapping: Engaging Stakeholders to Unravel the Role of the Built and Social Environments on Older Adults’ Mobility

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Background: There is a complex interaction between older adults’ mobility with their built and social environments. Emerging evidence highlights that street-level and community-level built environmental features, and social environment factors (social connections, social order etc.) may be the key to facilitate or inhibit older adults' non-motorized outdoor mobility and community participation.
Statement of Objectives: Therefore, the purpose of this in process study was to evaluate expert opinion regarding the association between elements of the built and social environments and older adults' outdoor mobility and community participation. Our specific objective for this study was to describe the process of concept mapping, and to demonstrate its utility to address our primary objective of understanding the contributing role of built and social environments to older adults' mobility.

Methods: We identified opinion leaders, community stakeholders, knowledge users and health researchers to take part in the concept mapping process. Based on brainstorming and synthesizing sessions, we will ascertain and synthesize key themes that encourage older adults' outdoor mobility and community participation.

Results: We will summarize the process and present a visual sample of our results to illustrate the integration of concepts and ideas across emerging themes.

Conclusion: Concept mapping is an effective visual representation of complex, interrelated ideas. This approach is highly accessible to stakeholders and adds depth to the existing peer-reviewed literature. We believe our results using this method, can be used effectively to engage and guide decision makers, practitioners and researchers regarding older adults' community participation.

Engaging older adults in designing environments that enhance health & mobility

Joanie Sims-Gould¹,², Meghan Winters¹,³, Sarah Furst¹,², Catherine Craven¹,², Anna Chudyk¹,², Heather McKay¹,²
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Our research centers on a unique opportunity to capitalize on a "natural experiment" to better understand what constitutes healthy, mobility-focused community design. Our key partner, the City of Vancouver, is making a substantial investment in the built environment to develop a new greenway through downtown Vancouver, Canada. Our collective goal is to create an urban environment that prioritizes the mobility of pedestrians, adopting an age-friendly perspective. As a first stage in this research program we participated in and evaluated the City's process of developing community-informed design plans that aim to increase the mobility and liveability of the built environment along the Greenway. In a series of focus groups, individual conversations, and guided walking tours we spoke with over 50 older adults who live along (or use) the proposed route. Based on a content analysis of our notes from the consultations, we determined 4 key themes that reflect perceptions of older adults regarding key design features they deem necessary to enhance mobility along the greenway: (1) the current route is not a choice destination but could be; (2) benches are essential; (3) sidewalks must be smooth; (4) different (and strong) opinions about whether automobiles should be allowed along the route. We discuss the themes presented by older adults and the challenges the City of Vancouver must confront as they develop and modify their design plans to meet the needs of an older age demographic.

Measuring Power Wheelchair Outcomes: Psychometric Properties of a New Toolkit

Convenor: Paula Rushton, Université de Montréal, Montreal, Quebec, Canada
Discussant: Paula Rushton, Université de Montréal, Montreal, Quebec, Canada

Description:

Mobility disability is prevalent among older adults. Provision of a power wheelchair is a common rehabilitation intervention intended to mitigate associated limitations, such as participation in life activities. Although power wheelchairs can improve function and overall quality of life, use of these devices in later life can also involve challenges for older adults. To date, limited empirical data exists to inform us how older adults adapt to their wheelchairs once the devices have been prescribed, in part, due to the lack of validated power wheelchair specific outcome measures that exist. One component of the CanWheel Research Team's mandate is to study the psychometric properties of a toolkit of
outcome measures that will advance our knowledge and understanding of outcomes for power wheelchair users. This toolkit includes measures based on the Consortium for Assistive Technology Outcomes research taxonomy in order to capture critical information about effectiveness, social significance, and subjective wellbeing. Investigators from the CanWheel team will present findings on four of the outcome measures, including the Wheelchair Skills Test for Powered Wheelchair Users, the Wheelchair Use Confidence Scale for Power Wheelchair Users, the Assistive Technology Outcome Profile for Mobility, and the Caregiver Assistive Technology Outcomes Measure – Power Mobility. This is the first study to examine the psychometric properties of these measures in a population of power wheelchair users. A discussion will follow regarding the use of these measures in evaluating relevant outcomes of older adults who use power wheelchairs.

**S45**

Reliability and Validity of the Wheelchair Skills Test Questionnaire version 4.1 for Powered Wheelchair Users

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**Background and Purpose:** The Wheelchair Skills Test Questionnaire (WST-Q) version 4.1 is a subjective evaluation of 32 wheelchair skills, ranging from turning a power wheelchair on and off to moving a power wheelchair up and down a 5cm level change. The objective of this study was to evaluate the reliability and validity of the WST-Q version 4.1 for powered wheelchair users. **Methods:** A one-month test-retest design was conducted with 42 adults who were experienced power wheelchair users in six Canadian cities. **Results:** The mean age of the sample was 60.3±7.5 years, 57% were male, and the most common diagnosis was spinal cord injury (33%). Participants had spent an average of 15.6±11.1 years using a wheelchair, 83% had never received power wheelchair skills training and 50% drove rear-wheel-drive wheelchairs. The mean total percentage capacity scores ± standard deviation of the WST-Q at baseline and retest were 81.9% ±10.8 and 84.0%±10.2 respectively. The mean ± standard deviation time required to administer the WST-Q via a semi-structured interview was 18.3±.67 minutes. The test-retest intraclass correlation coefficient was 0.81 with a 0.67-0.89 confidence interval. There were positive, moderate correlations between the WST-Q and wheelchair confidence (r=0.44, p=0.016), life space travelled (r=0.39, p=0.01), and objective testing of wheelchair skills (r=0.69, p=0.00).

**Conclusion:** This study provides support for the reliability and validity of the WST-Q for powered wheelchair users.

**S46**

Introducing a tool for measuring the impact of power mobility use by older adults on their family caregivers

Louise Demers¹,⁴, Paula W Rushton¹,⁴, Ben Mortenson²,⁴, Elmira Chan³,⁴, William C Miller³,⁴, CanWheel Team⁴

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**Introduction:** Power wheelchairs may impact on family caregivers by increasing or decreasing assistance demands. However, no tool exists to measure their experience. The Caregiver Assistive Technology Outcome Measure for Power Mobility (CATOM-PM) was created to measure 1) the wheelchair specific and 2) overall sense of burden before and after wheelchair provision. **Objective:** To examine the psychometric properties (internal consistency and construct validity) of the CATOM-PM. **Methods:** Nineteen caregivers of older adult power wheelchair users, providing assistance on a weekly basis, were recruited into the study. They completed the CATOM-PM, the Late Life Function and Disability Index and the Hospital Anxiety and Depression Scale. The older persons they helped completed the Wheelchair Skills Test Questionnaire (WST-Q). **Results:** The internal consistency of Part 1 (14 wheelchair specific items) and Part 2 (4 overall sense of burden items) was confirmed with Cronbach’s α values of 0.80 and 0.78 respectively. The analyses revealed associations between the
burden experienced by caregivers and their degree of disability (Part 1: $r = 0.64, p < 0.01$; Part 2: $r = 0.78, p < 0.01$). The overall sense of caregiver burden (Part 2) was associated with the caregivers' level of anxiety ($r = -0.62, p < 0.01$) and depression (Part 2: $r = -0.75, p < 0.01$) as well as with the users’ perception of power wheelchair skills ($r = 0.81, p < 0.01$).

**Conclusions:** Preliminary testing indicates that the CATOM-PM is a valid measure for family caregivers of older adults using power wheelchairs.

**S47**

**Measurement Properties of the Wheelchair Use Confidence Scale for Power Wheelchair Users (WheelCon-P)**

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**Background:** The Wheelchair Use Confidence Scale for power wheelchair users (WheelCon-P) is an outcome measure designed to assess confidence with power wheelchair use. Developed using focus groups and a Think Aloud process, the WheelCon-P is a modified version of the Wheelchair Use Confidence Scale for manual wheelchair users (WheelCon-M).

**Objective:** The purpose of this study was to assess the test-retest reliability, internal consistency, concurrent, and construct validity of the WheelCon-P.

**Methods:** Participants completed the WheelCon-P twice, one month apart. Forty-seven adults from six Canadian cities who used a power wheelchair for mobility completed the study. **Results:** The mean age of this sample was 59.6±7.1 years and 55% were males. Thirty-two percent of the sample had a spinal cord injury. These individuals spent an average of 12.2±10.7 years using a wheelchair and scored a mean of 80.7 ±15.4 on the WheelCon-P. The test-retest intraclass correlation coefficient and Cronbach’s alpha were ICC₁,₁=0.89 (0.82-0.94 CI) and 0.96 respectively. There was a positive, moderate correlation between the WheelCon-P and the Wheelchair Skills Test ($r = 0.44, p<0.01$) and a negative, moderate correlation between the WheelCon-P and the Hospital Anxiety and Depression Scale – Anxiety score ($r = -0.47, p<0.01$). A significant difference between men and women was found (independent t-test, $p<0.05$).

**Conclusion:** The WheelCon-P has strong retest reliability, high internal consistency, and support for concurrent and construct validity. This tool holds promise for clinicians and researchers to investigate the influence of confidence with power wheelchair use on participation in daily life activities.

**S48**

**Measurement properties of the ATOP/M for middle-aged and older adults who use power wheelchairs**

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The Assistive Technology Outcome Profile for Mobility (ATOP/M) is a patient-reported outcome measure of the impact of mobility devices on: 1) Activity (e.g. instrumental activities of daily living) and 2) Participation (e.g. social roles). This new tool has not been used to monitor middle-aged and older users of power mobility devices.

**Objective:** To test the hypothesis that the ATOP/M, administered using computer adaptive testing, 1) has good test-retest reliability for power mobility device users, 2) has convergent validity with mobility and participation, and 3) can discriminate perceived difficulty with and without mobility devices.

**Methods:** 51 experienced power wheelchair users aged 50-77 years were assessed at baseline and one month later with the ATOP/M, a mobility measure (Life-space Assessment; LSA) and a participation measure (Late-Life Disability Index; LLDI). The "Activity" and "Participation" domains of the ATOP/M each generate 2 subscale scores assessing perceived difficulty with and without mobility devices using a 5-point likert scale (1=unable to do; 5=without any difficulty).

**Results:** The 4 ATOP/M subscales had substantial to excellent test-retest reliability (ICC 0.78-0.92). Validity testing showed moderate convergence between the LSA and the "Activity" ($r=0.31$) and "Participation" ($r=0.37$) subscales. As expected, the LLDI had stronger convergence with "Participation" ($r=0.65$) than...
with "Activity" (r=0.53). Finally, perceived difficulty was significantly greater without than with the use of mobility devices. Conclusion: Our results support the reliability and validity of the ATOP/M for middle-aged and older power mobility device users. Future steps will consist of measuring sensitivity to change with a longitudinal cohort.

**Transforming Health and Social Care Policies in Light of Population Aging (Sponsored by Health Council of Canada and Institute for Research on Public Policy)** / **Transformation du système de santé au vu du vieillissement de la population (Parrainé par le Conseil canadien de la santé et l'Institut de recherche en politiques publiques)** [sym_3587]

**Convenor:** Isobel Mackenzie, Beacon Community Services, United States

**Description:**

This symposium will examine how we can make health and social care policy more responsive to the evolving needs of Canada's aging population. As governments are investing in alternatives to hospital and institutional care, they face two major challenges. First, older Canadians require a host of care services that in many cases fall outside the health care system. Second, citizens expect universal access to high-quality care wherever they need it, and many expect comparable standards for long-term home and community care. In this symposium, sponsored by the Institute for Research on Public Policy and the Health Council of Canada, we will present the opportunities and challenges as governments and providers transform to meet the needs of older Canadians. We will also discuss the expectations and roles of older Canadians and their caregivers.

Ce symposium se penchera sur les façons de rendre les politiques de santé et de services sociaux plus réceptives aux besoins changeants de la population vieillissante du Canada. Alors que les gouvernements investissent dans des solutions de rechange aux soins hospitaliers et institutionnels, ils font face à deux problèmes majeurs. D'abord, les Canadiens les plus âgés ont besoin d'une foule de soins et de services qui sortent dans bien des cas du cadre du système de santé. Ensuite, les citoyens s'attendent à un accès universel à des soins de haute qualité partout où ils en ont besoin, et beaucoup s'attendent à des soins du même niveau dans les établissements de soins de longue durée et de soins communautaires. Ce symposium, parrainé par l’Institut de recherche en politiques publiques et le Conseil de la santé du Canada, présentera les différentes possibilités et les défis à relever tandis que les gouvernements et les fournisseurs de soins évoluent pour faire face aux besoins des Canadiens âgés. Il y sera aussi question des attentes et des rôles des Canadiens âgés et des personnes qui s'occupent d'elles.

**S49**

**Canadian Eldercare: Beyond Health and Social Policy? / Soins des aînés au Canada : au-delà de la santé et des politiques sociales ?**

Nicole Bernier

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Founded in 1972, the Institute for Research on Public Policy (IRPP) is an independent, national, bilingual, nonprofit organization. The IRPP seeks to improve public policy in Canada by generating research, providing insight and sparking debate on current and emerging policy issues facing Canadians and their governments. Its Faces of Aging program examines the aging of Canada's population and its implications for public policy and society at large.

Drawing on recent and upcoming IRPP policy studies, this presentation will provide an overview of the recent evolution and the prospects for health and social policy in Canada. What adjustments will we have to make to adapt to the emerging needs of Canada's aging population? Over the past five decades, two of the principles of Canada's health policy - universality and accessibility - have ensured that all Canadians who need medical or hospital care do receive it. These principles have also meant that Canadians' financial security - and that of their families - will not be compromised. But as the needs of an aging population move increasingly from acute care to long-term care and away from hospitals to homes for the sick and disabled, many Canadians expect their governments to ensure that long-term home and community care, for which there are no national programs, will be universally accessible. Half a
century into our modern welfare state, will elder Canadians now see a major drop in their living standards as a result of requiring long-term care? Can our current policy framework cope with an aging population?

S50

Spreading What Works for the Benefit of Older Canadians / Diffuser ce qui fonctionne au bénéfice des Canadiens âgés

John Abbott
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The Health Council of Canada monitors, collects and disseminates information on leading health care practices as part of its reporting mandate. In a recent report, Seniors in need, caregivers in distress, the Health Council reviewed strategies and innovative approaches that are underway in some provinces and other countries to provide comprehensive home care to seniors, and to support their caregivers. We also highlighted examples of how home care has been integrated with hospital care and primary care.

This presentation will include a cross Canada snapshot of the needs of older home care clients and their caregivers, and highlight provincial/territorial and regional initiatives to respond to those needs. We will also look at countries that have implemented national strategies for older people and their carers, and discuss what Canada can learn from them. Clearly stated national goals can provide a basis for performance reporting to know where improvements are being achieved and what gaps remain. Older Canadians and their families have an essential role in helping to define specific goals and holding ministers, health administrators and clinicians to account for achieving them. The Health Council of Canada has noted the challenges in recruiting and retaining a workforce that meets the health and social needs of older Canadians. These are complex issues that require the continued leadership of the gerontology research and education communities.

S51

Home Care Policy at the Point of Delivery and Receipt: Perspectives of Workers,

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This presentation will examine policy-relevant issues in the provision and receipt of home care services in Canada, focusing specifically on services delivered by non-professional or unregulated home support/personal care workers to community-dwelling elderly people. Three key policy issues emerged from a six-year, multi-phased program of research that included in-depth interviews with over 180 workers in British Columbia, Ontario and Nova Scotia, and with 83 elderly clients, 58 family carers and over 20 home care agency managers in BC. These issues are scope of services, scheduling of services, and the presumption of availability of family and friend carers. This presentation considers current policy and practice initiatives, and impediments to reform in these areas. Opportunities and challenges for home care to elderly people in Canada are considered in the broader context of demographic, economic, and social change.

Modeling and Gerontology: Potentials, Challenges and Issues

Convenor: Andrew Sixsmith, Simon Fraser University, Vancouver, Canada
Discussant: Alex Mihailidis, University of Toronto, Vancouver, Canada

Description:

An aging population raises issues and challenges for society, specifically in meeting the care needs of an aging population, supporting independence and well-being in later life and enabling older people to age-in-place. However, understanding the inherently complex nature of aging and old age in contemporary society and developing appropriate solutions are challenges that go beyond our traditional disciplinary academic approaches and paradigms. In this symposium we present emerging research in the area of computational modeling as an approach to effectively model complex social systems. The
application of computer modeling techniques offers an opportunity to conceptualise, analyze, simulate and forecast issues within gerontology, offering the potential to better visualise scenarios, design solutions and model and test interventions. The symposium brings together gerontologists and computer scientists and applied mathematicians to discuss and explore potential applications and recent developments in modeling approaches and techniques and highlights collaborative work between the Gerontology Research Centre and the Interdisciplinary Research in the Mathematical and Computational Sciences (IRMACS) at Simon Fraser University. Papers include: Modeling in Gerontology; Systems Technology for Gerontology – A Modeling Approach; A Complex Systems Modeling Approach to Understanding Falls in Long-term Care; Modeling Depression among Seniors using Fuzzy Cognitive Map. The symposium concludes with a moderated discussion amongst the presenters and the audience to discuss issues and opportunities related to the application of modeling within gerontology.

S56

Modeling Depression among Seniors Using Fuzzy Cognitive Map

Sara Namazi
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Objectives: A globally aging population presents significant challenges in providing the appropriate supports for older people to experience a high quality of life, whilst retaining the ability to make independent decisions. This is important for older people who experience late-life depression, the numbers of which are expected to rise as the current cohort of middle-aged adults move into later life. Depression amongst older individuals has a strong association with physical illness and impaired function, cognitive decline, reduction of overall quality of life, and increased mortality. However, depression in later-life is a complex and dynamic problem, encompassing a broad range of biological, medical and clinical and psychosocial risk factors which need to be effectively understood in order to facilitate effective supports and interventions. Method: This paper presents the development of a dynamic tool with the power of representing the multiple factors contributing to depression in older people. Fuzzy Cognitive Map (FCM) has been applied as a modeling approach that provides the capability to capture the complexity of depression as a social problem. Results and Conclusions: FCM provides a dynamic model to represent the multiple, contributory factors to depression in later life and which can assist in future decision making and for designing interventions that can help in the prevention of depression or in the design of appropriate supports to assist them when living with later-life depression. The paper concludes by highlighting some of the limitations within the FCM approach when applied to understanding issues in aging.

S57

Modeling in Gerontology: Mathematical Techniques

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Objectives: The objective of this paper is to explore the possible mathematical techniques which can be applied to understand various issues related to societal, psychological and biological aspects of aging. A vast literature is available that explains these issues from the social science viewpoint but we attempt to view them from a mathematical modeling perspective, through the application of existing techniques to address what are complex problems in the field of ageing. Methods: Mathematical models are traditionally described by differential equations, statistical models, dynamic systems, and game theory based model or in terms of optimization problem. Additionally, there are numerous hybrid modeling approaches which have evolved in recent past as a result of increased computational capabilities. This paper presents a number of these traditional and innovative techniques including: Network Models and Graph Theory, Bayesian Network, Game Theory, Agent-based Model, Fuzzy Logic and Compartmental Model. We highlight some of the mathematical modeling techniques that have the potential to assist gerontologists in understanding the problem area and finding optimal solutions Results: Applying mathematical models provides the opportunity for a better understanding of complex issues in the area of older people and ageing, providing the opportunities to design effective intervention
strategies which will improve the quality of life of seniors. **Conclusions:** Various issues arising from gerontology can benefit from being interpreted through a modeling perspective. This paper concludes by drawing out some of the potential application areas for application in the area of gerontology.

**S58**

**Systems technology for gerontology - a modeling approach**

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**Objectives:** Model-driven systems engineering (MDE) has enormous potential to assist in understanding and addressing complex issues related to technology and aging. System modeling allows rapid, iterative exploration of expert knowledge and development of innovative solutions to specific problems. This paper presents a computational modeling framework consisting of computational methods and tools to analyze and experimentally validate complex requirements for integrated Ambient Assisted Living (AAL) services that support mobility, independence and social participation of older people within and outside of their home. Serving as a reference model in designing, developing and testing service components, the framework will ensure the integration of AAL services into networks based on existing technology standards. **Method:** To obtain critical feedback of end-users at the early stage of requirements analysis and in the validation of design decisions, we combine top-down and bottom-up design approaches. Technically, the reference model defines the functionality of services and their interoperability patterns in abstract computational terms, serving as precise documentation for the design, development and testing of software components that implement the desired services. **Results and Conclusions:** A challenge in the definition of the reference model is that it interprets a moving target; that is, the conceptual service model itself will evolve over time, requiring a flexible specification/modeling approach. The approach taken here builds on the Abstract State Machine (ASM) method, known for its versatility in modeling complex distributed and mobile systems that are executable using an open source environment.

**S59**

**A Complex Systems Modeling Approach to Understanding Falls in Long-term Care**

Ryan Woolrych, Vijay Mago  
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**Objectives:** Falls are a common cause of death and serious injury in older people, demonstrating a significant cost burden and having deleterious impacts on individual quality of life. Despite this, there is little understanding of the circumstances of falls within long-term care, a major impediment to the development of intervention strategies. Primarily, a 'cause and effect' understanding has been taken to understanding falls, based upon the identification of intrinsic and extrinsic risk factors, which has not accounted for the multiplicity of inter-related factors that take place at the time of the fall. The objective of A Complex Systems Modeling Approach to Understanding Falls in Long-term Care is to develop a comprehensive model of falls within LTC facilities that will incorporate, simultaneously, the multiplicity of factors contributing to the fall incident. **Methods:** To achieve this, the first stage of the project will develop a conceptual model of falls within LTC from the literature, the second stage will validate the model through expert opinion and the third stage will translate the conceptual model into a simulated environment to test sample fall scenarios. Throughout the application and development of the model, further input will be sought from management, formal carers, visitors and residents from a long-term care facility in Metro Vancouver. **Results and Conclusions:** This paper will feedback on ongoing work from the model development, identifying the potential of a modeling approach for facilitating the interpretation, visualisation and simulation of falls amongst older people.

**S60**

**Frailty Defined by Deficit Accumulation and The Origin of the Frailty Index**

Arnold Mitnitski, Kenneth Rockwood  
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**Background & Objectives:** There is the empirical evidence that aging can be quantified
by the number of deficits accumulated by the individual. The number of accumulated deficits, more than their nature, characterizes health status in individuals - the ratio of the number of deficits present in an individual to the total number of deficits considered is known as a frailty index (FI). It indicates vulnerability of the organism to adverse outcomes. While it has been suggested that the FI represents biological age, little was known about its origin. Here we present a model demonstrating the link of the FI with the environmental challenges and the ability of the organism to sustain/repair these challenges.

Methods: Age specific trajectories of the FI and its statistical distributions were analyzed using the data on about 100,000 people from the different countries. Difference-differential equations were used to represent the stochastic dynamics of the relationships between the environmental challenges and the ability of the organism to sustain/repair these challenges along with decreasing vitality.

Results & Conclusions: The FI is the ratio of the average intensity of environmental challenges, to the average rate of recovery. The age associated increase in the recovery time results in the accumulation of deficits with age. The observed age-related patterns of the FI in Canada and the other countries are consistent with those obtained by the model. Understanding the origin of frailty makes it possible not only accurately represents the degree of vulnerability in older adults but also design interventions to improve health.

The concept of One Health clearly articulates the linkages between human and environmental health. The changing demographics in Canada add another layer of complexity in terms of optimally addressing the health needs of the population, given the frequency of chronic illness in the aging population and hence vulnerability to environmental exposures. A poignant example of the significance of this is a study by the Canadian Medical Association indicating that there were 21,000 premature deaths in Canada in 2008 due to outdoor air pollution, and associated incurred costs of $8 billion for health care and lost productivity. With Canada's population increases and ages, the number of premature deaths is projected to increase by over 85% (to 39,000) by 2031 if air pollution levels remain at 2008 levels. This session will explore the links between senior's health and the changing environment; current trends; social implications; actions needed at all levels from the local to the global to address these challenges; and the role that professionals can play.


Convenor: Margaret Gillis, Public Health Agency of Canada, Ottawa, Canada

Discussant: Gloria Gutman, Simon Fraser University, Vancouver, Canada

Description:
Climate change and air quality: Challenges and prospects for health of seniors / Changement de climat et qualité de l'air : défis et perspectives pour la santé des aînés

Michael Brauer
University of British Columbia, Vancouver, Canada

Climate change and air pollution are linked through common emission sources and overlapping health impacts. In Canada, warming has been linked to increased occurrence and intensity of forest fires with their resultant smoke emissions and impacts on respiratory health, especially for those with pre-existing disease. Warmer climates have also led to longer pollen seasons, worsening symptoms for those with allergic diseases. Increases in the frequency and intensity of extreme heat events coincide with summer smog episodes, with combined exposures to heat and pollution that disproportionately impact the oldest age groups. To address health impacts of air pollution in a changing climate will require increased application of traditional health protection measures, while at the same time ensuring that climate change mitigation approaches do not compromise air quality. However, the interactions also suggest opportunities for co-benefits through which greenhouse gas emissions are reduced in combination with reductions in emissions of health-damaging air pollutants. Healthy urban design, in which active transportation is facilitated, can lead to emission reductions, reduced air pollution exposure while providing further potential health benefits through increased physical activity, contact with nature and social capital.

S61b
Climate change impacts on vector-borne diseases in Canada / Le changement de climat a un impact sur les maladies à transmission vectorielle au Canada

Robbin Lindsay
Public Health Agency of Canada, Ottawa, Canada

S61c
Climate change and health of the elderly: Weather, heat, flooding and indoor air quality / Changement climatique et santé des personnes âgées : météo, chaleur, inondations et qualité de l'air à l'intérieur

Marie O'Neill
University of Michigan School of Public Health, USA

Elder Guardianship Mediation - Capacity as the Elephant in the Corner

Convenor: Laura Watts, Canadian Centre for Elder Law, Toronto, Ontario, Canada

Discussant: Krista James, Canadian Centre for Elder Law, Vancouver, Canada

Description:
As elder law disputes are increasingly moving towards mediated settlement, the "elephant in the room" of the capacity of the older adult in this process is often not dealt with well. This symposium explores issues related to mediation involving adult guardianship or powers of attorney, mediation where diminished capacity and suspected abuse or neglect is involved and mediation around issues in long-term care arise. Evolving schemes and frameworks in Canada will be explored, with a comparative view from jurisdictions including the UK, Australia and the United States.

Discussants will consider ethical challenges, legal obligations and the "grey issues" arising in mediating in this space.

S62
Elder and Guardianship Mediation: Legal Nuts and Bolts

Krista James
Canadian Centre for Elder Law, Vancouver, Canada; E-mail: lw@elderconcepts.com


This presentation will provide the legal context for understanding the significance of elder mediation to your practice and to your older clients, patients and family members. The
presentation will define key concepts, such as elder mediation and guardianship mediation, and identify the changes in the law that precipitated the CCEL research in elder and guardianship mediation. The backdrop of the presentation will be a series of invented personal stories that ground the legal concepts discussed in the lived experience of older people. By following a life course approach, situating these stories as events, conflicts, and decision-making challenges that emerge as a person ages, relationships shift, and abilities and competencies evolve throughout life, the presentation will identify how elder mediation can provide a mechanism for navigating through these pivotal life events.

S63

Elder Mediation - When Capacity is at Question:

Laura Watts, Krista James

Canadian Centre for Elder Law, Vancouver, BC, Canada; E-mail: lw@elderconcepts.com

Disputes arising around issues of substitute decision-making (powers of attorney, guardianship), care plans, and family arrangements are fraught with a mix of law, potential abuse or undue influence, and emotional toll. Keeping Canadians out of the courtrooms is usually considered a good thing - legal battles are expensive, not "elder-friendly", stressful and time consuming. But ignoring disputes is equally fraught and allow potential injustice and abuse to mount. Increasingly, the answer has been to turn to elder mediation.

This presentation will provide a landscaping of the advantages and disadvantages of using this form of alternative dispute resolution. It will discuss the recent research completed by the Canadian Centre for Elder Law, including a cross-jurisdictional analysis of other countries.

Issues how to begin the conversation of "can mediation be done" in various cases, including in cases with flucuating or diminishing capacity will be addressed. The role of the participants will be discussed including the ways and means a mediation can arise (family conflict, legal dispute, advance planning, long-term care dispute etc). The presentation will conclude by offering a practical series of awareness raising tips and tools for non-legal participants.

S64

Elder Mediation: Strategies and Guidelines for Mediating Difficult Cases

Joan Braun

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Elder mediation is a growing field. However, surprisingly little research has focused on the development of elder mediator competencies or on practice focused training, despite the fact that recent research clearly states that elder mediators need specialized training. Unique and complex challenges arise in elder mediation and mediators who lack the necessary competencies or training may inadvertently cause harm. Older adults with capability challenges or who are in situations where abuse is occurring are at particular risk of harm in mediation. However, if proper precautions are taken then mediation can be used as an effective means for resolving disputes between older adults and their family members or caregivers. This includes the necessity of elder mediators following research based best practice standards and receiving proper training on those standards.

In this presentation these issues will be discussed from both a research based perspective and a practical mediation practitioners' perspective. The presentation will draw upon results of an ongoing research project to date. This research project is focused on issues related to the development of mediator competencies and jurisdiction specific mediator training, as well as on protecting rights and interests of vulnerable or incapable older adults in the elder mediation setting.

The methodology of this research project includes a comparative analysis of training programs and standards from several jurisdictions, a case law and legislative analysis and a literature review of relevant mediation issues and the interplay between these issues and aging, capability and abuse issues in the elder mediation context. The outcome of the research project will be a template of training material for elder mediators in the British Columbia context. However, the information and research that will be presented will be useful to anyone working in the aging field from any jurisdiction.
Developing and Implementing Tools to Support Caregivers of Older Adults: The Caregiver Toolkit

Convenor: Penny MacCourt, BC Psychogeriatric Association, British Columbia, Canada

Description:

The Caregiver Toolkit is an online resource comprised of two practical, user-friendly and evidence-informed resources designed to raise awareness, and provide information about, issues faced by caregivers of older adults. The Service Providers Resource Guide provides evidence-informed information and tools about caregiver assessment and interventions, and resources and suggestions to address issues in case management. The Caregiver Policy Lens is an evidence-informed principle-based analytical framework for reviewing and developing policies that affect caregivers of older adults, from the perspective of caregivers and in order to avoid any unintended negative effects on caregivers.

This symposium will explore how these resources were developed, the benefit from applying these resources, and provide concrete examples of how they have been used across a diverse range of settings, including at a provincial government level, within regional health authorities, academic research and curriculum development, by caregiver advocacy and support organizations, and in the workplace. Through these examples we will discuss how using these resources can help build a diverse shared community of practice without adding to workload or resource issues. In turn, we explore how including caregivers’ needs strengthens their resiliency and the sustainability of systems that support them. This symposium will be of interest to anyone who is seeking to strengthen the resiliency of caregivers of older adults either through service provision or policy development. The tool can be found online at: www.caregivertoolkit.ca

The presenters will review the development and early adoption of the Caregiver Toolkit, comprised of the Caregiver Policy Lens and the Service Providers Resource Guide. Included is a review of how this three-year federally funded project built on findings from a comprehensive review of literature, research and best practices from across Canada and the US, as well as national consultations with more than 250 Canadian caregivers of older adults, front-line service providers, advocates, and program and policy planners. We also highlight capacity-building mechanisms used to ensure ongoing feedback in both form and content of the resources, solicited from diverse populations. The presentation includes an overview of who should use the Caregiver Toolkit, when to use the Toolkit, the diversity of ways the Toolkit can be used, as well as the benefits of using the Toolkit. Although we will not explore these tools in depth, an introduction of their contents and how to navigate the website will be provided. We will also review our ‘piloting’ process of these resources with 13 early adopters from across the country.

Setting the Stage: Development and Implementation of the Caregiver Toolkit

Penny MacCourt¹,², Marian Krawczyk⁴
¹Centre of Aging, UVic, Victoria, B.C., Canada, ²Thompson-Rivers University, British Columbia, Canada, ³BC Psychogeriatric Association, British Columbia, Canada, ⁴Simon Fraser University, Vancouver, B.C., Canada; E-mail: pennymaccourt@shaw.ca

A representative from the Seniors & Healthy Aging Secretariat, Province of Manitoba will highlight the effectiveness of utilizing the Caregiver Policy Lens to implement the new Caregiver Recognition Act. She will share a comprehensive plan on how the Caregiver Policy Lens is being used to implement each of the components found within the Act, including the evaluation. This presentation will highlight how applying the Caregiver Policy Lens increases capacity and aligns directly with the purposes of the new Caregiver Recognition Act. In addition, she will speak to the value of having
a common framework to share across government and with community organizations. Together, both Marian Krawczyk and the representative from the Seniors & Healthy Aging Secretariat will provide examples of how the Caregiver Toolkit has created and strengthened partnerships between government and the community in Manitoba. This presentation will be of interest to policy makers, program developers and others who are interested in creating a provincial framework through partnerships to address caregiver issues.

S67

Using the Caregiver Toolkit to build capacity within Health Regions

Darlene Henry¹, Marianne McLennan²
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This presentation focuses on how the Caregiver Toolkit can support relevant program development and delivery for caregivers of older adults within a regional health authority setting. Darlene Henry, program manager for Mental Health Services for the Elderly within the Brandon Regional Health Authority (Manitoba), will provide an overview of how the Service Provider Resource Guide is currently being used to strengthen communication and capacity between departments. This includes knowledge translation, joint development of caregiver assessments protocols for planning, and education strategies for new front-line service providers.

Marianne McLennan is the Director of Seniors End of Life and Spiritual Health for the Vancouver Island Health Authority (BC). She will speak to connections made to national and regional health care initiatives through promoting the benefits of using the Toolkit. Both presenters work with diverse and marginalized populations, including mental health, addictions, end of life, and First Nations populations, as well as within rural and remote geographies. This presentation will be of interest to administrators, program planners and front-line service providers alike interested in building a shared community of practice within a health authority to support caregivers of older adults.

S68

Using the Caregiver Toolkit to Develop Curriculum & International Policy Analysis

Dawn Hemingway¹, Laura Funk²
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The Caregiver Toolkit can be implemented in a diversity of settings, including in academic research and curriculum development. This presentation highlights how the Toolkit can be used as a resource to facilitate educational goals, whether academic or professional. As the Chair of Social Work at the UNBC, Dawn Hemingway will discuss a range of ways the Toolkit can be innovatively used within academic and professional educational settings to build shared frameworks of evidence-informed knowledge and practice to best support caregivers of older adults. Through concrete examples she will discuss how incorporating the Caregiver Toolkit into undergraduate, graduate and professional curriculum can help build capacity while simultaneously putting family caregivers on the agenda within community agencies and organizations.

Within applied academic research, Dr. Laura Funk will speak to her use of the Caregiver Policy Lens to help frame a comparative analysis of end-of-life care policies in Canada, the UK and Australia as they relate to family caregiving. In particular, she will focus on how the Caregiver Policy Lens can be used alongside, and to strengthen, existing forms of academic analysis. Highlighted in this part of the presentation are the benefits of using the Toolkit as a process tool as well as a tool for analysis to better understand how policy development and implementation may unintentionally negatively affect caregivers, even as it seeks to include them. This presentation will benefit those who are interested in building capacity through academic and professional educational initiatives to better support caregivers of older adults.

Building Capacity: ‘Knowledge to Action’ - Research with Ethnocultural Minority Older Adults

Convenor: Sharon Koehn, Simon Fraser University, Vancouver, B.C., Canada
Description:

The need for evidence-based approaches to the maintenance and promotion of the health of ethnocultural minority older adults (EMOA) is critical in light of Canada's shifting demographics. Nationally, immigrant older adults now comprise almost one third of the population aged 65 and over, and these proportions are higher still in Canada's metropolises. EMOA are extremely diverse and include both immigrants and visible minorities who have spent all or most of their lives in Canada as well as those who migrate later in life. Some are more disadvantaged in their access to appropriate services than others. However, a scoping review of the literature on the health and health care of EMOA completed in 2010 confirmed that there are considerable gaps in the coverage of health issues and specific populations. And decision makers responsible for providing health and social services that meet the needs of Canada's diverse older adults find that there is little appropriate evidence to guide them in setting policy directions or allocating resources. The development of partnerships between 'community' (multicultural or ethnoscopic) agencies that lay claim to in-depth knowledge and the trust of target EMOA populations, 'mainstream' organizations with the statutory responsibility for the provision of health and social services that meet the needs of Canada's diverse older adults find that there is little appropriate evidence to guide them in setting policy directions or allocating resources. The development of partnerships between 'community' (multicultural or ethnoscopic) agencies that lay claim to in-depth knowledge and the trust of target EMOA populations, 'mainstream' organizations with the statutory responsibility for the provision of health and social care, and academics who work with both collaboratively is critical to achieving this goal. Working with knowledge users to develop research questions and engaging them throughout research projects is also key to successful translation and uptake of the knowledge generated. This symposium presents three examples of such researcher-knowledge user partnerships.

S69

Self-Management Supports for South Asian Seniors: A Model in the Making

Sharon Koehn¹,⁵, Sue Mills³, Satwinder Bains⁴, Gary Thandi⁶, Daljit Gill Badesha⁶, Syeda Nayab Bukhari¹

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Older immigrants from South Asia are more likely to have at least one of 7 chronic conditions, but they are least likely to receive any systematic support to help them manage their symptoms and treatments and the physical, emotional and social consequences of living with those conditions. They are also disadvantaged by multiple intersecting barriers to knowledge of and access to care in general and chronic conditions, self-management strategies and available supports in particular. These factors and systemic oppression has also left many immigrant seniors' low on self-efficacy and community capacity. Current models do not take these disadvantages into account. DIVERSECity Community Services Society, the City of Surrey and Fraser Health have collaborated since 2008 to deliver the Seniors Support Services for South Asian Community Project. The project has employed many creative strategies to address barriers to participation in health promoting activities and build community capacity. Our research explores if and how the various components of this project have facilitated meaningful linkages between individual, family, community and healthcare systems so as to support the capacity of immigrant South Asian senior participants to live well with their chronic conditions. Community partner, Badesha, will describe the project, and researchers Koehn and Bukhari will speak to the preliminary findings of this qualitative study which entails a review of project documents, participant observation of the program, interviews with project staff and senior participants with chronic conditions, and the mapping of relationships between people and activities that create new opportunities for interactions across systems.

S70

Research and community partnership development in an aging Chinese community in Calgary

Daniel Lai¹, Liza Chan²

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The objective of this presentation is to discuss and share the experience of a decade old
collective community partnership to address health and social needs of the aging Chinese community in Calgary, a median size city. Through a comprehensive literature review of published research findings, immigrants and visible minority older adults are found to report health disadvantages and inequitable access when compared with their Canadian born counterparts. The research results have also consistently pointed to the fact that financial challenges, lacking of social support, culture-related barriers to accessing health services are some of the key social determinants indicated in research on aging Chinese community in Canada. Based upon these research findings, a coalition of community partnership using a variety of partnership approaches and strategies has been in operation for over a decade. In the past decade, various strategic approaches and programs were implemented. From research findings to partnership engagement, the presenters will discuss how research findings and results have been applied in programs, services, and community development endeavours. A key community partner’s voice in shaping research directions based upon the community’s service needs will also be presented. This presentation will conclude with a few learning points for researchers wanting to develop an effective and trustworthy community-researcher partnership.

S71

Examining the Health and Social Care Needs of Older Japanese Canadians in the Lower Mainland: Findings from a Researcher-Knowledge User Partnership Project

Karen Kobayashi¹, Tom Teranishi², Ruth Coles²
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The current study examines the health and social care needs of older Japanese Canadians (JC) (65+ years) living in the Lower Mainland of British Columbia. The study represents a partnership between the Nikkei Seniors Health Care and Housing Society and a research team from the University of Victoria. A mixed-methods approach to data collection and analysis, i.e., sequential qualitative-quantitative research design, was used to identify and assess the needs and interests of JC older adults, both Canadian and foreign-born, with regard to care/social support in later life. In the first stage, the development of questions for the survey instrument was informed by the collection and qualitative analysis of face-to-face and focus group interview data. Interviews were conducted in both English and Japanese with key stakeholders and older adults themselves in the community. The second stage of the study involved the quantitative analysis of data from a random sample of 900 Japanese Canadian older adults, representing a 60% response rate, who completed a mail-out survey in January to April 2012. Findings indicate that the needs and interests of older JCs for care/social support in later life vary by gender, age, marital status, immigration and generational status, charter language ability, place of residence, and health status. Further, the results underscore the importance of understanding the differential impact of these socio-cultural markers both alone and in intersection with one another. Implications for policy and program development are discussed in the context of home care, assisted living, and residential long-term care options.

The Age-Friendly Communities-University Research Alliance (CURA): Looking Back to the Future

Convenor: Verena, University of Manitoba, Winnipeg, Manitoba, Canada

Description:

The Age-Friendly Communities-University Research Alliance received funding in 2007 by the Social Sciences and Humanities Research Council of Canada, under its Community-University Research Alliance (CURA) program, for a five-year period. The Alliance created a partnership between researchers representing a range of academic disciplines and governmental and seniors’ organizations. Consistent with the World Health Organization definition (WHO, 2007), “age-friendliness” is broadly defined in terms of range of domains, including outdoor spaces and buildings, housing, transportation, community supports and health services, etc. Goals of the Alliance, as identified in the application were to: 1) raise awareness of the importance and benefits of age-friendly communities; 2) contribute to the development of age-friendly communities by generating knowledge of the factors that contribute to it, and...
examining the factors and processes that help with implementation; and 3) build capacity.

As the Age-Friendly Communities CURA comes to an end, we take the opportunity to look back over the past five years, as well as look forward in the future at what needs to be done in the area of age-friendliness. What have we accomplished? What has been the added-value of our community-university partnership? What are some lessons learned from this partnership-based program of research? These are some of the questions that will be addressed in this symposium from the perspective of the lead community partner (the Manitoba Seniors and Healthy Aging Secretariat), students/trainees, and a university researcher.

S72

The Age-Friendly Manitoba Initiative: Looking Back, Looking Forward

Vicki Toews

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The Province of Manitoba has been involved in work in the area of age-friendly communities since the World Health Organization first launched its Global Age-Friendly Cities project in 2006. Manitoba was also involved in the subsequent Canadian Age-Friendly Rural/Remote Communities project sponsored by the Federal/Provincial/Territorial Ministers Responsible for Seniors (2007). In February of 2008 the provincial government, under the leadership of the Manitoba Seniors and Healthy Aging Secretariat, launched the Age-Friendly Manitoba Initiative. After five intake rounds, 85 municipalities are now part of the Initiative, representing over 80% of the population of the province. In this presentation, the impact on the province of being involved in the Age-Friendly Initiative will be discussed. The question of how the Initiative has benefited from the involvement in the Age-Friendly Communities CURA will also be addressed.

S73

Age-Friendliness: The Trainee Perspectives

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Capacity building was one of the key goals of the Age-Friendly Communities CURA. Emphasis has therefore been placed on engaging undergraduate and graduate students, as well as postdoctoral fellows in the research program. Given the interdisciplinary nature of the notion of age-friendliness, the Age-Friendly Communities CURA has attracted trainees from a wide range of departments and faculties including: city planning; community health sciences; geography; gerontology; kinesiology & recreation management; life sciences; mathematics; nursing; psychology; social work; and sociology. Using a video format, students and postdocs will describe their involvement in age-friendly research projects and their experiences as trainees. The video will feature not only students and postdocs currently involved in the Age-Friendly Communities CURA, but also trainees from other universities.

S74

The Age-Friendly Communities CURA: Lessons Learned

Verena Menec

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Over the past five years, university researchers have worked in close collaboration with the Manitoba Seniors and Healthy Aging Secretariat on its Age-Friendly Manitoba Initiative. This has included conducting research projects designed to help, ultimately, communities on their journey to becoming more age-friendly, knowledge translation to community groups and community members, and capacity building. In this presentation, lessons learned from Age-Friendly Communities CURA will be discussed within each of these three areas. Questions addressed will include: What have we learned? What are some of the benefits, but also challenges that partnership-based research brings with it? What has worked? What has not? Important issues and research questions that need to be addressed in the future will also be identified.

Understanding and improving power mobility use among older Canadians
Convenor: William Miller, University of British Columbia, Vancouver, BC, Canada

Description:

Power wheelchairs are essential devices, especially for individuals with severe disability. Although these wheelchairs have the potential to improve mobility, facilitate social participation and improve quality of life, they are far from perfect in terms of their functionality, safety, and cost-effectiveness. In 2006, an estimated 112,000 adult Canadians used power mobility, and more than 95,000 were projected to need, but not have access to these devices. While funding obviously constrains access, our experience suggests reduced cognitive and physical function prevents many individuals from obtaining and operating these devices safely. Therefore, not only would existing power wheelchair users benefit from improved training and/or technology (e.g. intelligent wheelchairs) but a substantial proportion of potential users would now have access to power wheelchairs because of these advances. The goal of the CanWheel Research Team, an interdisciplinary group of researchers and trainees representing six institutions from across Canada, is to advance our knowledge of and to promote power mobility use for older adults by investigating how power wheelchairs: 1) are used presently; 2) can be used better in the future; and 3) can be improved through technological development. Findings from three of our studies will be provided. These studies include: a mixed method longitudinal investigation of power wheelchair use; in-depth interviews regarding wheelchair users’, caregivers’ and clinicians’ perspectives and receptiveness for new intelligent wheelchair technology; and a novel skills-training intervention designed to promote independent wheelchair use. A facilitated audience-oriented discussion regarding issues pertaining to opportunities and challenges in promoting wheelchair mobility will follow.

S75

Power Mobility: Experiences of Users Over Time

W Ben Mortenson1, Louise Demers2, Paula Rushton2, William Miller3
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Objectives: Research has found that power mobility can produce a variety of short-term benefits, such as increased mobility; however, there is limited longitudinal research in this area. Therefore, a study was undertaken to develop an understanding of how power mobility users’ experiences change over time.

Methods: Power mobility users were interviewed at baseline, four months, and 13 months after enrolment. Using an ethnographic approach, data analysis was ongoing throughout the data collection process.

Results: Sixteen power mobility users participated in the study: seven men and nine women. Their average age was 60 years (range 51-83) and diagnoses included spinal cord injury, multiple sclerosis, stroke, and spina bifida. Participants had a wide range of initial power mobility experience: from weeks to over 30 years. Analysis revealed three main themes. "Obtaining and adopting power mobility" explored how participants acquired power mobility and the ongoing process of learning to use it and integrating it into their sense of self. "Never completely adapted" described the physical and attitudinal barriers users encounter, which caused the wheelchair to re-emerge continually into consciousness. "You don't know what's coming," revealed the unfolding financial, physical and psychosocial uncertainties participants experienced with wheelchair use and aging with a disability.

Conclusions: This study illustrates the challenges that power mobility users encounter, and how, to varying degrees, they learn to use these devices and to incorporate them into their daily lives. The findings suggest changes should be made to the ways that power mobility is funded, training is provided and accessibility is facilitated.

S76

Power Mobility with Collision-Avoidance Technology for Older Adults: Perspectives of Users, Prescribers and Caregivers and the Implications for Design
Rosalie Wang1,2, Alex Korotchenko3, Ben Mortenson2, Laura Hurd Clarke3
1Toronto Rehab, Toronto, ON, Canada, 2University of Toronto, Toronto, ON, Canada, 3University of British Columbia, Vancouver, BC, Canada, 4Simon Fraser University, Vancouver, BC, Canada; E-mail: wang.rosalie@torontorehab.on.ca

Objectives
Collision-avoidance technology is being developed by various groups to improve and expand power mobility use. Historically there has been little input from users, prescribers (therapists), and caregivers on the applicability and design requirements of these technologies. Consumers may be unaware of adaptations to improve power mobility use and safety as few are commercially available. The purpose of our study was to investigate how users, prescribers and caregivers perceived collision-avoidance technology and to explore the implications for design and use.

Method
Qualitative interviews were conducted with 29 power wheelchair and scooter users, 10 wheelchair prescribers, and five caregivers (total: 84 interview hours). Study participants were recruited in two cities through clinical contacts, advertisements, and word of mouth.

Results
Our thematic analysis identified three overarching themes common across groups: 1) "Daily driving situations where collision-avoidance might be useful", included instances such as backing up, driving in tight indoors spaces, and preventing injury to others in busy areas, 2) "Concerns for design and how it might work in real life", emphasized issues of reliability, functionality, and user-friendliness of the future design, and 3) "Concerns for the use of collision-avoidance", described competing views on whether power mobility and collision-avoidance technology would be appropriate for certain people, and how use might result in loss of control and technological dependence.

Conclusions
Findings are discussed in light of the literature. Results demonstrate the support and interest in having collision-avoidance, but concerns need to be addressed for it to be useful, relevant, and adopted.

S78

Effectiveness of a Wheelchair Skills Training Program for Power Mobility Users: A Randomized Controlled Trial

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This project is a 3-year multi-site, single-blinded, randomized controlled trial (RCT). Our primary objective is to test the hypothesis that wheelchair skills training (using the Wheelchair Skills Training Program [WSTP] that uses evidence-based motor-learning principles) improves the wheelchair skills capacity and performance (as measured by the Wheelchair Skills Test [WST]) of 108 powered wheelchair (PWC) users. Secondary objectives include assessing the effect of age, sex, site, participant experience and other predictors on outcomes, assessing the retention of benefits and assessing the impact of training on other outcomes (e.g. safety, confidence and participation). PWC users will be stratified on the basis of age. Demographic, clinical, wheelchair and injury data will be recorded at baseline (T1). The questionnaire version of the WST (WST-Q) will be used to assess capacity and performance. Those in the Control group will receive standard care. Participants in the WSTP group will also receive 5 30-minute individual training sessions, at a frequency of 1-2 sessions per week. Following training (T2) and at follow-up 3 months later (T3), the WST-Q and injury history will be repeated. At T3, we will also administer the Life Space Assessment (LSA) and the Wheelchair Use Confidence Scale for Power Wheelchair Users (WheelCon-P). Preliminary data collected since April 1, 2012 will be presented.
Changes that Occur Among New and Experienced Older Adult Power Wheelchair Users over Six Months

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Background: Power wheelchairs represent a growing component of the older adult population. Our current knowledge of this unique group of Canadians is limited. Objective: The purpose of this study was to describe the characteristics of new and experienced power wheelchair users over a six month period. Methods: Forty-six older adult power wheelchair users, 12 receiving their first power wheelchair and 34 long term power wheelchair users, were recruited from 6 Canadian cities for this longitudinal inception cohort study. Data were collected on social and daily participation, mobility, skill and confidence with wheelchair use, social support, anxiety and depression at baseline, 3 months, and 6 months. Results: The new power wheelchair sample had a mean age of 61.5±10.4 years, 60% were female and 20% had multiple sclerosis. The experienced power wheelchair sample had a mean age of 59.2±6.6 years, 47% were female, and 30% had a spinal cord injury. New power wheelchair users demonstrated a trend towards improved participation, perception of wheelchair skills, and wheelchair confidence, as well as decreased anxiety and depression. The largest change occurred in the area of confidence. In general, the experienced power wheelchair users demonstrated stability in these characteristics. Significant differences were found between groups for social and daily participation at baseline. Conclusion: New power wheelchair users demonstrated improvements in important wheelchair outcomes, whereas experienced users demonstrated stability over 6 months. These findings are important considerations for clinicians with respect to expectations regarding improvement versus maintenance in new and experienced power wheelchair users.

Workshops/Ateliers

W1

How can Age-Friendly Initiatives support Community Economic Development? Perspectives from rural and remote places in Manitoba and across Canada

John Spina, Verena Menec
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Becoming an age-friendly community is an effective policy approach to respond to the challenges and opportunities associated with demographic aging. The purpose of this workshop is to explore the factors that can either help or hinder a community from becoming age-friendly and associated implications for promoting economic growth, community sustainability, and regional competitiveness, with a particular focus on rural and remote communities.

Recent research conducted in Manitoba shows that although seniors contribute in numerous ways to communities, community context (size, location, and niche areas, such as the presence of natural amenities), a community's demographic composition and trends in recent population change, and leadership and support to make communities more age-friendly all impact the extent to which communities can become more age-friendly.

Presentation of Research:
Dr. John Spina, Post-Doctoral Research Fellow, Centre on Aging, University of Manitoba

Panel of Respondents:
Jim Hamilton (Moderator), Associate Director, Centre on Aging, University of Manitoba

Marleen Morris, Associate Director, Community Development Institute, University of Northern British Columbia

Doni Eve, Manager, Active Aging, Seniors Directorate, British Columbia Ministry of Health

Vicki Toews, Director, Policy Development, Manitoba Seniors and Healthy Aging Secretariat
Workshop Discussion:
Panel and all Workshop Participants

The workshop will be of interest to decision-makers, practitioners, and researchers in their quest to promote community economic development in an age-friendly environment.

W2

From Process to Product-IMPACTING Social Policy in Addressing Abuse of Older Adults in Aboriginal Contexts

April Struthers1, Lindsay Neufeld2, Alison Leaney3
1Wit Works Ltd., Sechelt, BC, Canada, 2Vancouver Island Health Authority, Victoria, BC, Canada, 3Public Guardian and Trustee of BC, Vancouver, BC, Canada; E-mail: witworks@dccnet.com

This interactive workshop chronicles the evolution and learning stemming from the implementation of BC’s adult abuse/neglect legislation in First Nation reserve contexts. It began with a series of dialogues to build relationships and sharing the learning from community capacity building initiatives in BC known as Community Response Networks. The results include a protocol agreement template now being used by First Nations and front line responder agencies from outside reserve communities to coordinate their collaborative response to abuse of older adults in First Nation communities. One such protocol includes reference to the use of a new practice preparation and self-reflection tool known as the “Being Least Intrusive” or BLI for use by non-First Nation responders to ensure as culturally safe a response as possible. This tool has been piloted in various settings by First Nation and non-First Nation people and refined accordingly. Many have acknowledged its value beyond the original intent. In addition it is of interest in non-First Nation aboriginal contexts, policing, child protection, and in many other non-First Peoples cross-cultural contexts in which cultural safety is necessary key ingredient to respond sensitively and respectfully. This session will provide participants with an opportunity to apply the learnings from this collaborative social policy development process to practice situations of their own.

W3

What Do You Do When a Client Wants to Die?

Wanda Morris, Paul Sungaila
Dying With Dignity Canada, Toronto, Ontario, Canada; E-mail: wanda@dyingwithdignity.ca

Consumers of health care (patients) are being asked to make increasingly complex choices about their care. These choices involve not only what kinds of treatments they will receive, but indeed, whether to receive treatment at all.

End-of-life issues constitute a new frontier in patients’ right to choose their medical care. Particularly near the end of life, patients may make decisions about treatment which may in fact result in the hastening of their death. Sometimes patients may ask for a treatment (e.g. assistance to die) which is not currently legal in Canada.

Health care practitioners have a duty of care to their clients to protect them from self-harm. But clients have rights too, and different responses may be appropriate depending on the circumstances involved.

• What is the appropriate response to a competent patient who expresses a wish to die?

• What rights do patients currently have that may help guide our treatment?

• What resources are available to help us with our clients?

The Presenters

Wanda Morris is the Executive Director of Dying With Dignity Canada, a registered charity that has for 30 years worked to improve quality of dying.

Dr. Paul Sungaila is a clinical psychologist specializing in geriatrics and a volunteer and speaker for Dying With Dignity.

From their unique perspective Ms. Morris And Dr. Sungaila will share insights, clear, practical information and resources that will be useful to anyone who works with individuals at end of life.
W4

What's Law Got to Do With It? - Agenda-setting for a new Legal Theme Team (NICE Network)

Laura Watts, Lynn McDonald, Krista James
NICE Network, Toronto, Ontario, Canada; E-mail: lw@elderconcepts.com

The National Initiative for Care of the Elderly has become an important driver in the field of aging in Canada. Legal issues have increasingly become important throughout the knowledge network as the complexities of giving advice, understanding obligations and combating elder abuse develops. NICE is now launching its new Legal "Theme Team". This workshop will be a dynamic discussion of what should be on the agenda for this developing group, and will include a free flow of ideas for strategic focus. A brief report on the outcome of this workshop will be sent to participants. All welcome - no legal knowledge required.

W5

Ageing with Pride: Understanding the Experiences and Ageing-Related Needs of Older Lesbian, Gay, Bisexual, and Transgender (LGBT) Adults

Alexandra Henriques
QMUNITY, Generations, Vancouver, Canada; E-mail: generations@qmunity.ca

In keeping with this year's theme of Aging in a Changing World, this workshop will examine the experiences and ageing-related needs of older LGBT Canadians, a population that has become increasingly visible over the last several years. Although LGBT older adults are in many ways similar to other elders, they have unique experiences and needs resulting from decades of stigma, discrimination, and victimization, particularly within the medical system. Practitioners and researchers therefore need the awareness, skills, and resources to study and work with this population in an effective and respectful manner. To this end, this interactive workshop will survey the historical experiences of older LGBT Canadians; relevant physical and mental health issues, including internalized homonegativity; social isolation and inclusion; access to appropriate health services; formal and informal caregiving; and end-of-life planning.

This workshop will be facilitated by the Generations program of QMUNITY, B.C.'s Queer Resource Centre. Generations serves older LGBT adults and their allies by providing programming, advocacy, and education on LGBT ageing issues.

W6

Assessing the Creative Expressive Abilities of People Living with Dementia

Peter Graf, Dalia Gottlieb-Tanaka
University of British Columbia, Vancouver, BC, Canada; E-mail: pgraf@psych.ubc.ca

The aging of the population will peak between 2025 and 2045, increasing the number of people with dementia and in need of care. Emerging research shows that programs which engage people with dementia in some form of creative activity (eg. painting, making music and singing) can be surprisingly effective in enhancing their psychological health and well-being and thus quality of life. To document the benefits of such programs and foster their acceptance by medical professionals as well as care facility administrators and staff, we have created a new instrument for collecting comprehensive quantitative data on the positive effects which occur when people with dementia participate in creative activities. Our instrument, the Creative Expression Activity Assessment (CEAA) instrument, has 25 core items that cover seven different domains (memory, attention, language, psychological skills, reasoning, emotionality, culture). The instrument is intended for use by activity facilitators for the purpose of tracking changes in the expressive abilities of individual clients or for comparing the beneficial effects of participating in different types of activities. We will report on the development of the CEAA, on the steps we took to improve its reliability and ascertain its validity, and will discuss possible uses of the instrument in research and practice settings. The primary purpose of the workshop is to gain experience with the CEAA. For this purpose, video recordings of clients who are engaged in familiar care-centre activities will be presented and workshop attendees will practice observing and scoring their behavior by means of the CEAA.

W7
Integrating On-line Group Facilitation with E-learning: An Innovation in Knowledge Exchange at the Intersection of Dementia Care and Disaster Risk Reduction

Maggie Gibson1,2, Sarah Clark3
1St. Joseph’s Health Care London, London, Canada, 2University of Western Ontario, London, Canada, 3Canadian Dementia Resource and Knowledge Exchange (CDRAKE), Kingston, Canada; E-mail: maggie.gibson@sjhc.london.on.ca

Purpose and Objectives: E-learning is a growing method for delivering education across geographic, temporal and professional boundaries. However, it is known that many people prefer a combination of self-study and group process to support their learning journey. The purpose of this workshop is to demonstrate and discuss the integrated use of e-learning strategies and on-line group facilitation to engage care providers in knowledge exchange. Attendees will:

- Learn about the procedural and technological aspects of producing an on-line facilitated e-learning series.
- Explore potential applications of this approach for knowledge exchange.
- Develop content knowledge on the topic of "Frailty, Dementia and Disasters"

Workshop Format: A systematic process was used by the Public Health Agency of Canada's Division of Aging and Seniors, the Canadian Dementia Resource and Knowledge Exchange (CDRAKE) and the lead developer (MG) of the e-learning resource, "Frailty, Dementia and Disasters: What Health Care Providers Need to Know" to adapt the e-learning modules for delivery as a four-part facilitated e-learning series. The procedural and technical aspects of the process will be described. Experiential aspects of the workshop will include participation in key aspects of the integrated learning experience. Group work will include brainstorming potential applications of this approach in other contexts. Participants will learn about the topic of disaster risk reduction through the examples used throughout the workshop and will receive resources for follow up if they are interested in further knowledge and skill development in this content area.

A New "Who to Call Decision Tree Tool": Responding to Financial Abuse of Older Adults

Kathleen Cunningham, Alison Leaney
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It can be challenging to know whether what appears to be financial abuse actually is. It is equally challenging when financial abuse is identified or suspected, to know if, when, and who, to call, especially if there is concern that an older adult appears to be having other difficulties as well such as health, mobility, or mental incapacity issues.

In endeavouring to address the "who to call" challenge, a "Who to Call Decision Tree" was collaboratively developed by the Public Guardian and Trustee of BC, police and health authority leaders to assist with identifying which of these agencies would be the most appropriate first contact if concerned about an older adult in apparent need of assistance.

During the course of tool development, it became clear that the decision tree, accompanied with appropriate supporting training and reference material, could be useful to a wide variety of front line responders when training staff and volunteers on how to make effective referrals to the most appropriate agency. Provincial and national background and context, for the decision tree's initial development and planned roll out in BC will be shared. This interactive session will provide an opportunity for hands-on exploration via small and larger group discussion, of whether and how the decision tree can be tailored and utilized in other jurisdictions.

NOAH Canada: Training Across Borders

Le-Ann Dolan1, Luis Scaccabarrozzi2
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NOAH Canada: Training Across Borders
The life expectancy for people with HIV (PHAs) with access to treatment has increased significantly in Canada. As a result, service providers need training and support to adequately respond to the increasingly complex prevention, health, and care needs of this aging population. Providing services for people with and at risk of HIV over age 50 is complicated by other HIV and/or aging comorbidities, such as heart disease, neurocognitive impairments, mobility problems, and frailty. At the same time the Public Health Agency of Canada (2010) reported that by 2009, 15% of all new HIV diagnoses were in individuals 50 or older.

Purpose: This interactive workshop is to promote awareness of an innovative international partnership to build capacity in planning and programming to address the needs of people aging with or at risk for HIV and co-morbidities among both the HIV and aging communities.

Objectives:

- Increase awareness and understanding of concerns and challenges in addressing HIV, co-morbidities and aging
- Increase awareness of HIV trends in older populations in Canada
- Increase capacity for the aging and HIV services communities to effectively address the prevention and care needs of those aging with and at risk for HIV, and those with related disabilities and thereby ensure their successful aging.

Workshop format: five minute separate presentations from a panel on each of the above objectives (approx. three experts) followed by discussion with all participants for 7-10 minutes. Summary of discussions including possible next steps will be provided at the conclusion of the workshop.

W10

Moving Forward in Establishing Gerontology Core Competencies

Birgit Pianosi1,2, Margaret Denton1,4, John Puxty1,3, Norman Shulman1,5
1Ontario Interdisciplinary Council for Aging & Health, Toronto, Canada, 2Huntington University, Sudbury, Canada, 3Queen's University, Kingston, Canada, 4McMaster University, Hamilton, Canada, 5Ontario Gerontology Association, Toronto, Canada; E-mail: bpianosi@laurentian.ca

For over three decades, there has been considerable discussion about the development of gerontology education in Canada. As the population continues to age, it is imperative that gerontology programs continue to grow and develop so as to respond to the challenges and opportunities of this complex population.

Although many people already work with older adults, there is a distinct need for specialization in the field. There is also a need for the development of a set of professional competencies, similar to those found in other fields of professionalized care, to regulate and guide the study and practice of gerontology.

Academic institutions that offer gerontology as a certificate, diploma, or degree option do so in very unique and varied ways. While each program is independent in how they deliver their curriculum, researchers from the Ontario Interdisciplinary Council for Aging and Health (affiliated with the Council of Ontario Universities) have identified a group of core academic competencies.

It is the purpose of this workshop to engage participants in a discussion surrounding gerontology competencies. After the completion of this workshop, the Ontario Interdisciplinary Council for Aging and Health (OICAH) hopes to establish a final document outlining practice competencies in gerontology.

W11

A Collaborative Model of Care to Promote Social Justice for Older Adults

Cynthia Grapczynski, Patricia Jakubiec, Greg Green
Grand Valley State University, Grand Rapids MI, USA; E-mail: grapczyc@gvsu.edu

The purpose of this workshop is to inform participants about a model to assess the skills and abilities of individuals and apply this to the
aging process. This approach is designed to enhance quality of life and social participation in the least restrictive environment. The opportunity to participate in meaningful activities promotes social justice and positive health outcomes.

Objectives:

At the end of the workshop, participants will be able to:

1. Articulate the role of global brain functioning as it relates to social participation and holistic health outcomes,

2. Differentiate between global and focal brain function,

3. Describe the impact of normal aging, disease processes, and traumatic brain injury on global and focal brain function,

4. Describe a biopsychosocial assessment of cognitive function in a holistic manner that considers the influence of personal factors and context on individual behaviors,

5. Apply a collaborative care model of participation that promotes social justice through the integration of cognitive function, personal factors, and environment across disciplines and contexts.

Format:

1. A 20 minute introduction and mini-lecture

2. A 70 minute interactive involvement including:
   a. A discussion and brief video demonstration of the model
   b. A case study for individual application of content
   c. Team exercises for organizational application of content

W12

An Interdisciplinary Approach to Enhancing End-Of-Life Discussions in Geriatric Care

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3University of Toronto-Department of Family and Community Medicine, Toronto, Ontario, Canada,
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Geriatric healthcare providers often find themselves confronted with many challenges when deliberating end-of-life discussions with substitute decision-makers.

Many elements add complexity to the very nature of this type of decision-making. We reflect on four of these elements: (1) Western society maintains many misconceptions about resuscitation and end-of-life care. This presents many challenges for health care providers when discussing prognosis and futility of treatment. (2) The specificities of the decisions that need to be made require sensitive analyses of social, cultural, and religious philosophies. Added to this challenge is the attempt to properly represent the patient's personal values and beliefs when prior capable wishes are not known. (3) Challenges often occur when there is significant conflict amongst multiple substitute decision-makers. This becomes even more complex when the substitute decision-makers share Power of Attorney for Personal Care; that is, they are jointly charged with having to make end-of-life decisions for the same patient. (4) Western society tends to avoid discussions focused on end-of-life, thus making it likely they will occur in the context of a crisis, without benefit of a proactive, reflective approach.

The purpose of this workshop is to present an interdisciplinary approach to enhance collaborative decision-making in end-of-life care. We will reflect on the elements above; using medical, psychosocial, and ethical frameworks to provide guidelines for conducting end-of-life discussions. This workshop will use an anonymized end-of-life case which involves multiple substitute decision-makers. Workshop
attendees will be invited to actively participate in the deliberations of this case.

W13

Disenfranchised Grief and Dementia: A Coaching Intervention to Empower Caregivers

Sandie Somers¹, Penny MacCourt², Betty Anderson³
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There is little information about disenfranchised grief (or how to address it), associated with caring for someone with a dementia.

Researchers suggest that much of what family caregivers express as burden is actually grief for the many losses in: quality of the relationship, roles, control, well-being, intimacy, health status, social interaction, communication, and opportunities to resolve issues from the past. Such grief is often unacknowledged and unsupported, disenfranchising caregivers.

Purpose: To evaluate the effectiveness of an individualized coaching intervention (developed by the Alzheimer Society of British Columbia) designed to enhance caregivers' recognition and understanding of grief, their sense of empowerment, coping, and resilience.

Objectives:

1. To examine the effect of a coaching intervention, using five delivery methods (1) individually face to face (2) individually by telephone, (3) face to face in a group, (4) telephone group (5) on-line group

2. To identify factors in the coaching experience caregivers find helpful or unhelpful.

3. To compare the cost of the five methods in delivering the coaching intervention.

4. To translate and disseminate knowledge developed into practical resources that (1) inform service providers about caregiver grief and appropriate and cost effective interventions (2) inform caregivers about the nature of grief associated with caring for someone with a dementia and to provide interventions for managing grief.

5. To develop effective education resources: DVD, workbook.

6. To engage helping professionals in discussion of the practical application of this intervention in their practice and workplace.

W14

Chair Yoga: a workshop

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Chair Yoga: a workshop

Yoga, defined by the American College of Sports Medicine (ACSM, 2003) as exercise, is easily adapted to aging populations and can reap the benefits gained by other types of exercise; increased muscular strength, endurance and flexibility, and functional ability in the form of increased ability to engage in activities of daily living (ADLs). Yoga addresses many of the health concerns related to aging and a sedentary lifestyle; posture, balance, muscle strength, coordination, bone density, range of motion, flexibility, attention, as well as issues such as; isolation, depression and loneliness (National Institute of Health Osteoporosis and Related Bone Diseases [NIHORBD], 2005; Chen, Tseng, Ting & Huang, 2007; Morris, 2008; Fishman, 2009).

The purpose of this workshop is to provide participants with a yoga experience. The method will include a power point presentation, followed by a yoga session (modified for the older adult) and then a question and/or comment period. The outcome will be the realization that yoga is not exclusive to the young and fit but beneficial for all ages and abilities. Participants will conclude that yoga is an activity that can promote and maintain the health and well-being of older adults. Attendees will 'take home' some practical yoga ideas for personal and professional use.
The Interface of Culture and Elder Abuse

Monita Persaud
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The Ontario Network for the Prevention of Elder Abuse is tasked with the implementation of the Ontario Strategy to Combat Elder Abuse. Given the diversity of the senior population in Canada, a training module has been developed to facilitate a better understanding of elder abuse in ethnic communities and some suggestion in working with seniors from these communities towards more effective intervention outcomes.

This workshop introduces the organization to the audience, outlines its mission and mandate and share some examples of successful projects towards advancing the mandate. We then move towards the three strategic priorities of the Ontario Strategy to Combat Elder Abuse, coordination of community services, training of front-line staff and raising public awareness.

In order to effectively train front-line staff, a module was developed to help staff from organizations and institutions to better understand the complex and multifaceted nature of culture and elder abuse. Specifically, the workshop will explore what is meant by the concepts of culture, cultural values and the diverse in diversity. In addition, the workshop will address why cultural understanding is relevant to the work of elder abuse prevention and intervention in terms of family structure, power dynamics, gender roles and inter-generational relationships. Finally, the workshop will present some unique strategies that will build a framework for a culturally competent response/intervention to elder abuse within diverse communities. The workshop will also identify some communication strategies for working with seniors from diverse communities.

Case studies will be used to engage participants and utilize the framework.

W16

Navigating the methodological challenges of conducting research in institutional care environment

Sienna Caspar1, Heather Cooke2, Sherry Dahlke3, Elaine Moody1, Alison Phinney1, Gloria Puurveen1, Louise Stern4
1University of British Columbia, Vancouver, Canada, 2University of Victoria, Victoria, Canada, 3Vancouver Island University, Nanaimo, Canada, 4Louis Brier, Vancouver, Canada; E-mail: siennac@shaw.ca

Projections suggest that the number of individuals who require care in institutional living settings (e.g., long-term care facilities) will triple or even quadruple by the year 2031. Concurrently, changes to admission policies within these care facilities are resulting in increased levels of complexity and acuity of care needs. Thus, research examining the care of older people in institutional settings has never been more important. The purpose of this interactive workshop is to provide researchers with helpful tips and strategies for successfully conducting research in institutional care environments. The workshop will begin with a panel discussion in which panel members will share their experiences: 1) navigating research ethics boards when seeking participation from vulnerable populations (e.g., persons with dementia); 2) building relationships (with informants and others) during the research process; 3) including persons with dementia in the research process, particularly with regards to consent and assent; 4) conducting insider research in ethnography; 5) capturing the experiences of people with dementia using non-traditional methodologies; and 6) conducting end-of-life dementia care research. The remainder of the workshop will be devoted to providing attendees with opportunities to share their own experiences and to develop solutions for successfully conducting this important but challenging research!

Latebreakers / Résumés portant sur des résultats de dernière heure

LB1

Information Sharing during Care Transitions for Older Hip Fracture Patients: Family Member and Care Provider Perspectives

Linda Sheiban1, Christine Glenny2, Paul Stolee1, Susan Jaglal1
1University of Waterloo, Waterloo, ON, Canada,
Objectives: Older hip fracture patients frequently require care across a variety of settings, from multiple individuals, including their family caregivers. Communication roles of family caregivers include both providing and receiving information as well as acting as patient advocates and proxies. We explored issues related to information sharing during transitional care for older hip fracture patients through the perspectives of both healthcare providers and family caregivers.

Methods: As part of a larger, ethnographic study, 35 semi-structured interviews were conducted with family caregivers (n=9) and healthcare providers (n=26) of six hip fracture patients, to gather perspectives on information sharing at each care transition, beginning with post-surgical discharge from acute care. All interviews were audio-recorded and transcribed. Data were analyzed using conventional qualitative content analysis methods using NVivo8 software.

Results: Both family caregivers and health care providers recognize that caregivers’ involvement has important benefits for patients, but this involvement is frequently limited by poor information sharing. Barriers to information sharing include limited staff time, patient privacy regulations, and lack of a clear structure or process to guide information sharing. Receiving, not offering, information, was described as the focus of information sharing by both family members and healthcare providers.

Conclusions: Inadequacies in communication and information sharing reduce the quality and continuity of care for patients, and limit the potentially beneficial involvement of family caregivers. Interventions to improve information sharing could include encouraging communication with family caregivers as standard care practice, educational strategies, and more effective use of health information systems and technologies.

LB3

Making the Most of Mealtimes (M3): A conceptual framework for the prevention and treatment of malnutrition among older adults in long term care

Heather Keller1,7, Natalie Carrier2, Lisa Duizer3, Christina Lengyel4, Shannon Majowicz1, Susan Slaughter5, Catriona Steele6
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Objective: The prevalence of malnutrition in long term care (LTC) homes is approximately 30-60% worldwide. Interventions, which have typically focused on single factors, have had only modest success in reversing or delaying the progression of malnutrition in older adults in LTC. A conceptual framework that includes diverse malnutrition risk factors, and their complex interrelationships, which can be leveraged will be developed. Methods: A narrative review was conducted to develop the Making the Most of Mealtimes (M3) conceptual framework. An interdisciplinary team collaborated to formalize the concept. Results: Three domains were created from the diverse literature on the causes of and interventions for malnutrition in this segment of the older adult population: meal quality, mealtime experience and managing food access. Meal quality captures the nutrient density, appeal, food preferences, and safety of food. Mealtime experience considers the dining atmosphere, which includes social and physical eating environments leading to older adults’ engagement and interest in eating. Managing food access encapsulates those behaviours and activities that ensure food is consumed safely and appropriately; this includes oral health, dysphagia, eating ability and the quality of assistance provided to the resident. Relatively few intervention studies consider more than one domain. Conclusions: The M3 conceptual framework provides a basis for not only understanding why malnutrition occurs in LTC, but guides the development of complex interventions that influence more than one domain to prevent or reverse malnutrition throughout the continuum of long term care.

LB4

Frailing of the Hip Fracture Population: Evidence from the Province of Quebec, Canada
Mohammad Auais, Suzanne Morin, Lyne Nadeau, Lois Finch, Nancy Mayo
McGill University, Montreal, QC, Canada; E-mail: mohammad.auais@mail.mcgill.ca

Objective To estimate secular changes in the prevalence of selected frailty indicators among the hip fracture population in Quebec (2001-2008); where indicators are older age, de novo admission to long-term care (LTC), co-morbidities (Charlson Index, osteoporosis, osteoporosis accelerators, sarcopenia accelerators, and dementia).

Methods A Quebec hospital administrative database was used to identify non-traumatic hip fractures for persons 45 or older. Age-sex specific rates were calculated. The change in trends for the selected frailty indicators and discharge destinations were estimated and examined.

Results When overall incidence rate trends were examined, a significant decline was evident for all age groups except for those <65; sex differences were apparent. Almost all frailty indicators increased over time, ranging from 2% to 14% per year, which translates to an overall increase from 16 to 112%. For those whose prior living arrangement was LTC, numbers significantly decreased among women (OR= 0.93; 0.91-0.95) and men (OR=0.97; 0.94-0.99). In-hospital mortality and rehabilitation discharges decreased while community and LTC discharges increased. In-hospital bed stay declined significantly for all destinations with the median for survivors fell from 18-14 days.

Conclusions Although hip fracture rates decreased for elderly hip fracture patients, the absolute number and prevalence of specific frailty indicators increased. Policy-makers in the province should review care models to ensure adequate resource provision in the community to offset the expected increase in demand and the ongoing changes in patients’ characteristics.

LB5

Molecular and Enzymatic Alterations in Blood during Aging in Humans

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Objective: Human aging is found to be associated with increase in oxidative stress state and this can be deteriorative for biomolecules and cellular processes. We have investigated human plasma and erythrocyte membrane for different biological markers and correlated it with human age.

Methods: Advanced oxidation protein products (AOPP), sialic acid (N-acetylneuraminic acid, NANA), protein and lipid hydroperoxides were measured in plasma. Erythrocyte ghosts were analyzed for membrane sialic acid and membrane lipid hydroperoxides. We also analyzed plasma for oxidation of low-density lipoproteins (LDLs), sulphydryl (-SH) groups, antioxidant potential, ferric contents and the enzyme paraoxonase (PON1) which is known to play a role in protection against atherosclerosis.

Results: A significant increase in AOPP (19 to 98 µM), sialic acid (1.1 to 2.9 mM), ferric contents, lipid hydroperoxides (1.2 to 8.6 µM), protein hydroperoxides (17 to 44 µM), and oxidation for LDL was found in plasma during aging in humans. Erythrocyte membrane sialic acid was found to decrease (95 to 43 µg/mg membrane protein) with age whereas membrane lipid hydroperoxides were found to be positively correlated or increasing (15.8 to 27.3 nmol/mg membrane protein) with aging. Plasma antioxidant capacity, sulphydryl groups (660 to 280 µM) and activity of antioxidant enzyme PON1 (64U to 38U/ml plasma) were also found negatively correlated or decreasing with age.

Conclusion: It is concluded that alterations in these parameters provide strong evidence about biomolecular damage and enzymatic alterations as functions of human age.

Key Words: Aging, oxidative stress, erythrocytes, AOPP, sialic acid, PON1, LDL

LB6

Facilitators and Barriers to an Outreach Rehabilitation Program Designed to Assist Recovery After Hip Fracture Surgery For Residents of Nursing Homes
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Objectives. A qualitative study was undertaken to gain insight into facilitators and barriers to an Outreach Rehabilitation Program that had been implemented to improve recovery following hip fracture surgery for residents of nursing homes.

Method. Grounded theory was used to gather and analyze data using a constant comparative approach. Participant volunteers were either staff of the Outreach Rehabilitation Program or nursing home staff. Fifteen people were interviewed individually or in focus groups in mid 2012 until data saturation.

Findings. The Program encountered some challenges, chiefly the issue of needing to coordinate care efforts to complement the rehabilitation care already provided at the five study facilities. The nursing home participants were often uninformed about the program and so were unprepared initially to work with the Outreach team. The two groups collaborated with each other however for the best interests of residents, such as by addressing resident care requirements from cognitive impairment and pain control concerns. Having consistent Outreach team members and accessible CC staff were facilitators. The success of the Outreach program in improving mobility and functional status among some of the recipients was a key facilitator.

Conclusion. Although the planning, implementation, and delivery of a complementary Outreach Rehabilitation Program in nursing homes presents some challenges, additional rehabilitation for older persons living in nursing homes appears to not only be possible but beneficial.

LB7

Rare and Common Variants in the Apolipoprotein E Gene in Healthy Aging

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Objective: APOE genotype is significantly associated with longevity in genome-wide association studies. Specific APOE alleles are correlated with risk for coronary artery disease and Alzheimer disease. We hypothesized that, in addition to the known variants in APOE that define APOEε2, APOEε3 and APOEε4, rare variants with large individual effects may also affect longevity and healthy aging.

Materials and Methods: All four exons and 650bp upstream of the APOE gene were sequenced by the Sanger method in DNA samples of 376 "Super-Seniors" (healthy oldest old ≥85 yrs with no history of cancer, cardiovascular disease, diabetes, major pulmonary disease or Alzheimer disease) and 376 random, population-based, midlife controls (41-54 yrs). Genetic variants were scored using Mutation Surveyor and allele frequencies compared between cases and controls.

Results: 40 variants were observed, 24 of which were novel. 30 variants were rare (frequency <2%) and 9 were non-synonymous. No significant differences were found in the distribution of rare variants between Super-Seniors and controls. The Super-Seniors had a lower frequency of APOEε4 (p<0.05) and a higher frequency of APOEε2 (p<0.05) compared to controls, corroborating the risk effect of the ε4 allele and the potential protective effect of the ε2 allele.

Conclusions: We did not find an excess of rare variants in cases or controls; however, it is possible that some of the variants observed may affect APOE function. The frequencies of the common variants that define the e2, e3 and e4 isoforms are consistent with e4 reducing healthy aging, and e2 potentially enhancing it.

LB8

Are left-handers more susceptible to certain health conditions?

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Left-handedness has been considered a marker for underlying factors that affect longevity (Halpern & Coren, 1991). Many studies have linked left-handedness and/or mixed-
handedness to increased immune deficiencies and health disorders (Bryden, Bruyn & Fletcher, 2005; Coren, 1994). Despite these findings, the body of knowledge available is difficult to evaluate (Coren, 1994), as there is currently no standard criteria that is used to examine handedness and its association to certain health conditions. Most studies have investigated this association strictly in young adults. The current study focused on older adults (65+) to determine if similar associations exist and if this changes when different classifications of handedness are utilized. Participants completed a questionnaire that included items pertaining to sociodemographic status, medical history and the Waterloo Handedness Questionnaire (WHQ) to assess direction and degree of left/right handedness. Preliminary results (n=196) revealed an association between non-right handedness and specific health disorders depending on how hand preference groups were classified. Associations were seen between skin allergies, food allergies, headaches, fibromyalgia, urinary incontinence, immune dysfunction, bipolar, migraines, emphysema, ulcerative colitis, adult onset diabetes and ADD. These results support the theories indicating that left-handedness or deviation from right-handedness may be a predictor of certain underlying health conditions. Currently, data collection is completed (n=400) and further analyses will be performed. Future progression of this study will expand the body of knowledge in this area of research, specifically in the senior population. If similar associations are found, it will provide a better representation of the association between handedness and health.

Geriatric Telerehabilitation: Can Seniors Handle the Technology?

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COPD is identified as the fourth leading cause of disease in the U.S., with patients complaining of difficulty breathing and walking up stairs. Previous studies on physical therapy in COPD patients has shown that exercises, such as breathing training programs, may act as mediators not only in general musculoskeletal problems but also COPD-based symptoms.

The aim of this pilot study was to evaluate a COPD-based home automated telemanagement (HAT), education and exercise system based on patient feedback, to develop a conceptual framework of attitudes and preferences toward use of computer technology to support geriatric rehabilitation at patient homes, and to project future use of such programs by COPD older adults. Semi-structured interviews were conducted with a purposive sample of 25 COPD older adult (65+ years of age) patients. Community-dwelling participants were recruited from Johns Hopkins Bayview Hospital Program of All-inclusive Care for the Elderly. Interviews were analyzed using framework analysis and QSR nVIVO 9 digital coding software. Nearly all participants expressed interest and dedication to future use of the program, despite varying levels of previous computer experience. Key themes around participant preferences related to practical aspects of program delivery (such as ability to connect with a physician via the system), as well as ease-of-use and simplicity of the program. Additionally, the majority of participants expressed the importance of safety and correct technique in completion of program exercises. Ultimately, we found that technology addressing needs and preferences of a senior population can be utilized in older adults to facilitate geriatric rehabilitation.

Age-adjusted Incidence of Hip Fractures and Osteoporosis Medication in Urban and Rural Canada: What is the difference?

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Individuals with osteoporosis are at risk for hip fractures. Osteoporosis medications are prescribed in effort to prevent hip fractures. The objectives of this ecological study are: 1) to compare the incidence of hip fracture rates between urban and rural areas; and 2) examine the differences in osteoporosis medication exposure on hip fracture rates in urban and rural areas.
Hip fracture, osteoporosis and population 2007-2009 data were obtained from CIHI, Brogan Inc. and Statistics Canada, respectively. Data were linked using Canada Post’s Forward Sortation Areas (FSAs), which define rural and urban areas. Age-standardized rates (ASR) used to compare aggregated rural and urban FSAs. Confidence intervals (95%) of Standardized Rate Ratios (SSRs) between rural and urban areas were used to determine statistical differences. Medication exposure was calculated as the total number of treatment days for all urban and rural FSAs corrected for total population numbers over the age of 55.

Separate analysis of hip fracture rates and medication exposure demonstrate a higher rate of hip fracture for rural versus urban populations in spite of higher rates of medication exposure in rural populations. Overall average SSRs were significantly different at the 5% level (females 1.25; males 1.17) between rural and urban areas.

These results do not support association between hip fracture rates and medication exposure. Rural populations may be at higher risk for hip fracture due to certain lifestyle and environmental exposure variables. Potential ecological limitations of this study should be addressed in future work by examining individual and neighbourhood level data.

LB11

Striking a Balance: Fostering Physical activity among Older women with Osteoporosis

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Women of all ages in Canada report lower levels of physical activity than men. Among older women with osteoporosis, an appropriate level of weight-bearing exercise is a recommended component of disease management and falls prevention. Through interviews with older women (75 to 84), we documented the reasons that women with osteoporosis participate in physical activity, the challenges they face in being physically active, and the strategies they used to overcome those challenges. We also spoke with health care providers who care for women with osteoporosis to understand their perspectives on the importance of physical activity in the management of osteoporosis and the factors that they believe support or impede women being physically active. Together, the findings from these interviews suggest that being physically active is an important component of living with osteoporosis but that engaging in physical activity is not straightforward for many women, particularly as they age and cope with multiple chronic conditions. Moreover, health care providers and women with osteoporosis do not necessarily share an understanding of the appropriate forms of physical activity that women with osteoporosis should undertake. Finally, in striking the right balance in the form and intensity of physical activity that women undertake, women need information about appropriate forms of exercise in order to overcome their fears of falling and pain. Future education for women with osteoporosis should ideally include descriptions and demonstrations of safe options for exercising so that women are able to move beyond walking to other forms of exercise.

LB12

Using the technology of virtual reality to assess cognitive functions in elderly

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Objectives: Neuropsychological assessment enables clinicians to describe the cognitive profile of people. Despite being well recognized, there are some questions about the ability of neuropsychological tests to predict the patient’s daily functioning. The objective of this paper will to demonstrate how a virtual environment, the ClinicaVR: Apartment, can improve the assessment of attention and inhibition in elderly.

Method: Participants were individuals aged 65 and over, without cognitive deficits. Two sessions were held to administer traditional and virtual neuropsychological tests. The virtual attention task was presented to the television screen in the virtual environment. Scores of attention were analyzed: the number of correct and incorrect answers, as well as reaction time.
and head movements, the latter reflecting the capabilities of exploration and inhibition of the participants.

Results: The results showed that the virtual test scores were well correlated with traditional test scores, which supports the validity of this new evaluation approach. In addition, the results showed that the elderly were comfortable with this technology. This supports the idea of using this new technology with this clientele.

Conclusions: This paper presents the advantages of virtual reality in terms of measurement of cognitive functioning of older people. This technology may better reflect the functioning of people in everyday life than traditional tests.

LB13

The Impact of Demographic Variables in Studies of Cognitive Performance in Older Samples

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This study demonstrates an innovative approach for comparing results from studies of cognitive performance (CP) while controlling for the impact of demographic variables (DV). In samples of healthy controls (HC) subjects over the age of 60 years, the reported means for the written version of the Symbol Digit Modalities Test (WSDMT) were associated with age ($r_{xy} = -.566$), education ($r_{xy} = +.621$), and gender ($r_{xy} = -.259$). We used an equation based on age, transformations of age, education, and gender to predict reported summary results for HC and clinical (CS) studies. Among the 45 HC samples, the reported mean for the WSDMT (41.21) was close to the estimated levels (42.64, $r_{xy} = .802$). Only 1 (2.2%) of the obtained means fell more than 1 SEM above the predicted level and none were significantly worse. Means of predicted and obtained WSDMT for CS patients with Cardiac Events (CE: $r_{xy} = 0.964$), Parkinson Disease (PD: $r_{xy} = .853$), and Psychiatric Diagnosis (PX: $r_{xy} = .762$) were highly correlated, while samples of patients with Dementing Processes had a much lower correlation (DP: $r_{xy} = 0.127$). Reported means fell more than 1 SEM below the predicted scores for none of the CE samples (0.0%), while the sample means of PX (30.8%), DP (45.4%), and PD (57.3%) were often significantly lower than predicted. This innovative method of adjusting summary data from CS for the impact of DV on CP contributes to the understanding of the differential pattern of cognitive dysfunction imposed by neuropsychological disorders.

LB14

Effet de l'âge sur les stratégies d'extraction de l'information visuelle en reconnaissance d'expressions faciales.

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Les difficultés à reconnaître la peur et la colère, deux émotions exprimées par la région des yeux, augmentent avec l'âge. La propension des personnes âgées à moins utiliser les yeux pourrait en partie expliquer cette difficulté. L'objectif est de vérifier si des différences, au niveau de l'utilisation de la région des yeux, sont observables entre les jeunes et les âgés. Vingt identités exprimant la joie, la colère et la peur furent sélectionnées comme stimuli. La moitié des stimuli représentait une personne jeune et la seconde moitié une personne âgée. Six jeunes adultes (23.6 ± 3.9 ans) et 6 personnes âgées (75.8 ± 11.9 ans) ont catégorisé en moyenne 800 visages échantillonnés avec la méthode des bulles - une méthode psychophysique qui consiste à révéler certaines informations visuelles et à masquer les autres. Des images de classification furent créées pour chaque bande de fréquences spatiales, chaque expression faciale et pour chaque groupe de participants. Contrairement à ce qui a été proposé, nos résultats ne suggèrent pas que les personnes âgées utilisent moins la région des yeux que les jeunes adultes. Nos résultats suggèrent toutefois un net biais vers les basses fréquences spatiales chez les personnes âgées. Ce résultat est consistant avec la détérioration des capacités visuelles habituellement observée chez les âgées. Cette avenue sera explorée afin d'expliquer pourquoi les personnes âgées fixent la bouche, une région où les basses fréquences occupent une place prépondérante.
LB15

Le jugement de confiance chez les personnes âgées.

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La confiance guide nos décisions et nos actions face aux risques. Néanmoins, à notre connaissance, aucune recherche sur les jugements de confiance ne s’est intéressée à l’influence de l’âge (de l’observateur ou du stimulus) sur le jugement de confiance émis. Cette étude s’intéresse à l’existence d’un lien entre l’âge du stimulus présenté, les préférences sociales implicites de l’observateur relatives à l’âge et la nature du jugement de confiance émis. Au total, 24 aînés (♂ = 8 et ♀= 16; 73.3 ± 8.2 ans) et 31 jeunes (♂ = 11 et ♀= 20; 21.5 ± 3.6 ans) ont pris part à l’étude. Les sujets jeunes ont été inclus à titre de contrôles. Tous ont complété deux tâches à l’ordinateur : la Tâche de jugement de confiance et le Test des associations implicites (IAT). Les analyses indiquent une absence de corrélation entre le jugement de confiance et les attitudes explicites envers l’âge chez les aînés (r= -0.143, ns) ainsi que chez les jeunes (r= 0.166, ns). Par ailleurs, conformément à la littérature, les aînés s’avèrent davantage « pro-jeunes » que les jeunes (t(53)=3,38), p< 0.001. Finalement, les aînés font significativement plus confiance que les jeunes aux visages âgés (t(53)=6,35), p< 0.0001). En conclusion, ces résultats s’avèrent surprenants étant donné la tendance à évaluer plus positivement et à accorder une plus grande confiance aux membres de son propre groupe (par exemple sa communauté ethnique).

LB16

The Latent Structure of Internalized Homonegativity Among Young and Older Gay Men

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Internalized homonegativity (IH) encompasses negative attitudes towards one’s same-sex attractions and/or behaviour and is associated with a variety of negative health outcomes among gay men. Unfortunately, existing IH scales have been validated mostly with young gay men; it is not known whether these scales are appropriate for measurement of IH among older gay men. To address this issue, the current study compared the factor structure of responses to a revised version of the Internalized Homonegativity Inventory (IHNI; Mayfield, 2001) between gay men aged 18-49 and 50-85 years (N = 1,050). The IHNI measures three factors (personal homonegativity, gay-affirmation, and morality of homosexuality), each mapping onto a higher-order IH construct. Separate confirmatory factor analytic models were computed for both age groups. Results indicate that IH in both young and older gay men is explained by the same three latent factors. Moreover, although IH scores are significantly lower among older men, the relative contribution of each factor to measurement of IH is similar between age groups, as are the contributions of most items to measurement of their respective factors. Furthermore, for both age groups, IH is significantly associated with hypothesized outcome measures such as relationship status and involvement with the gay community, thus providing further evidence of construct validity for responses to this scale. Findings suggest that the phenomenon of IH is generally experienced the same way by both young and older gay men and that the IHNI is, therefore, appropriate for use with gay men of all ages.

LB17

Physical activity and cognitive functioning among older adults: Within- and between-person cognitive and psychosocial mediators

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In addition to evidence for a direct relationship between physical activity and cognitive functioning, indirect influences are also likely important in explaining the cognitive benefits of
engaging in physical activity. The current study examines the between- and within-person importance of social network, cognitive stimulation, and depressive symptoms as mediators of the relationship between physical activity and cognitive functioning. All three mediators were considered simultaneously using multilevel structural equations modeling with longitudinal data spanning an eight year period. Between-person differences in cognitive stimulation mediated the relationship between physical activity and speed, knowledge, and reasoning, such that individuals who participated in more physical activities, on average, engaged in more cognitive activities and, in turn, had higher speed, knowledge, and reasoning scores compared to others. Mediation of between-person associations between physical activity and memory through social participation was significant, such that individuals who participated in more physical activities, on average, had more contact with other people and, in turn, had higher memory scores compared to others. At the within-person level, only cognitive stimulation mediated the relationship between physical activity and cognitive decline, however, the indirect effect was small. On occasions where older adults participate in more physical activity, they also engage in more cognitive activities, and in turn perform better on knowledge tasks. Depressive symptomatology was not found to significantly mediate between- and within-person effects. Engaging in physical activities has important direct and indirect effects on cognitive aging at both between and within person levels.

LB19

Perspectives on Older Adults and Driving: A Survey of Canadian Psychologists

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Several recent studies have examined the attitudes and practices of health care professionals regarding older adults' fitness-to-drive. While research has examined the role of physicians, occupational therapists, and more recently psychiatrists, the role that the psychologist may play has yet to be investigated. In addition, it has been suggested that a multi-professional approach in identifying at-risk older drivers may best serve the individual, the family and policy as the number of older adult driver's in Canada increases. An online survey was developed to examine the attitudes and practices of clinical psychologist across Canada who practiced a minimum of 2 days per week and who had clients over the age of 60 who could potentially be at risk due to their driving behaviours. Eighty-four psychologists completed the survey while 14 psychologists began the survey but did not meet the criteria. Fifty percent felt that addressing clients' fitness to drive was an important issue in their practice while 52.4% felt they were also the most qualified professionals to identify clients with cognitive impairment who are unsafe to drive. However, 38.8% believed that it was mandatory to contact a licensing authority in their province if they felt a driver unfit, 46.3% knew the steps to take in reporting patients who they felt unsafe to drive and only 19.5% felt that their provincial department of Motor Vehicles procedures for evaluating potentially unsafe driver was clear to them. Continued research concerning older drivers and policy is a pressing and important issue.

LB21

The Relationship Between Health Literacy and Self-Management

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Self-management is advocated by policy makers as the foundational process that will enable the shift in the focus of the Canadian health care system from acute care to community care, particularly for older adults. In essence, self-management assumes clients will play an active role in managing their own care within the community, enabled through education and partnerships with health care providers. What is overlooked is the role of health literacy, a component of the social determinant of health of literacy, found to be at low levels in older adults. The objective of this study was to examine the relationship between health literacy and self-management. Data for the analyses was derived from the International Adult Literacy and Life Skills Survey 2003. Utilizing crosstab and correlational statistical analysis, health literacy was treated as both a dependent variable and an independent variable. As the dependent
variable, health literacy was found to be affected by participants' age, income, reading activities, and their prior use of a computer and/or Internet. As the independent variable, health literacy's effects were seen in the ability of participants to successfully obtain health information from the Internet, in their ability to learn by watching and/or getting advice from others, and in their self-efficacy or confidence levels, the three main dimensions of successful self-management. Hence, this analysis demonstrates that health literacy is one of the most significant components of successful self-management in clients and that its significant role should be addressed in policies relating to self-management, particularly those concerning older adults.

LB22

HIV and Aging: Preliminary Findings from the Public Health Agency of Canada’s Population-Specific Status Report on People Living with HIV/AIDS in Canada

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Objective: To enrich programmatic and policy responses to the health issues associated with aging and HIV through the application of a determinants of health lens.

Methods: A search of Canadian peer-reviewed and grey literature (2005-2010) on people living with HIV/AIDS (PHA) was conducted, addressing: epidemiological data, the determinants of health that affect PHA quality of life, and current research and response activities. An external working group of PHA, researchers, policy and program experts guided the report’s development.

Results: The proportion of new positive HIV tests among those aged 50 and older is growing. At the same time, advances in treatment have allowed PHA to live longer. However, socio-economic determinants play an important role in influencing PHA quality of life, treatment adherence, treatment outcomes and mortality.

Older adults tend to be diagnosed in later stages of HIV infection, in part due to systemic barriers that result in the failure to recognize them as a population at risk of HIV infection. PHA also remain susceptible to and experience earlier onset of certain chronic conditions associated with aging.

Older PHA may experience a ‘double jeopardy’ of HIV stigma and ageism, where they perceive ageism in accessing AIDS services, and HIV stigma in accessing non-HIV services. However, lived experiences, strengths and resilience among older adults may help them in negotiating the challenges of living with HIV.

Conclusions: Communities, governments, public health practitioners, non-governmental organizations, and researchers are encouraged to use this report’s findings to inform policy, programming and research regarding HIV and aging.

LB23

Newcomer Seniors in Vancouver: Exploring the Impact of Ethno-Specific Social Programs in the Neighborhood House Program

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Older immigrants are poorly represented in neighbourhood social community programs (Lai, 2003). Previous research (e.g., Grewal et al., 2005) has shown that the unique difficulties new immigrant seniors face is mostly associated with language barriers. The inability to speak Canada’s official languages may contribute to seniors’ feelings of loneliness, low self-esteem, and can add to their emotional challenges and health problems. In 2010, Little Mountain Neighbourhood House, a non-profit organization in Vancouver, initiated a project to identify the unique settlement needs of older newly immigrated seniors. Data were collected from 150 older immigrants (55 and over) in community organizations including: places of worship; ethnic cultural associations; ethnic media; and health care provider offices. Based on the results of this former study, Little Mountain Neighbourhood House developed and implemented activities that have effectively enhanced the settlement experience and quality of life for 75 older adult newcomers. The range
of programs and activities includes: English conversation groups; community outings; educational workshops; intergenerational opportunities; physical activities; and social entertainment. The evaluation of the program used an ethnographic approach involving focus groups (n=30), observation of activities and semi-structured interviews (n=10). The results presented a positive association between weekly attendance in the program, social interaction and community engagement. Program planners at Little Mountain Neighbourhood House have used a culturally sensitive approach for decreasing social isolation among senior newcomers. However, programming at Little Mountain still requires ongoing improvement and future program/research evaluation in order to develop a broader understanding of differences among the elderly immigrant population.

LB24

**Patient profiles in Canada of persons with traumatic head injury across clinical settings: the Ideas project**

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Objectives: Much of the current publish traumatic injury research targets brain injury patients in hospitals and tertiary care centres. This analysis provides a unique opportunity to examine and compare the demographic and clinical profile of adults with traumatic head injury enrolled in Canadian home care, mental health, nursing home and complex continuing care inpatient settings using interRAI data.

Methods: Descriptive analysis was conducted using Resident Assessment Instruments for Home Care (RAI-HC), Mental Health (RAI-MH) and Minimum Data set 2.0 (RAI-MDS 2.0). All data collection was performed as a part of the larger InterRAI Public Health Agency of Canada - Persons with Neurological Conditions (PHAC-ONC) project.

Results: The results demonstrated that persons with traumatic head injury were different on several demographic and health issues when compared to other occupants and across multiple care settings. The head injury population was younger and the majority was male. Compared to the other residents, more survivors of head injury in these long term care facilities experienced trouble swallowing (51.7%), bladder (54.7%) and bowel (57.5%) incontinence, communication impairments (47.4%) and mobility issues. In the home, many care givers are overwhelmed (24.0%) and head injury survivors require more care with instrumental activities of daily living (94.3%) than the non-neurological population.

Conclusion: Key characteristic are identified for traumatic head injury survivors and provide ground work for service providers in home care, mental health, nursing homes and complex continuing care settings to integrate more targeted approaches towards coordinating and managing traumatic head injury survivors.

LB25

**The continuing assault on baby boomers’ earningpower -- an aftermath of the “great recession”**

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What percentage of baby boomers lives under pressure of economic hardship in 2011-2012? We apply to records in public-use microdata files of the labour force surveys of Canada and USA an index of enduring “earnings hardship”. It takes into account unemployment, involuntary part-time work because of economic reasons, departure from the labor force due to discouragement in the search for employment, and the estimated probability of being underpaid while having a full-time job. The sub-total of a population segment enduring “earnings hardship”, according to the index, is divided by the estimated potential labour force within that segment, to yield its measured ratio enduring that hardship. We find that three years after the official close of the latest recession in 2009, the percentage of baby boomers enduring unusual pressure upon their earning power continues to remain far above pre-recession levels in both countries, with Canadians being considerably better off in this regard. A large proportion of the baby boomers are in the life-course stage where the buildup of savings for retirement takes place
most rapidly. A key implication of this finding is that a surprisingly elevated proportion of baby boomers will enter their retirement years with seriously inadequate financial capital. One important outcome will be a raised proportion of baby boomers experiencing risk-anxiety concerning their future life in retirement, and consequently assigning high priority to issues in the area of retirement-related risk management.

**LB26**

**Influences on continuity and change in elderly types of social capital throughout late life**

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**Objective:** To estimate continuity and change in types of social capital (SOC) among Israeli elders as a function of late life transitions - retirement, moving to a nursing home, volunteering - and leisure activity.

**Method:** Analyses were performed on two waves' data from the Cross-Sectional and Longitudinal Aging Study (CALAS). This is the only Israeli panel survey available with SOC variables - network characteristics, resources and availability. The survey is based on structured interviews with a random sample (N=687) of the older Jewish population (T1= Time 1; 1989-1992; M = 82.2 years; and T2 1993-1994; M = 85.6 years). Cluster analysis and Multinomial regression models were estimated in order to test study hypotheses.

**Results:** Five types of elderly SOC were found. Two of them were classified as solid while the other three were classified as slack. As a result, four patterns were estimated in the models: continuity in solid/slack SOC, shift to a better/worse SOC. Findings show that moving into a nursing home, starting to volunteer and participating in several leisure activities increase the likelihood to shift to a better SOC and the chance of continuity in solid SOC above and beyond socio-demographics and functioning.

**Conclusions:** Elderly people are productive - they have different types of social capital that can change for worse but also for better. Being active and changing place of residence have a good impact on these patterns of continuity and change. This impact may have implications to the quality of life of the elderly.

**LB27**

**A Toolkit for Single-Session Support Groups in Acute Care Settings**

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Single-session groups are an effective method for providing mutual aid to patients and families experiencing crisis in acute care/emergency settings. A toolkit was created to provide health care professionals with practical guidance in establishing, recruiting for, and facilitating single-session groups in hospital settings. The project was originally undertaken to establish a caregiver support group for patients of the Geriatric Consult Team at Mt.Sinai Hospital in Toronto. A two-step literature search was conducted to identify all relevant articles. The literature was retrieved and reviewed for inclusion. A total of 10 articles met the inclusion criteria. The results of this review form the basis of the toolkit. The initial toolkit category covered strategies for creating a group. It outlined steps for establishing the group. It gave points of discussion for group leaders on the structure of the group. The second category covered recruitment into the group. It emphasized the importance of strong and varied recruitment strategies. The third category covered the practical skills and knowledge required for facilitating the group. It outlined facilitator roles and the phases that each group passes through. It covered essential practice skills for group facilitators. Limitations of the search included an inability to access 45% of potential articles. Future research is important as the majority of studies predate the millennium. While the toolkit was researched with geriatric patients in mind, the findings can be generalized for use by any professionals in hospitals who are looking to create, facilitate and maintain single-session groups while working with other populations.
World Elder Abuse Awareness Day: History and Future

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Statement of the Problem: Elder abuse is largely a hidden problem with an estimated only one in five cases being reported. Many people are potentially in a position to prevent or mitigate elder abuse but are unaware of the signs, symptoms or risk factors; furthermore many victims are unaware of available resources in their community.

Method: In 2006, in response to the global need to raise awareness of this growing social problem, the International Network for the Prevention for Elder Abuse (INPEA) launched World Elder Abuse Awareness Day (WEAAD). Since then it has organized seven international conferences on elder abuse and made presentations at many others, with the objective of informing researchers and practitioners about new information/best practices and stimulating international communication and collaboration. It has also developed tool kits and other resources for use at the local level.

Discussion: In a short period of time, WEAAD has caught the imagination of and has been embraced by NGOs, government agencies, health and social care providers, law enforcement professionals and others. In 2011, the United Nations officially designated June 15th as WEAAD.

Conclusion: Since its inception, WEAAD has played an important role in raising awareness of elder abuse and neglect. INPEA seeks to build on the momentum generated by WEAAD to foster and facilitate movement from awareness to action. The goal of this presentation is to move the process forward by reviewing the history of WEAAD, why it has been successful and explore new directions that could be taken.

LB29

Time to test? Thoughts on and images from caregiver-administered clock-drawing tests.

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Objectives:
The clock-drawing test (CDT) is widely used to assess cognitive function in Alzheimer's disease (AD). This poster reports interim findings from a longitudinal Caregiver Study (CS) on pharmacotherapy for early AD. It examines caregivers' perceptions of family members' performance on the CDT and how consistent the Freedman scoring system is across raters for non-clinician administered CDTs.

Method:
CS researchers asked caregivers to complete a Freedman method CDT (free-drawn circle and 10 after 11 time setting) with their family member about 12 months after the completion of their first interview (n=586). Completed CDTs (n=289, response rate 49%) were scored separately by three blinded non-clinician raters. An iterative and inductive process was used to analyze caregiver responses (n=40) into emergent themes.

Results:
Pride and disappointment are two emergent themes. Examples of each are shown here with corresponding CDT image. Higher scored CDTs were described by caregivers as a 'great job' or 'best one ever'. In contrast, low scored CDT were described as 'clearly she had no idea' with explanations given as to why the recipient could not complete the CDT. The intraclass correlation coefficient across the three raters is 0.988 (95% CI, .985 -.990) with a Cronbach Alpha of .996.

Conclusions:
Caregiver-administered CDT offer insight into the meaning that caregivers attach to performances in cognitive testing. The CDT has high interrater reliability, suggesting that even when not administered by clinicians it can be a useful tool to study the significance of assessment in cognitive decline.

LB30

Over the Hill and Under the Radar: Barriers to Participation of Older Adults in Physical Activity in the University Setting
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A preliminary study undertaken at the University of Toronto to gauge the physical activity among mature students (50+) was unable to find any older students willing to use the University exercise facilities, despite paying for the privilege through fee structures, citing a reluctance to compound vulnerabilities already experienced through being in classes with much younger students. “I would rather die.” said one respondent, of the thought of undressing in the change room and putting his ageing body on display. “I don’t want them looking at me – I don’t want them judging me”, reported another. This present study expanded to include members of the University community, (students, staff, administration, faculty, alumni) between the ages of 60 and 93 to examine the factors that influence an older adult’s decision to deliberately seek out physical activity in an environment built for youth. The data gathered from qualitative interviews with those older adults who use the exercise facilities, and those who do not, reveal a strong internalization of the prescriptive message that they *should* be physically active, but with less of an idea of how they might avail themselves of the opportunities. Also discussed are the institutional roles in the presentation of exercise programming designed for the older adult and considerations of the physical space.