

# *Where the Rivers Meet* **Merging Perspectives on Aging**



Canadian  
Association  
on Gerontology



Association  
canadienne  
de g erontologie

**Canadian Association on Gerontology**  
**38th Annual Scientific & Educational Meeting**  
**October 22-24, 2009 - The Fairmont • Winnipeg • MB**

# CONFERENCE PROGRAM

# The Canadian Research Forum on Aging is sponsored by the Institute of Aging

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



## Thursday, October 22<sup>nd</sup>

Pre-conference Workshop sponsored by the CIHR-IA  
Exploring Age-Friendly Environments  
Chair: Richard Milgrom, PhD,  
Department of City Planning, University of Manitoba

**08:30 – 16:30**

Opening Ceremonies

Joint CAG/CIHR-IA Keynote Speaker: Norma Drosdowech  
My Vision for an Aging Society

**19:00 – 20:30**

## Friday, October 23<sup>rd</sup>

Invitational Breakfast Meeting for Directors of Canadian  
Research on Aging Centres

**07:45 – 08:45**

CIHR-IA Student Poster Competition

**10:00 – 14:30**

CIHR Grants Craft Workshop

**15:30 – 17:00**

## Saturday, October 24<sup>th</sup>

Joint CAG/CIHR-IA Keynote Speaker: Dr. Max Cynader  
The Aging Brain

**09:00 – 10:00**

Lunch

*Plus* – Presentation of CIHR-IA Prizes

**11:30 – 13:00**

For more information about the CIHR-Institute  
of Aging, please consult the Web site:  
[www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca)



**CIHR IRSC**

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



**IA**  
Institute of Aging



**IV**  
Institut de vieillissement



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

**Canada**

*Rendez-vous à Montréal 2010*  
*Montreal 2010 Meeting*

Canadian  
Association  
on Gerontology



Association  
canadienne  
de gérontologie

*Association canadienne de gérontologie*  
*Canadian Association of Gerontology*  
*39e Réunion scientifique et éducative*  
*39th Scientific and Educational Meeting*

*2-4 décembre 2010 - Centre Sheraton, Montréal, Québec*  
*December 2-4, 2010 - Centre Sheraton, Montreal, Quebec*

## PROGRAM COVER

The Esplanade Riel Pedestrian Bridge spans the Red River connecting downtown Winnipeg with St. Boniface and has become a landmark for Winnipeg. It is one of few bridges in the world that houses a restaurant, giving patrons an excellent view of the river. The picture used in the design was taken by Tal Veselyuk (Nuvae Photography, [www.nuvae.com](http://www.nuvae.com), 204.951.2505) and the cover was designed by Kimberly Hamilton, graphic designer located in Winnipeg, Manitoba ([quirkhome@shaw.ca](mailto:quirkhome@shaw.ca)).

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## HOW TO USE THIS PROGRAM BOOK

The Program Book consists of: pre-conference workshop, keynote speaker, paper, symposia, workshop, and poster sessions; exhibitors and sponsors; and abstracts. The prefixes are as follows: 'S' identifies symposia; 'W' identifies workshops; 'P' identifies papers; 'R' identifies posters; and 'RS' identifies student competition posters. Abstracts are grouped under each presentation type by order of presentation.



PRIME MINISTER . PREMIER MINISTRE

*It is with great pleasure that I extend my warmest greetings to everyone attending the 38<sup>th</sup> Annual Scientific and Educational Meeting of the Canadian Association on Gerontology in Winnipeg.*

*This conference offers experts from across the country a wonderful opportunity to share their knowledge and experiences, while also gaining new information on the latest advances in gerontological research, policy, practice, and education. Delegates are sure to benefit from the many keynote presentations, workshops and networking opportunities planned for this event, and come away inspired to put what they have learned into practice.*

*I would like to commend the members of the Canadian Association on Gerontology for their outstanding commitment to helping older Canadians live more fulfilling, independent and healthy lives. It is heartening to know that your efforts are paving the way for a better future for one of the fastest growing and most important segments of our society.*

*On behalf of the Government of Canada, I wish you all an enjoyable and productive meeting.*

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

OTTAWA  
2009



PREMIER OF MANITOBA

Legislative Building  
Winnipeg, Manitoba, CANADA  
R3C 0A8

### A MESSAGE FROM THE PREMIER

*On behalf of the Province of Manitoba, it is a pleasure to extend greetings to everyone attending the 38<sup>th</sup> Annual Scientific and Educational Meeting of the Canadian Association of Gerontology (CAG).*

*Since 1971, CAG has been improving the lives of our aging population. It is now more important than ever to ensure that our family members and friends continue to be happy, fulfilled members of our society, regardless of age. CAG has been a central force in achieving these goals, through encouraging studies in gerontology, sharing information and improving cooperation amongst the many professions and disciplines who share the focus of our nation's elder population.*

*The Center on Aging at the University of Manitoba has produced innovative research and continues to strengthen the field of gerontology—an area of study that benefits us all. Thanks to CAG, the Centre on Aging at U of M and the Local Organizing Committee for the success of this valuable meeting.*

A handwritten signature in black ink that reads "Gary Doer".

Gary Doer



**MINISTER RESPONSIBLE  
FOR SENIORS**

Legislative Building  
Winnipeg, Manitoba, Canada  
R5C 0V8

JUL 27 2009

Dear Attendees of the Canadian Association on Gerontology (CAG):

As Manitoba's Minister responsible for Seniors, I am pleased to welcome you to the 38<sup>th</sup> Annual Meeting of CAG here in Winnipeg, Manitoba, the "Heart of the Continent."

CAG members play a valuable role in Canada and wear many hats. From the provision of direct services to policy advice to program administration, you are showing your dedication to our country's growing seniors' demographic. As well, you have an integral role to play in promoting tolerance, respect and disseminating knowledge about aging. I commend CAG for its ongoing commitment to working towards an enhanced quality of life for older Canadians.

I am sure that this meeting will offer you plenty of opportunities to learn and to network. I also hope that you will take some time to explore this wonderful city and experience firsthand why we are called "Friendly Manitoba." My final wish is that you return to your home communities with renewed energy and commitment.

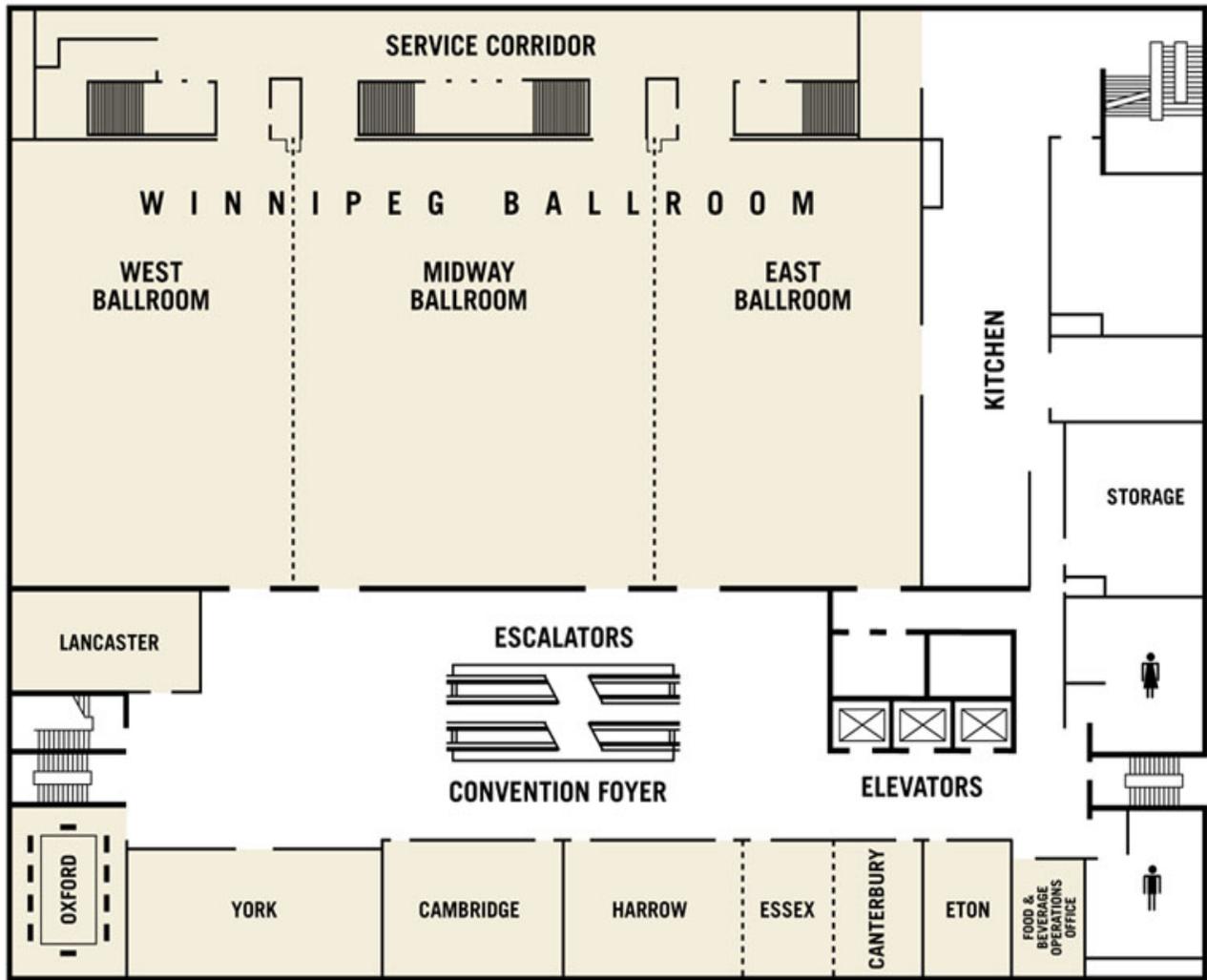
Keep up the good work. May you experience success with whatever project and challenge you take on.

Best in health,

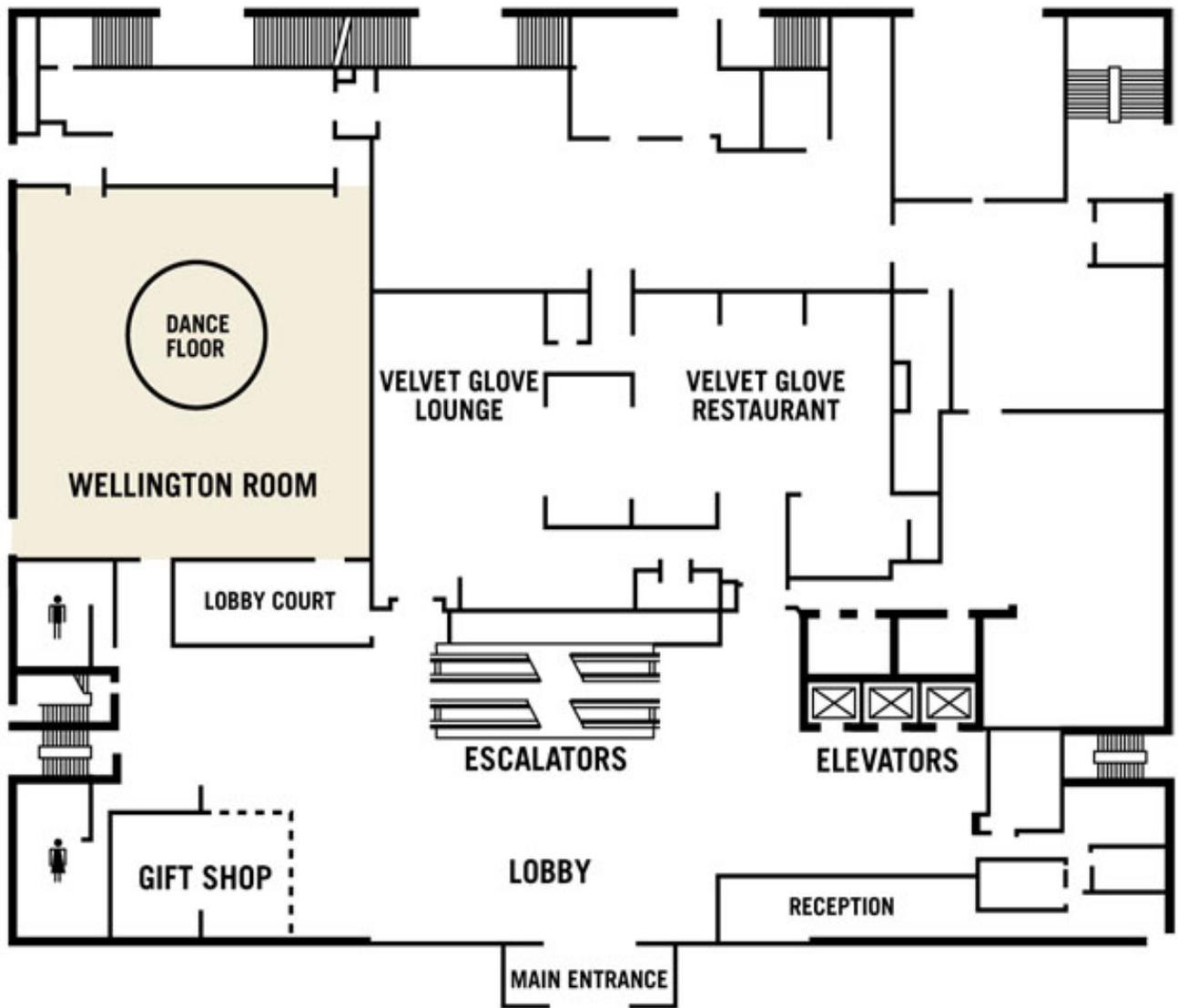
A handwritten signature in blue ink, appearing to read "Kerri Irvin-Ross".

Kerri Irvin-Ross

Floor Plans – The Fairmont Winnipeg  
Mezzanine Level



Floor Plans – The Fairmont Winnipeg  
Lobby Level



## LOCAL ORGANIZING COMMITTEE

Conference Chair, Barbara Payne  
Conference Manager, Trish Macdonald  
Conference Planner, Coralee Dolyaniuk, Strauss event & association management

## COMMITTEE MEMBERS

Betty Brand	Kristel van Ineveld	Nancy Newall	Doreen Smith
Patti Chiappetta	Norma Kirkby	Harry Paine	Malcolm Smith
Judy Chipperfield	Shannon Kohler	Carolynne Presser	Alesa Sutherland
Kelly Cranswick	Madeline Kohut	Kristin Reynolds	Gina Sylvestre
Janelle Curtis	Michelle Lobchuk	Kerstin Roger	Bert Taylor
Malcolm Doupe	Corey Mackenzie	Barbara Russell	Genevieve Thompson
Norma Drosdoweck	Verena Menec	Shahin Shooshtari	Maria Wasylkewycz
Jeanette Edwards	Phaedra Miller	Dan Sitar	Leah Weinberg
Kathy Henderson	Toni Morris-Oswald	Melissa Sitter	

## CAG EXECUTIVE

President, Neena Chappell  
Vice President, Francois Béland  
Secretary-Treasurer, Joseph Tindale  
CJA Editor-in-Chief, Mark Rosenberg  
Student Connection, Anthony Kupferschmidt

## DIVISION REPRESENTATIVES

Education: Kathleen Cruttenden  
Health & Biological Sciences: Lynn McCleary  
Psychology: Maggie Gibson  
Social Policy & Practice: Penny MacCourt  
Social Sciences: Sherry Dupuis

## CIHR-IA STUDENT POSTER COMPETITION JUDGES

Name	Title/Affiliation
Dr. Melissa Andrew	Department of Medicine, Dalhousie University
Sonia Cayer	Knowledge Creation Programs, Canadian Institutes of Health Research
Dr. Suzanne M Cadarette	University of Toronto; CIHR-IA New Investigator Recognition Prize Winner
Norma Johnson Drosdoweck	Past-Chair, Manitoba Council on Aging
Harry Paine	President, Manitoba Society of Seniors
Dr. Christopher Patterson	Department of Medicine, McMaster University
Peggy Prendergast	Retired Teachers Association of Manitoba, City of Winnipeg Seniors Advisory Committee
Dr. Véronique Provencher	Université de Montréal; CIHR-IA Fellowship Recognition Prize Winner
Jean-Yves Rochon	Chair, Manitoba Council on Aging
Dr. Shireen Surood	Diversity Research/Evaluation Strategist, Reducing Disparities, Alberta Health Services

## GREETINGS FROM THE PRESIDENT OF CAG – DR. NEENA CHAPPELL



Welcome to the 38th Annual Scientific and Educational Meetings of the Canadian Association on Gerontology. I am confident that you will find the program filled with innovative and stimulating ideas and that you will renew old contacts and make new ones. The local organizers, Barb Payne, Trish Macdonald and their team as well as our sponsors, have brought us this excellent program. The rest is up to us. These meetings serve to feed both the mind and the soul, the two essential aspects of self in traditional Chinese culture. The latter, by the way, is considered the most important.

In this time of economic downturn, and with the draw of the International Association on Gerontology and Geriatrics in Paris this summer, it is heartening to see so many of our gerontology colleagues in Winnipeg. As preparations were being made for these meetings, I received notices from several other groups who had to cancel their meetings this year. It augurs well for the future of the CAG that we have gone forward with such strength and speaks to the need for an overarching gerontology association that brings together a broad spectrum of disciplinary perspectives and substantive interests.

*Neena L. Chappell, PhD, FRSC*  
Canada Research Chair in Social Gerontology  
Professor, Centre on Aging & Dept. of Sociology  
University of Victoria

## GREETINGS FROM THE CONFERENCE CHAIR – DR. BARBARA PAYNE



Welcome to the 'Heart of the Continent' and to the Canadian Association on Gerontology's 38th Annual Scientific and Educational Meeting! The Winnipeg Local Organizing Committee has planned an outstanding program that is filled to capacity with international, national and local keynote speakers, posters, papers, symposia, workshops and exhibitors. A stellar Friday evening is planned for your enjoyment with dinner and entertainment by Winnipeg's Folklorama Ukrainian singers and dancers. We hope that the reduced costs for seniors and students will make the evening a truly multi-generational event.

This conference is the result of generosity, planning and work by many people and organizations. My thanks go to our generous sponsors and exhibitors, to our local volunteer planning committee, and to our conference planner, Coralee Dolyniuk from Strauss event & association management for all their hard work. Special recognition goes to Trish Macdonald from the Centre on Aging at the University of Manitoba for her patience, attention to detail and endless hours of work.

Please enjoy yourselves while you share and learn!

*Barbara J. Payne, PhD*  
Acting Director, Centre on Aging  
Associate Professor, Community Health Sciences and Sociology  
University of Manitoba

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## REGISTRATION INFORMATION

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### Registration Fees

The registration fee includes the opening ceremonies and dessert reception, all keynote sessions, your choice of concurrent sessions, breakfasts and lunches on Friday and Saturday, nutrition breaks, exhibits, and one copy of the program. Registration does not include hotel accommodations or special social events. Additional program books are available at a cost of \$15.

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### Cancellation Policy

There will be no refunds for Pre-conference activities unless the event is cancelled.

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### Registration Kits

Your registration package should include the following:

*One program book*

*Identification badge*

*Event tickets for which you have registered*

*Promotional materials*

### Identification Badges

Your identification badge is included in your registration package. Please wear your badge at all times for admission to the scientific program, breakfasts, nutritional breaks, luncheons, and exhibits. Replacement badges will be available at the registration desk for \$12.

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### Volunteer Badges

There are numerous volunteers who will be available to give you any assistance that you may require throughout the conference. Look for RED name tags saying "Volunteer". They are eager to help. Don't hesitate to ask!

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### Spot the Dot Program



Look for the coloured dots on name tags identifying all student delegates attending the conference. These dots serve to facilitate student networking with faculty and other researchers and professionals. Non-student conference attendees are encouraged to approach and engage "dotted" individuals. Student attendees can also use the Spot the Dot Program to identify and network with fellow students. This initiative is brought to you by the local ASEM Student Organizing Committee and the CAG-ACG Student Connection - Connexion Étudiante (SC-CÉ). The Student Connection – Connexion Étudiante (SC-CÉ) is a national network for students interested in aging issues. The SC-CÉ is organized by student members of the Canadian Association on Gerontology – Association Canadienne de Gérontologie (CAG-ACG). Watch for our events all weekend. For more information, please visit [www.cagacg.ca/studentconnection](http://www.cagacg.ca/studentconnection) or contact SC-CÉ President Anthony Kupferschmidt at [scce@cagacg.ca](mailto:scce@cagacg.ca).

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### On-Site Registration/Information Desk

On-site registration and general information will be available at the Conference Registration Desk in the Fairmont Mezzanine Level. Tickets for the Friday Night Social Event including a Prairie Dinner and Entertainment will be available on a first-come first-served basis. The registration/information desk will be open during the following hours:

Thursday, October 22nd 07:00-19:30

Friday, October 23rd 07:00-19:00

Saturday, October 24th 07:00-12:00

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The Canadian Association on Gerontology would like to thank the following organizations for their support of its 38th Annual Scientific and Educational Meeting.

## PARTNER



## GOLD SPONSORSHIP

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Manitoba Seniors and Healthy Aging Secretariat (SHAS)



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### University of Manitoba

- *Vice-President (Research)*
- *Faculty of Arts*
- *Centre on Aging*
- *Faculty of Kinesiology and Recreation Management*
- *Department of Community Health Sciences*
- *Department of Psychology*
- *The Option in Aging*
- *Section of Geriatric Medicine, Department of Internal Medicine*



UNIVERSITY  
OF MANITOBA

## SILVER SPONSORSHIP

Human Resources and Skills Development Canada



Canadian Association on Gerontology Legacy Fund



Legacy Fund

## BRONZE SPONSORSHIP

Winnipeg Regional Health Authority



Winnipeg Regional Health Authority  
Office régional de la santé de Winnipeg  
Caring for Health À l'écoute de notre santé

Cambridge University Press



## NUTRITION BREAK SPONSORSHIP

Riverview Health Centre



We would also like to thank our other sponsors who have willingly and generously supported the conference.

Deer Lodge Centre  
J. W. Crane Memorial Library  
Platinum Promotions  
Mayor Sam Katz, the City of Winnipeg  
Victoria Lifeline  
Bonaventure Travel – Ruth Wiebe  
Goodwealth Financial IPC – Chuck Simundson  
Sunova Credit Union  
Health, Leisure & Human Performance Research Institute



Bonaventure Travel Inc.

Anonymous  
Anonymous  
John Bond  
Judy Chipperfield  
Donna Collins  
Lorna Guse  
Michelle Lobchuk  
Verna Pangman  
Carolynne Presser  
Geoffrey Smith



sunova

## EXHIBITORS

LISTED BY BOOTH NUMBER

Location: East Ballroom

Thursday, October 22, 2009	19:00 – 22:30
Friday, October 23, 2009	09:45 – 18:00
Saturday, October 24, 2009	09:45 – 12:00

Booth #	Exhibitor
<b>1</b>	<b>Mount Royal College, Gerontology Program</b>
<b>2</b>	<b>Nova Scotia Centre on Aging, Mount Saint Vincent University</b>
<b>3</b>	<b>Active Living Coalition for Older Adults in Manitoba (ALCOA-MB)/Wellness Institute</b>
<b>4</b>	<b>Seniors Policy, Human Resources and Skills Development Canada (HRSDC)</b>
<b>5</b>	<b>Division of Aging &amp; Seniors, Public Health Agency of Canada (PHAC)</b>
<b>6</b>	<b>Canadian Institutes of Health Research -Institute of Aging (CIHR-IA)</b>
<b>7</b>	<b>Manitoba Seniors &amp; Healthy Aging Secretariat (SHAS)</b>
<b>8</b>	<b>Canada Mortgage and Housing Corporation (CMHC)</b>
<b>9</b>	<b>ASEM 2010: Réseau québécois de la recherche sur le vieillissement (RQRV)</b>
<b>10</b>	<b>Centre on Aging, University of Manitoba</b>
<b>11</b>	<b>J.W. Crane Memorial Library</b>
<b>12</b>	<b>International Society for Gerontology, 7th World Congress</b>
<b>13</b>	<b>Pan Am Clinic</b>
<b>14</b>	<b>Centre on Aging, University of Victoria</b>
<b>15</b>	<b>Health Canada - Canada Vigilance</b>
<b>16</b>	<b>National Initiative for the Care of the Elderly (NICE)</b>
<b>17</b>	<b>Alzheimer Society of Canada</b>
<b>18</b>	<b>Elder Mediation Canada (EMC)</b>
<b>19</b>	<b>Victoria Lifeline</b>
<b>20</b>	<b>Canadian Virtual Hospice</b>
<b>21</b>	<b>Huntington University</b>
	<b>Literature Table</b>
	Canadian Securities Administrators
	National Film Board
	Senior Scope

## EXHIBITORS

### Booth 1 - Mount Royal College, Gerontology Program



If you work with older adults, want to understand changing demographics or are interested in promoting healthy aging, Mount Royal's Gerontology Certificate Program will be of interest to you. Offered by distance education, the program takes an in-depth approach to meeting the multi-faceted needs of older adults. There are two available program streams:

(1) Studies in Aging and (2) Business and Entrepreneurship. The Studies in Aging stream is 6 courses including a field project/practicum for those wishing to expand their knowledge of aging and skills in working with older adults. The Business and Entrepreneurship stream combines courses in gerontology and business.

For more information visit our website: [www.mtroyal.ca/gerontology](http://www.mtroyal.ca/gerontology) or call 1.800.240.6891.

### Booth 2 - Nova Scotia Centre on Aging, Mount Saint Vincent University



The Nova Scotia Centre on Aging ([www.msvu.ca/nsca](http://www.msvu.ca/nsca)) is affiliated with Mount Saint Vincent University's Department of Family Studies and Gerontology and works in partnership with the academic community, governments, the private sector, seniors, and both volunteer and professional organizations on initiatives which will inform social policy and practice and enhance the quality of life of older people and their families.

### Booth 3 - Active Living Coalition for Older Adults in Manitoba (ALCOA)/Wellness Institute



The Active Living Coalition of Older Adults in Manitoba (ALCOA-MB) is a partnership of 40 partner organizations and 13 supporting partners who are committed to encouraging and promoting active aging in Manitoba. Our population of older adults is growing and we are committed to advocating for sustainable opportunities that ensure older adults in Manitoba are able to fully participate in and contribute to the neighbourhoods and communities, in which they live, learn, socialize, and bond.



The Wellness Institute at Seven Oaks General Hospital is a state-of-the-art medical fitness facility dedicated to improving the health of the community through health promotion, disease prevention, and rehabilitation services. We strive to inspire community members, particularly those deconditioned by illness, injury or inactivity to adopt healthy lifestyles, learn to become well and to stay well. We facilitate positive health outcomes through illness prevention and wellness in the healthcare system and innovative leadership, programs and services.

### Booth 4 - Seniors Policy, Human Resources and Skills Development Canada (HRSDC)



"Working Together for Seniors"

The Government of Canada booth will be an opportunity to gather information on federal initiatives related to seniors and to meet federal employees whose work informs senior's policy and programs. Representatives from many of the federal departments and agencies attending the conference will be on hand, including from Human Resources and Skills Development Canada, Transport Canada, Statistics Canada and the Public Health Agency of Canada.

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### Booth 5 - Division of Aging & Seniors, Public Health Agency of Canada



The Division of Aging and Seniors of the Public Health Agency of Canada provides federal leadership on seniors' public health issues in order to optimize healthy aging. Come chat

with us and share your views on age-friendly communities, emergency preparedness and other vulnerability issues for seniors.

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### Booth 6 - Canadian Institutes of Health Research Institute of Aging (CIHR-IA)



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

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### Booth 7 - Manitoba Seniors & Healthy Aging Secretariat



Manitoba Seniors and Healthy Aging Secretariat is a provincial government department whose work promotes the health, independence and well-being of older Manitobans. It has developed the Age-Friendly Manitoba Initiative to help seniors lead active, socially engaged lives that contribute to healthy aging.

The Secretariat:

- Supports the Minister responsible for Seniors
- Provides Information and Referral
- Ensures that seniors' needs/concerns are reflected in legislation, policy/programs
- Provides research/administrative support to Manitoba Council on Aging



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### Booth 8 - Canada Mortgage and Housing Corporation



Canada Mortgage and Housing Corporation (CMHC) is Canada's national housing agency. We are committed to helping Canadians access a wide choice of quality, affordable homes, while making vibrant, healthy communities and cities a reality across the country. CMHC works to enhance Canada's housing finance options, assist Canadians who cannot afford housing in the private market, improve building standards and housing construction, and provide policymakers with the information and analysis they need to sustain a vibrant housing market in Canada.

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**Booth 9 - ASEM 2010: RQRV**

The Quebec Network for Research on Aging (RQRV) brings together researchers and students in universities in Quebec. Its objective is to stimulate development of knowledge of biological as well as clinical and social aspects of aging, and to promote successful aging, prevent frailty and improve health care and services. The RQRV aims to support interdisciplinary research and strategic initiatives on aging, maintain shared research platforms, inspire the development of a critical number of researchers along with training programs to ensure their replacement, and promote dissemination and knowledge transfer.

**FRSQ:**

The Fonds de la recherche en santé du Québec (FRSQ) is a funding body that plays a leading role in planning and coordinating the development of health research in Québec. The FRSQ offers individual training and research grants to promote excellence, as well as grants bringing groups of researchers together. The FRSQ places a high value of innovation, dissemination and knowledge transfer, and promotes ethical research practice and social responsibility among researchers. In its strategic plan of 2007-2010, the FRSQ has identified aging and the loss of autonomy as key areas of priority.

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**Booth 10 - Centre on Aging, University of Manitoba**

The Centre on Aging, University of Manitoba is a university-wide research unit reporting through the Vice-President (Research) to the President. Established on July 1, 1982, the Centre's vision is "To be a recognized leader in research in aging, to improve the lives of older adults, their caregivers and families, and to enhance communities within and outside of Manitoba". The Centre on Aging conducts, stimulates and promotes research on aging, provides an interdisciplinary focus for the research activities in aging at the universities in Manitoba, and supports the teaching of students in aging. The Centre serves as the focal point for the integration and dissemination of research on aging in Manitoba.

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**Booth 11 - J.W. Crane Memorial Library**

The J.W. Crane Memorial Library of Gerontology and Geriatrics, University of Manitoba Health Sciences Libraries is one of Canada's largest and best-known special libraries on aging. The Crane's resources include approximately 10,000 books, a significant collection of journals, audiovisuals, training manuals and specialized collections of microfiche, pamphlets and bibliographies. The collection covers the clinical, social, and psychological aspects of aging, the administration, organization and operation of long-term care systems, as well as health promotion and outreach programs for seniors.

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## Booth 12 - International Society for Gerontology, 7th World Conference



ISG2010 in Vancouver May 27-30 will bring together people who design, develop, prescribe, research and use technology to enhance the functional capacity and quality of life of older adults. It's the perfect venue to share information about cutting-edge innovations in this rapidly developing field including: smart homes, robotics, mobile and wireless communication systems, computer games, e-health and more. Host organizations: Simon Fraser University Gerontology Research Centre. For information E-mail [isg2010@sfu.ca](mailto:isg2010@sfu.ca) or visit [www.sfu.ca/isg2010](http://www.sfu.ca/isg2010).

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## Booth 13 - Pan Am Clinic



The Pan Am Clinic Foundation supports the Pan Am Clinic, one of Canada's most progressive muscle, bone and joint disease clinics. Pan Am Clinic has a team of dedicated and skilled health care providers whose primary goal is to maximize patient outcome through excellence in patient care. The Foundation raises funds to attract the people and offer the programs to create and maintain a world-class research, education and health care facility for Manitoba and beyond.

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## Booth 14 - Centre on Aging, University of Victoria



**University  
of Victoria**

Centre  
on Aging

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

Our specific objectives are:

- To add to the body of knowledge on aging by stimulating and conducting rigorous basic and applied research;
- To disseminate knowledge on aging to scientists, practitioners, and the public;
- To promote the translation of research findings into interventions, services, products, and policies relevant to older adults;
- To contribute to the training of skilled research personnel;
- To facilitate communication and collaboration among scholars, practitioners, government officials, and older adults;
- To provide a focus and direction to the University's and region's research activities in the area of aging.

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### Booth 15 - Health Canada - Canada Vigilance



Canada Vigilance is Health Canada's post-market surveillance program that collects and assesses reports of suspected adverse reactions to health products marketed in Canada. Canada Vigilance collects adverse reaction reports for: prescription and non-prescription medications, biologics (fractionated blood products, therapeutic and diagnostic vaccines), natural health products, radiopharmaceuticals and cells, tissues and organs.

Health professionals and consumers can report suspected adverse reactions:

Online at [www.healthcanada.gc.ca/medeffect](http://www.healthcanada.gc.ca/medeffect)

Toll-free phone: 1-866-234-2345

By submitting the Canada Vigilance reporting form by toll-free fax 1-866-678-6789.

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### Booth 16 - National Initiative for the Care of the Elderly (NICE)



NICE is an international network of researchers, practitioners, students and seniors dedicated to improving the care of older adults. Members represent diverse specialties, including geriatric medicine, nursing, and social work; rehabilitation science; social science; policy; and law. Key NICE objectives include connecting research and practice to improve care of the elderly; enhancing student interest and training in the field; and advocating for policy changes in the care of Canada's older population. Learn more at [www.nicenet.ca](http://www.nicenet.ca).

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### Booth 17 - Alzheimer Society of Canada



The Alzheimer Society works nationwide to improve the quality of life for Canadians affected by Alzheimer's disease, and to advance the search for treatment, prevention and a cure. It develops and

provides support and educational programs for people with the disease, their families, caregivers, and members of the health-care team. The Society is a leading funder of Alzheimer research and training in Canada.

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### Booth 18 - Elder Mediation Canada (EMC)



Elder Mediation Canada (EMC) was incorporated in 2008. It was born out of the recognized need of several mediator pioneers who were members of the Elder Mediation International Network (EMIN). Elder Mediation Canada has tremendous ongoing support from Family Mediation Canada (FMC) and the Ontario Association for Family Mediators, Carleton University, Mediation PEI Inc., the Alzheimer Foundation of PEI Inc., and many senior provincial organizations. It is under the leadership of its first

President Judy McCann-Beranger, an FMC certified comprehensive mediator. EMC and the EMIN sponsored the First and Second World Summits & Symposiums on elder mediation, and recently piloted an accreditation elder mediation certification program. For more information, please contact [admin@eldermediation.ca](mailto:admin@eldermediation.ca) or visit the developing website at [www.eldermediation.ca](http://www.eldermediation.ca).

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## Booth 19 - Victoria Lifeline



Victoria Lifeline provides 24 hour-a-day service for people who want to live independently and securely but may have health or safety concerns. From anywhere in your home a touch of a fully waterproof, attractive button – worn as a pendant or on a wrist-strap – connects you to caring, professional Lifeline staff. We are then able to contact help for you, be that family, neighbours or emergency services. Victoria Lifeline is a not-for-profit community service of the Victoria General Hospital Foundation that has provided peace of mind to over 23,000 Manitobans since 1988.

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## Booth 20 - Canadian Virtual Hospice



Canadian Virtual Hospice ([www.virtualhospice.ca](http://www.virtualhospice.ca) / [www.portail-palliatif.ca](http://www.portail-palliatif.ca)) is Canada's leading online source for information and support on palliative and end-of-life care, loss and grief. The updated site serves patients, families, health care professionals and researchers. A highly qualified interdisciplinary team develops site content and answers questions through Ask a Professional. The site lists 600 programs and services, 800 recommended resources and its new For Professionals section houses 170 clinical tools and a national knowledge translation platform.

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## Booth 21 - Huntington University



Huntington University, located in Northeastern Ontario, provides students with a dynamic undergraduate education in Gerontology. Students may earn a Certificate, 3-year or 4-year BA in Gerontology. Courses are available on campus in Sudbury, in Barrie, as well as via Distance Education. Students are empowered to assume leadership for advanced levels of knowledge development, innovation, and care that will enhance optimal aging. The Program is administered by Laurentian University in Sudbury, Ontario. [www.huntington.laurentian.ca](http://www.huntington.laurentian.ca).

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## Display Table



### Student Connection - Connexion Étudiante (SC-CÉ) Book Display

The Student Connection – Connexion Étudiante (SC-CÉ) is a national network for students interested in aging issues. The SC-CÉ is organized by student members of the Canadian Association on Gerontology – Association Canadienne de Gérontologie (CAG-ACG). The SC-CÉ Book Display invites delegates to purchase tickets for a chance to win one of the donated books on display. Raffle tickets are on sale for \$2.00 each or three for \$5.00 until 18:00 on Friday, October 23. The names of winners are drawn and posted on Saturday morning. Raffle winners can come to the display table to pick up their choice of book starting at 10:15 on Saturday, October 24 (immediately following the morning keynote session). All proceeds directly support the SC-CÉ and its members.



## PROGRAM AT A GLANCE

### Thursday, October 22, 2009

Time	Session
07:00 – 19:30	Registration
08:00 – 16:30	Long-Term Care: Deer Lodge Centre – Pre-Conference Workshop
08:00 – 16:30	Exploring Age-Friendly Environments - Pre-Conference Workshop
09:00 – 17:00	CAG Board of Directors Meeting
10:00 – 17:00	Elder Abuse: Rippling Effects of Multi-Disciplinary Approaches – Pre-Conference Workshop
13:00 – 17:00	Consultation on Mental Health Issues
19:00 – 20:30	Opening Ceremonies – Keynote: Norma Johnson Drosdowech “My Vision for an Aging Society”
19:00 – 22:30	Poster Session I
19:00 – 22:30	Exhibit Hall, Student Book Fair
20:30 – 22:30	President’s Reception

### Friday, October 23, 2009

Time	Session
07:00 – 19:00	Registration
07:00 – 08:00	Breakfast for all Registrants
07:15 – 08:45	Concurrent Symposia Session I
07:45 – 08:45	Breakfast Meeting Directors of Canadian Research Centres on Aging
09:00 – 10:00	Keynote: Dr. Valerie Gideon “Healthy Aging in First Nations Communities: Recognizing the Need for a Holistic Approach”
09:45 – 18:00	Exhibit Hall viewing
10:00 – 10:15	Nutrition Break, Student Book Fair
10:15 – 11:15	Concurrent Paper Session I
10:15 – 11:30	CIHR-IA Student Poster Competition: Masters Division
11:15 – 11:30	Exhibit Viewing, Student Book Fair
11:30 – 13:00	Lunch & CIHR-IA Betty Havens Award in Knowledge Translation and Aging Keynote: Dr. Stephen Cunnane “Nutrition and Brain Aging During a Time of Energy Excess: Paradoxically, the Aging Brain is at Risk of Starvation”
13:00 – 13:30	Student Book Fair, Exhibit Viewing
13:00 – 14:30	CIHR-IA Student Poster Competition: Doctoral Division
13:30 – 14:30	Concurrent Paper Session II and Symposia Session II
14:30 – 14:45	Riverview Health Centre Nutrition Break
14:30 – 14:45	Student Book Fair, Exhibit Viewing
14:45 – 15:45	Concurrent Paper Session III and Symposia Session III
14:45 – 16:00	Poster Session II
15:30 – 17:00	CIHR Grants Craft Workshop
15:45 – 16:00	Student Book Fair, Exhibit Viewing

- 16:00 – 17:00 Concurrent Paper Session IV and Symposia Session IV
- 17:00 – 18:00 Divisional and Ad Hoc Interest Group Meetings
- 18:00 – 19:00 Cocktails & Speed Greetings
- 19:00 – 20:30 Prairie Dinner
- 20:30 – 22:30 Folklorama Ukrainian Entertainment

**Saturday, October 24, 2009**

- | Time          | Session   |
|---------------|---|
| 07:00 – 12:00 | Registration  |
| 07:00 – 08:00 | Breakfast for all Registrants   |
| 07:15 – 08:45 | Concurrent Symposia Session V   |
| 07:30 – 08:30 | NICE Breakfast Meeting  |
| 07:45 – 08:45 | SC-CÉ Breakfast & Annual General Meeting                                    |
| 09:00 – 10:00 | Keynote: Dr. Max Cynader<br>"The Aging Brain"                               |
| 09:45 – 12:00 | Exhibit Hall viewing  |
| 10:00 – 10:15 | Nutrition Break, Student Book Fair  |
| 10:00 – 11:30 | Poster Session III  |
| 10:15 – 11:15 | Concurrent Symposia Session VI  |
| 11:15 – 11:30 | Student Book Fair, Exhibit Viewing  |
| 11:30 – 13:00 | Lunch, CIHR Awards, CAG Awards, CAG Annual General Meeting                  |
| 13:00 – 14:00 | Keynote: Dr. James Fries<br>"Compression of Morbidity: An Odyssey of Aging" |
| 14:00 – 14:15 | Break   |
| 14:15 – 15:15 | Concurrent Paper Session V and Symposia Session VII                         |
| 15:15 – 15:30 | Break   |
| 15:30 – 16:30 | Concurrent Workshop Sessions  |
| 16:30 – 17:30 | CAG Board of Directors Meeting  |

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Sara Sepulveda

## CONFERENCE PROGRAM

### THURSDAY, OCTOBER 22, 2009

Time	Session	Location
07:00 – 19:30	Registration	Lancaster
08:00 – 16:30	<p><b>Long-Term Care: Deer Lodge Centre – Pre-Conference Workshop</b></p> <p>Supported by Deer Lodge Centre &amp; J.W. Crane Memorial Library (lunch included)</p> <p>Location: Deer Lodge Centre, 2109 Portage Ave. Winnipeg.</p> <p>As the largest rehabilitation and long-term care facility in Manitoba, Deer Lodge Centre is an innovator in the treatment of patients, residents and clients. Attend this all day pre-conference event, packed with workshop, presentations and tours, to learn about the research and programs Deer Lodge Centre provides to the community.</p> <p>In the morning session, Lorna Guse RN PhD, University of Manitoba, will conduct a workshop on her research Social Assistive Technology in Long-Term Care: Research using a Robotic Baby Harp Seal with Dementia Residents.</p> <p>In the afternoon, you will have the opportunity to hear about and visit three new innovative Deer Lodge Centre programs:</p> <p>PRIME: A groundbreaking program of integrated managed-care for community dwelling elderly.</p> <p>Movement Disorders Clinic: A Center of Excellence providing research, diagnostic and treatment services for Manitobans living with neurological challenges.</p> <p>Communication Devices Program for Adults: A new program mandated to ensure speech generating devices are available and affordable for adult Manitobans with severe communication disorders.</p> <p>Throughout the day, attendees will have the opportunity to tour the J.W. Crane Memorial Library of Gerontology and Geriatrics -- Canada's largest and best-known special library on aging and long-term care. Deer Lodge Centre's Research Committee is organizing a display of Research Posters, in the Crane Library, highlighting the research conducted at the Centre.</p>	Deer Lodge
08:00 – 16:30	<p><b>Exploring Age-Friendly Environments – Pre-Conference Workshop</b></p> <p>Supported by CIHR's Institute of Aging (breakfast and lunch included)</p> <p>Location: Harrow/Essex/Canterbury Rooms, Mezzanine Level, Fairmont Hotel</p> <p>In 20 years the Baby Boomers will all be seniors; can Canadian product, housing, transportation and community design accommodate this shift? This one-day workshop will examine how current research is informing development of age-friendly environments to promote health and quality of life.</p> <p>The workshop will be of interest to planners, developers, service providers, decision makers, gerontologists, seniors, and Baby Boomers.</p> <p>This one-day workshop will examine how current research is contributing to the development of age-friendly environments for older adults. Presenters will discuss age-friendly issues affecting older adults from community, social, environmental, and policy perspectives and how these issues affect older adults' health and quality of life.</p> <p>Scheduled workshop presentations include:</p> <p>Richard Milgrom, PhD, Dept of City Planning, University of Manitoba (Workshop Organizer and Chair), What is age-friendly?</p> <p>Gerald Hodge, PhD, Professor Emeritus Urban and Regional Planning, Queen's University, Planning for population aging at the community level</p> <p>Todd Litman, Executive Director, Victoria Transport Policy Institute, Don't stop thinking about tomorrow: Implica-</p>	Harrow/Essex/Canterbury

tions of population aging on transportation and community planning  
Age-Friendly environment audit exercise.

Jim Zamprelli, Senior Researcher, Canada Mortgage and Housing Corporation, Housing in Canada

Glen Hougan, Associate Professor, Nova Scotia College of Art and Design, What's design got to do with it? The impact of image

Panel discussion, Becoming age-friendly: The policy perspective

Catherine Drew, Senior Director, Seniors Policy, Income Security and Social Development, Department of Human Resources and Skills Development Canada, Sustaining Age-Friendly Communities: Why the social and economic arguments are essential!

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09:00 – 17:00    CAG Board of Directors Meeting    York

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10:00 – 17:00    Elder Abuse: Rippling Effects of Multi-Disciplinary Approaches – Pre-Conference Workshop    Wellington

Supported by Government of Canada (HRSDC) (lunch included)

Location: Wellington Room, Lobby Level

The Elder Abuse Workshop will highlight promising approaches in elder abuse prevention and intervention from across Canada including: innovative programs, intergenerational initiatives, multi-disciplinary approaches, and much more. During the afternoon an in-depth workshop with Christina Wolf, Detective Constable, Elder Abuse Section, Ottawa Police Service will be held to examine issues and challenges with privacy legislation frameworks and learn practical ways for service providers, law enforcement and others to share information to assist older adults who are experiencing abuse.

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13:00 – 17:00    Consultation on Mental Health Issues    Cambridge

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19:00 – 20:30    Opening Ceremonies    West & Midway Ballrooms

The opening ceremonies will set the tone for the conference theme, "Where the Rivers Meet: Merging Perspectives on Aging". After brief welcoming comments from an Elder, national, provincial, and local dignitaries, Norma Johnson Drosdowech will give the opening keynote address.

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Opening Keynote – Norma Johnson Drosdowech

Presented and Introduced by CIHR's Institute of Aging.



**"My Vision for an Aging Society:" Exploring a world in which we will travel the rivers and streams of aging together and create a society which cares for and honours all of its elders.**

Location: West & Midway Ballrooms

A long-time seniors' advocate, Norma Drosdowech's interest in seniors issues began with her role as family caregiver, and continued as she served as the Chair of the Manitoba Council on Aging from 2002-2009. Norma was pleased to accept her recent appointment as a citizen representative on the CIHR Institute of Aging. She appreciates the opportunity to bring a senior citizen's viewpoint to the discussion of current research in aging across Canada, and around the world. Norma also remains involved with the work of the Provincial Advisory Committee of the Age-Friendly Initiative and with the Centre on Aging, University of Manitoba. Norma is highly involved with her nine grandchildren and appreciates all they have to teach her in this part of her life's journey.

**\* Simultaneous translation provided**

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19:00 – 22:30    Poster Session I    Midway Ballroom

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19:00 – 22:30    Exhibit Hall, Student Book Fair    East Ballroom, Mezzanine

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20:30 – 22:30    President's Reception    Mezzanine Level

Location: Mezzanine Level, West & Midway Ballrooms, East Ballroom

Please join us after the opening ceremonies for the President's Reception and Poster Session! Don't miss this opportunity to meet and network with your fellow delegates, the Local Organizing Committee and browse the exhibits of sponsoring organizations over complimentary dessert. Cash bar!

## **POSTER SESSION IA: COGNITIVE IMPAIRMENT**

**THURSDAY, OCTOBER 22, 19:00 - 22:30**

*Room: Midway Ballroom*

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R001    A MODEL OF DECISION MAKING AND RELOCATION PATHWAY FOR PERSONS WITH DEMENTIA AND THEIR FAMILY CAREGIVERS MOVING TO A RETIREMENT RESIDENCE

*Faranak Aminzadeh, Frank Molnar, William B Dalziel, Linda Garcia*

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R002    AGING WITH A DEVELOPMENTAL DISABILITY: UNMET HEALTH CARE AND SOCIAL SERVICES NEEDS

*Shahin Shooshtari, Yunfa Zhu*

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R003    ALZHEIMER SOCIETY GUIDELINES FOR ALZHEIMER CARE: IMPROVING INTERACTIONS BETWEEN CARE PROVIDERS AND PEOPLE LIVING WITH DEMENTIA

*Mary Schulz, Norma Kirkby, Lynn McDonald*

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R004    BEST-PRACTICE NURSING CARE TO DETECT, SAFEGUARD, AND HELP HOSPITAL PATIENTS RECOVER FROM ACUTE DELIRIUM

*Donna Wilson, Janice Kinch*

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R005    CHINESE-CANADIAN PATHWAYS TO A DIAGNOSIS OF DEMENTIA IN METRO VANCOUVER

*Sharon Koehn, Pavlina Jarvis, Jean-Francois Kozak, Neil Drummond, Linda Garcia, Victor Emerson*

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R006    DEMENTIA, THE CANADIAN MODEL OF OCCUPATIONAL PERFORMANCE AND THE COMMUNICATION ENHANCEMENT MODEL OF AGING

*Lynda Wolf, JB Orange*

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R007    KEEPING SEXUALITY VISIBLE IN PEOPLE WHO ARE COGNITIVELY IMPAIRED

*Verna Pangman, Marilyn Seguire*

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R008    LEAVING FOOTPRINTS IN THE SAND: A CONFLUENCE OF RESEARCH AND PRACTICE IN DEMENTIA CARE ON THE EAST COAST

*Kelli O'Brien, Trudy Read, Judith Wells, Anna Marie Alteen, Anne Doyle*

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R009    LIVING WITH PEOPLE WHO ARE COGNITIVELY IMPAIRED - THE RESIDENT'S PERSPECTIVE

*Kathy McKnight, Joe Puchniak*

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R010    PERSONHOOD AND THE PERSON WITH DEMENTIA

*Lynda Wolf*

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R011    THE CLOCK DRAWING TEST: QUALITATIVE RATINGS AND QUANTITATIVE SCORING BY EXPERIENCED CLINICIANS

*Colleen Millikin, Lisa Trepanier*

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R012    TRANSITIONS IN EATING ABILITY OF NURSING HOME RESIDENTS WITH DEMENTIA

*Susan Slaughter*

## POSTER SESSION IB: MOBILITY & PHYSICAL DISABILITIES

THURSDAY, OCTOBER 22, 19:00 - 22:30

Room: Midway Ballroom

- 
- R013 A STUDY OF VISION CARE SERVICES IN LONG TERM CARE HOMES IN CANADA AND SCOTLAND  
*Pamela Hawranik, Senga Briggs, Isabel Grant, Sandy Bell*
- 
- R014 AGING WITH A SPINAL CORD INJURY: A SYSTEMATIC REVIEW  
*William Miller, Sander Hitzig, Janice Eng, Brodie Sakakibara*
- 
- R015 ARTHROSCOPIC ROTATOR CUFF REPAIR WITH AND WITHOUT ARTHROSCOPIC ACROMIOPLASTY IN THE TREATMENT OF FULL-THICKNESS ROTATOR CUFF TEARS  
*Jeff Leiter, Randy Mascarenhas, Peter MacDonald, Peter Lapner, Sheila McRae*
- 
- R016 ATTENTIONAL FOCUS AND BALANCE PERFORMANCE IN INDIVIDUALS LIVING WITH THE EFFECTS OF PARKINSON DISEASE  
*Denise Connelly, Laura Smuck, Andrea Portanova, Kristen Baxter, James Shaw, Mandar Jog*
- 
- R017 INTERACTIVE ENVIRONMENT-BASED EXERCISE REGIME FOR COMMUNITY-DWELLING OLDER ADULTS WITH BALANCE IMPAIRMENT AND FALL HISTORY: A RANDOMIZED PILOT TRIAL  
*Tony Szturm, Aimee Betker, Val Goodman, Ankur Desai, Zahra Moussavi*
- 
- R018 L'OPTIMISME COMPARATIF CHEZ LES AUTOMOBILISTES: UN PORTRAIT INTERGÉNÉRATIONNEL  
*Dominique Gosselin, Sylvain Gagnon, Arne Stinchcombe, Mélanie Joannis*
- 
- R019 RELATIONSHIP BETWEEN SELF-REPORTED SHOULDER FUNCTION/QUALITY OF LIFE AND BODY-MASS INDEX IN PATIENTS AWAITING ROTATOR CUFF REPAIR SURGERY  
*Jeff Leiter, Peter MacDonald, Sheila McRae, Randy Mascarenhas*
- 
- R020 RELATIONSHIP OF DYNAMIC BALANCE ASSESSMENT AND CLINICAL BALANCE ASSESSMENT TOOLS TO FALL RISK AND FALL HISTORY  
*Tony Szturm, Ankur Desai, Val Goodman, Naaz Kapadia, Barb Shay*
- 
- R021 THE RELATIONSHIP BETWEEN NEIGHBORHOOD CHARACTERISTICS AND WALKING  
*Lucelia Melo, Verena Menec, Alexander Segall*
- 
- R022 THE ROLE OF EVERYDAY PHYSICAL ACTIVITY IN THE USE OF HOME CARE SERVICES  
*Judith Chipperfield, Loring Chuchmach*
- 
- R023 TRANSPORTATION IN RURAL MANITOBA: AN INVESTIGATION OF THE HANDIVAN PROGRAM  
*Esther McNairnay, Karin Kliewer, Gina Sylvestre*

## FRIDAY, OCTOBER 23, 2009

Time	Session	Location
07:00 – 19:00	Registration	Lancaster
07:00 – 08:00	Breakfast for all Registrants	Mezzanine Level
07:15 – 08:45	Concurrent Symposia Session I	
07:45 – 08:45	Breakfast Meeting for Directors of Canadian Research Centres on Aging Location: Wellington Room, Lobby Level The CIHR's Institute of Aging is pleased to host a Breakfast Meeting for the Directors of Canadian Research Centres on Aging. Advance sign-up for the breakfast is required.	Wellington
09:00 – 10:00	Keynote: Dr. Valerie Gideon Location: West & Midway Ballrooms Presented by Centre on Aging, University of Manitoba. Introduced by Dr. Barbara Payne, Acting Director, Centre on Aging.	West & Midway Ballrooms
	 <p><b>“Healthy Aging in First Nations Communities: Recognizing the Need for a Holistic Approach”.</b> Dr. Valerie Gideon is a member of the Mik'maq Nation of Gesgapegiag, Quebec, Canada. She currently holds the position of Regional Director for First Nations and Inuit Health, Ontario Region, Health Canada. From 2004-2007, she occupied the position of Senior Director of Health and Social Development at the Assembly of First Nations in Ottawa, Ontario. Dr. Gideon previously held the position of Director of the First Nations Centre at the National Aboriginal Health Organization. She was named Chair of the Aboriginal Peoples' Health Research Peer Review Committee of the Canadian Institutes of Health Research in 2004. She graduated from McGill University (Montreal) in 2000 with a Ph.D. (Dean's List) in Communications (dissertation pertaining to telehealth and citizen empowerment).</p>	
09:45 – 18:00	Exhibit Hall viewing	East Ballroom
10:00 – 10:15	Nutrition Break, Student Book Fair	Mezzanine Level
10:15 – 11:15	Concurrent Paper Session I	
10:15 – 11:30	CIHR-IA Student Poster Competition Session I: Masters Division Location: Wellington Room, Lobby Level CIHR's Institute of Aging, in partnership with the Canadian Association of Gerontology, is sponsoring a student poster competition. A \$500 prize will be awarded in each of the Masters and PhD categories. The winners will be announced at the Awards ceremony at lunch on Saturday, October 24th.	Wellington
11:15 – 11:30	Exhibits & Student Book Fair	Mezzanine Level
11:30 – 13:00	Luncheon, CIHR-IA Betty Havens Award in Knowledge Translation and Aging, & Keynote Session Location: West & Midway Ballrooms The CIHR-IA Betty Havens Award in Knowledge Translation and Aging, honouring the late Betty Havens, a pioneer in gerontology who made significant contributions to health services research and its translation, will be presented to Dr. Kenneth Rockwood during the Friday luncheon.	

11:30 – 13:00 **Keynote: Dr. Stephen Cunnane**  
 Location: West & Midway Ballrooms  
 Presented by Canadian Association on Gerontology.  
 Introduced by Dr. François Béland.



**“Nutrition and Brain Aging During a Time of Energy Excess: Paradoxically, the Aging Brain is at Risk of Starvation”**

Dr. Cunnane holds a Tier 1 Canada Research Chair at the Research Center on Aging at the Sherbrooke University Geriatric Institute where he is developing PET imaging approaches towards improving our understanding of links between nutrition, brain metabolism and the risk of cognitive decline during aging. He has worked for a long time on the metabolism of omega-3 polyunsaturated fatty acids in humans and is currently studying possible links between omega-3 fatty acid intake, brain omega-3 fatty acids and Alzheimer’s disease. Dr. Cunnane is the author of “Survival of the Fattest: The Key to Human Brain Evolution”, which describes the pivotal role of fatness in babies as a prerequisite for evolution of the human brain.

**\* Dr. Cunnane will present in French using English PowerPoint slides, simultaneous translation provided**

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13:00 – 13:30 **Student Book Fair, Exhibits** Mezzanine Level

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13:00 – 14:30 **CIHR-IA Student Poster Competition Session II: Doctoral Division** Wellington  
 Location: Wellington Room, Lobby Level  
 The CIHR’s Institute of Aging, in partnership with the Canadian Association of Gerontology, is sponsoring a student poster competition. A \$500 prize will be awarded in each of the Masters and PhD categories. The winners will be announced at the Awards ceremony at lunch on Saturday, October 24th.

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13:30 – 14:30 **Concurrent Paper Session II and Symposia Session II**

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14:30 - 14:45 **Riverview Health Centre Nutrition Break** Mezzanine Level

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14:30 - 14:45 **Student Book Fair, Exhibits** Mezzanine Level

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14:45 – 15:45 **Concurrent Paper Session III and Symposia Session III**

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14:45 – 16:00 **Poster Session II** Wellington

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15:30 – 17:00 **CIHR GRANTS CRAFT WORKSHOP**

Location: West & Midway Ballrooms

As part of the Canadian Research Forum on Aging sponsored by CIHR’s Institute of Aging, a 90 minute Grants Craft Workshop will be held for graduate students, postgraduate fellows, and new investigators.

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15:45 - 16:00 **Exhibits, Student Book Fair** Mezzanine Level

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16:00 – 17:00 **Concurrent Paper Session IV and Symposia Session IV**

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17:00 – 18:00 **Divisional Meetings**

Location: Social Sciences Division – Harrow  
 Educational Division – Essex  
 Psychology Division – Canterbury  
 Social Policy & Practice Division – Cambridge  
 Health & Biological Sciences Division – York

A perfect opportunity to meet the Division Chair and your fellow members to discuss pertinent issues and concerns. This will be an opportunity to find out what our colleagues are doing across the country and to network with each other. Please come if you are a member of a division or planning to become one.

17:00 – 18:00	<b>Ad Hoc Informal Group Meetings</b> Location: Wellington Room, Lobby Level Met a few likeminded people? Use this opportunity to get together and discuss topics or issues in common with other delegates.	Wellington
18:00 – 19:00	<b>Cocktails &amp; Speed Greetings</b>	Mezzanine Level
19:00 – 20:30	<b>Prairie Dinner</b>	West & Midway Ballrooms
20:30 – 22:30	<b>Friday Night Social Event, Folklorama Ukrainian Entertainment</b> Location: West & Midway Ballrooms, Mezzanine Level Please join us on the Mezzanine Level Foyer for cocktails (cash bar) and a friendly “Speed Greeting” beginning at 6:00 pm. Starting at 7:00 pm a Prairie three-course dinner will be served in the West & Midway Ballrooms followed by Ukrainian Entertainment. We have tried to make this event as affordable as possible for conference delegates. Tickets are: regular \$60.00, seniors \$30.00, and students \$20.00. Thank you to CIHR’s Institute on Aging for subsidizing student participation, and to our other sponsors who are supporting senior attendance. Don’t miss out on a delicious meal and some Friendly Manitoba Fun!	

## **SYMPOSIA SESSION I**

### **FRIDAY, OCTOBER 23, 07:15 - 08:45**

S001	<b>BUILT ENVIRONMENTS FOR AN AGING POPULATION: PLANNING AND DESIGN STRATEGIES FOR HEALTH AND WELL-BEING.</b> <i>Richard Milgrom, Lauren Lange, Vanessa Ilg, Jason Granger, Becky Raddatz</i> <i>Chair: Richard Milgrom</i>	<i>Room: York</i>
S002	<b>CREATING AGE-FRIENDLY COMMUNITIES: AGE-FRIENDLY COMMUNITIES-UNIVERSITY RESEARCH ALLIANCE (CURA)</b> <i>Verena Menec, Alexander Segall, Dawn Veselyuk, Louise Hutton, Toni Morris-Oswald, Sheila Novek, Judie Davies, , Patti Chiappetta</i> <i>Chair: Alexander Segall</i>	<i>Room: Cambridge</i>
S003	<b>THE NEGLECT OF KATHLEEN GRANT: A VIEW OF ABUSE AND NEGLECT IN LATER LIFE FROM MULTIPLE PERSPECTIVES</b> <i>Charmaine Spencer, Kerstin Rogers, Susan Crichton, Paul Lamoureux</i> <i>Chair: Charmaine Spencer</i>	<i>Room: Harrow</i>
S004	<b>“NECESSITY IS THE MOTHER OF INVENTION: INNOVATIVE PROGRAMS FOR VETERANS AND THEIR CONTRIBUTIONS TO SENIORS AND ALL CANADIANS”</b> <i>David Pedlar, Peter Neary, James Struthers, Darragh Mogan, Pierre Allard, Carlos Lourenso</i> <i>Chair: David Pedlar</i>	<i>Room: Essex/Canterbury</i>

## **PAPER SESSION I**

**FRIDAY, OCTOBER 23, 10:15 - 11:15**

### **Theme: Psychological Issues**

*Chair: Corey MacKenzie*

*Room: Cambridge*

- 
- P001 CREATION AND NORMING OF A NOVEL EMOTIONAL SPEECH INTELLIGIBILITY TASK  
*Kate Dupuis, M. Kathleen Pichora-Fuller*
- 
- P002 EXPLORING HOW CONFIDENCE IMPACTS WHEELCHAIR USE: DEVELOPMENT OF A CONCEPTUAL FRAMEWORK  
*Paula Rushton, Bill Miller*
- 
- P003 IS IT FEASIBLE TO TARGET CAREGIVER INTERVENTIONS TO SPOUSES WITH MOOD OR ANXIETY DISORDERS?  
*Corey Mackenzie, Nasreen Khatri, Julia Cheng, Ursula Wiprzycka*
- 
- P004 SPEED OF INFORMATION PROCESSING ACCOUNTS FOR THE VERBAL MEMORY DECLINE WITH AGING  
*Safa Elgamal, Michael Marriott, Glenda MacQueen*

### **Theme: Dementia #1**

*Chair: Catherine Ward-Griffin*

*Room: Harrow*

- 
- P005 AGGRESSIVE BEHAVIOURS TOWARDS FRONTLINE STAFF IN DEMENTIA CARE  
*Anne-Marie Bostrom, Janet Squires, Sarah Brooker, Agnes Mitchell, Anne Sales, Carole Estabrooks*
- 
- P006 INDIVIDUALIZED CARE FOR INSTITUTIONALIZED PERSONS WITH DEMENTIA; BENEFITS AND UNINTENDED CONSEQUENCES  
*Neena Chappell, Helena Kadlec, Colin Reid*
- 
- P007 RESOURCE MANAGEMENT IN DEMENTIA HOMECARE: MERGING DIVERGENT PERSPECTIVES  
*Catherine Ward-Griffin, Carol McWilliam, Dorothy Forbes, Abram Oudshoorn, Oona St-Amant, Ryan DeForge*
- 
- P008 THE IMPACT OF MARRIAGE ON DEMENTIA: MERGING RESEARCH PERSPECTIVES  
*Judie Davies*

### **Theme: Knowledge Transfer**

*Chair: Lynn McCleary*

*Room: York*

- 
- P009 CANADA'S FEDERAL ELDER ABUSE INITIATIVE: THE FEDERAL GOVERNMENT'S RESPONSE TO ELDER ABUSE  
*John Connolly, Susan Crichton*
- 
- P010 IMPLEMENTING BEST PRACTICES FOR CLIENT CENTRED CARE: LESSONS FOR MATCHING KNOWLEDGE TRANSFER AND PRACTICE SUPPORT STRATEGIES TO RESOURCES, CULTURE, AND CHARACTERISTICS OF THE PRACTICE ENVIRONMENT  
*Lynn McCleary, Denise Dobson*
- 
- P011 KNOWLEDGE TRANSFER AND BEST PRACTICE IN AN ELDER FRIENDLY HOSPITAL SERVICE  
*Belinda Parke*
- 
- P012 QUEST FOR A PLACE TO RE-CREATE HOME: PERSONS WITH DEMENTIA AND THEIR CAREGIVERS' PREFERENCES  
*Faranak Aminzadeh, William B Dalziel, Frank Molnar, Linda Garcia*

**Theme: Environmental Issues**

*Chair: Lori Weeks*

*Room: Essex/Canterbury*

- P013 AGING WITH HIV: FINDINGS FROM A STUDY OF HEALTH AND SOCIAL SERVICES OF ELEVEN OLDER ADULTS LIVING WITH HIV/AIDS IN OTTAWA, ONTARIO  
*Charles Furlotte*
- P014 ATLANTIC CANADIAN SENIORS' PREFERENCES FOR FUTURE HOUSING  
*Lori Weeks, Robin Stadnyk, Donald Shiner*
- P015 THE LAST FRONTIER: AGEISM IN HOUSING AND HEALTH LAW  
*Charmaine Spencer*
- P016 WE WANT A VILLAGE: A PERSPECTIVE ON WHO AGE FRIENDLY CITIES FROM THE PUNJABI COMMUNITY IN VICTORIA, BC  
*Noreen Lerch*

**CIHR-IA STUDENT POSTER COMPETITION SESSION I: MASTERS DIVISION  
FRIDAY, OCTOBER 23, 10:15 - 11:30**

*Room: Wellington*

- RS001 "TREAT US WITH RESPECT, COMPASSION AND KINDNESS": A QUALITATIVE STUDY WITH AGING SAME-SEX COUPLES AND LONG-TERM CARE  
*Robert Cosby*
- RS002 AGE AND GENDER DIFFERENCES IN THE PHYSICAL ACTIVITY LEVELS AND DIETARY FACTORS OF ADULTS OVER 50 WITH COGNITIVE IMPAIRMENT  
*Jonathan Harris, Riddhi Shukla, Shanthi Johnson*
- RS003 AGE-FRIENDLY HOUSING: USING PHOTOGRAPHY TO IDENTIFY OLDER ADULTS' HOUSING NEEDS  
*Sheila Novek, Toni Morris-Oswald, Verena Menec*
- RS004 ARE CANADIAN ADULTS WITH A DIAGNOSIS OF DIABETES CHOOSING FOODS BASED ON FIBRE CONTENT?  
*Nana Bonsu, Katherine McLeod, Shanthi Johnson*
- RS005 COMPARISON OF THE RESPONSIVENESS OF THE FUNCTIONAL INDEPENDENCE MEASURE AND THE INTERRAI POST ACUTE CARE ASSESSMENT INSTRUMENT IN REHABILITATION OF OLDER ADULTS  
*Christine Glenny, Paul Stolee, Katherine Berg*
- RS006 DEMENTIA-RELATED SERVICE PROVISION AND CONFIGURATION IN CALGARY  
*Karen Leung, James Silvius, David Hogan, Diana Turner, Tracy Xu, Neil Drummond*
- RS007 ÉVALUATION D'UNE UNITÉ PROTHÉTIQUE POUR LES ÂÎNÉS ATTEINTS DE DÉFICITS COGNITIFS: LA PERSPECTIVE DES FAMILLES  
*Mélissa Brossoit-Richard, Nicole Dubuc, Michel Tousignant*
- RS008 EXPLORING SOCIAL SUPPORT IN YOUNG-OLD COMMUNITY-DWELLING SENIOR VOLUNTEERS  
*Heather Rowe, Lynn Meadows, Ardene Robinson Vollman, Carol Austin*
- RS009 FACILITATING INFORMAL SOCIAL INTERACTION AMONG PEOPLE WITH DEMENTIA RESIDING IN LONG-TERM CARE SETTINGS: A REVIEW OF THE LITERATURE AND A CONCEPTUAL FRAMEWORK.  
*Michael Campo*

- 
- RS010 FAMILY CAREGIVER PERCEPTIONS OF WHAT MAKES DEMENTIA SPECIAL CARE UNITS “SPECIAL”: A REVIEW OF THE LITERATURE  
*Krista Frazee*
- 
- RS011 FAMILY INVOLVEMENT IN LONG-TERM CARE SETTING: WIVES’S PERSPECTIVES OF OPPORTUNITY AND IMPORTANCE OF INVOLVEMENT  
*Ruth Ali, Lorna Guse, Sandra Hirst, Marie Edwards*
- 
- RS012 MAINTAINING FAMILY RELATIONSHIPS IN DEMENTIA CARE ASSISTED LIVING FACILITIES: THE EFFECTS OF THE PHYSICAL AND SOCIAL ENVIRONMENT  
*Susan Jurczak*
- 
- RS013 OPPORTUNITIES & CHALLENGES FOR POST-SECONDARY PARTICIPATION AMONG SENIORS  
*Nathanael Joshua Alexander Watt*
- 
- RS014 THE END OF LIFE AS A BIOPSYCHOSOCIAL PROCESS: WHAT IS THE ROLE OF MEANING IN LIFE ON ATTITUDES AND COPING STRATEGIES IN OLDER PEOPLE?  
*Hélène Léopoldoff*
- 
- RS015 UNDERSTANDING THE QUALITY OF LIFE OF PERSONAL CARE HOME RESIDENTS WITH ALZHEIMER’S DISEASE AND RELATED DEMENTIAS: FAMILY CAREGIVERS’ PERSPECTIVES  
*Hazel Rona*
- 
- RS016 WHAT DO WE KNOW ABOUT INTIMATE PARTNER VIOLENCE EXPERIENCED BY WOMEN IN LATER LIFE? A REVIEW OF THE DOMESTIC VIOLENCE AND ELDER ABUSE LITERATURE  
*Kristal LeBlanc, Lori Weeks*
- 
- RS017 EXAMINING UPTAKE VIA E-DISTRIBUTION OF KNOWLEDGE TRANSFER TOOLS FOR LONG TERM CARE  
*Ann Tassonyi, Lynn McCleary*

**CIHR-IA STUDENT POSTER COMPETITION SESSION II: DOCTORAL DIVISION**  
**FRIDAY, OCTOBER 23, 13:00 - 14:30** *Room: Wellington*

- 
- RS018 A COMPARISON OF TWO INFORMATION SYSTEMS IN PREDICTING FUNCTIONAL OUTCOMES OF OLDER REHABILITATION PATIENTS  
*Joshua Armstrong, Christine Glenny, Paul Stolee, Katherine Berg,*
- 
- RS019 ASSESSING THE AVAILABILITY OF PHYSICAL ACTIVITY OPPORTUNITIES IN ATLANTIC CANADIAN LONG-TERM CARE FACILITIES  
*Chad Witcher, John Spence, Nicholas Holt, Chris Blanchard, Donna Murnaghan, Renee Lyons*
- 
- RS020 CHANGES IN SLEEP QUALITY AND ASSOCIATED PSYCHOLOGICAL WELL-BEING AND PHYSICAL HEALTH IN LATER LIFE  
*Bridget L. Hanson, Joelle Ruthig*
- 
- RS021 CHARACTERISTICS ASSOCIATED WITH DEHYDRATION AMONG HOME CARE CLIENTS IN ONTARIO  
*Stacey Stewart, John Hirdes*
- 
- RS022 CONTENT VALIDITY OF THE WHEELCHAIR MOBILITY CONFIDENCE SCALE  
*Paula Rushton, Bill Miller*
- 
- RS023 CONTRASTING THREE FRAILTY CONCEPTUALIZATIONS IN THEIR ABILITY TO PREDICT NEGATIVE OUTCOMES FOR HOME CARE CLIENTS  
*Joshua Armstrong, Paul Stolee*

- 
- RS024 **DRIVING RESTRICTIONS: USING SCORES ON COGNITIVE TESTS FROM A LONGITUDINAL STUDY TO IDENTIFY AT RISK DRIVERS**  
*Janet Love, Stuart MacDonald, Holly Tuokko, David Hultsch, Esther Strauss*
- 
- RS025 **HEALTH AS A PREDICTOR OF INCOME FOR 55- TO 64-YEAR-OLD WIDOWED, SEPARATED, AND DIVORCED CANADIAN WOMEN**  
*Dorothy Hasinoff*
- 
- RS026 **HEALTH-RELATED ATTRIBUTIONS: IMPLICATIONS FOR WELL-BEING AND SURVIVAL AMONG VERY OLD ADULTS**  
*Tara Stewart, Judith Chipperfield, Raymond Perry*
- 
- RS027 **IMPROVING BALANCE IN OLDER ADULTS USING BLACK PEPPER AND LAVENDAR OIL**  
*Shannon Freeman, Satoru Ebihara, Takae Ebihara, Kaijun Niu, Masahiro Kohzuki, Hiroyuki Arai.*
- 
- RS028 **MENTAL HEALTH SERVICE USE AMONG CANADIAN OLDER ADULTS WITH ANXIETY DISORDERS AND HIGH LEVELS OF ANXIETY SYMPTOMS**  
*Tiffany Scott, Corey Mackenzie, Jitender Sareen, Judith Chipperfield, Daniel Bailis*
- 
- RS029 **MODELING AGE-RELATED NEUROMUSCULAR CHANGES IN HUMANS**  
*Sandra Webber, Michelle Porter, Phillip Gardiner.*
- 
- RS030 **OLDER ADULTS' USE OF FORMAL CARE SERVICES: DOES ETHNICITY MATTER?**  
*Satomi Yoshino, Janet Fast*
- 
- RS031 **POSITIVE REINTERPRETATION AND SUCCESSFUL AGING**  
*Audrey Swift, Judith Chipperfield*
- 
- RS032\* **PREDICTORS OF LIFE SATISFACTION AMONG LONG-TERM CARE RESIDENTS WHO USE WHEELCHAIRS AS A PRIMARY MEANS OF MOBILITY**  
*William Mortenson, William Miller, Catherine Backman, John Oliffe*  
\*Not in competition
- 
- RS033 **THE IMPACT OF SELF REGULATED DENTAL HYGIENISTS ON LONG-TERM CARE HOMES IN ONTARIO.**  
*Stacey Stewart*
- 
- RS034 **THE URGENT NEED FOR ORAL HEALTH SERVICES FOR THE OLDER ADULT: THE MOUTH BODY CONNECTION**  
*Salme Lavigne*
- 
- RS035 **USING A LIFE COURSE PERSPECTIVE TO UNDERSTAND PATHWAYS INTO HOMELESSNESS**  
*Abram Oudshoorn, Catherine Ward-Griffin*
- 
- RS036 **'THEY CAN MAKE YOUR DAY'. PATIENTS' PERSPECTIVES ON NURSE-PATIENT RELATIONSHIPS IN CHRONIC CARE.**  
*Veronique Boscart, Dorothy Pringle, Katherine McGilton, Elizabeth Peter, Francine Wynn*

## PAPER SESSION II

**FRIDAY, OCTOBER 23, 13:30 - 14:30**

### Theme: Palliative Care

Chair: Peter Brink

Room: Essex/Canterbury

P017 HEALTH CARE AIDES' 'EXPERIENCE OF THE ETHICAL' IN CARING FOR DYING SENIORS IN A PERSONAL CARE HOME

*Susan McClement, Harvey Max Chochinov, Michelle Lobchuk, Ruth Dean*

P018 THE IMPACT OF INFORMAL CARE AND CAREGIVER BURDEN ON PLACE OF DEATH IN PALLIATIVE HOME CARE

*Peter Brink, Trevor Smith*

P019 WHAT TO EXPECT WHEN SOMEONE CLOSE TO YOU IS DYING: CONCEPTUALIZATION, DEVELOPMENT, DISTRIBUTION AND PRELIMINARY EVALUATION OF AN INFORMATIONAL CAREGIVER BROCHURE

*Christopher Klinger, Maryse Savoie*

P020 WHERE GERONTOLOGY AND PALLIATIVE CARE MEET: END-OF-LIFE CARE IN ADVANCED OLD AGE

*Beryl Cable-Williams*

### Theme: Caregivers

Chair: Andrew Costa

Room: Harrow

P021 A MODEL FOR THE DEVELOPMENT OF CAREGIVER NETWORKS

*Antoinette Zloty, Michelle Lobchuck, Kerstin Roger, Lori Jones*

P022 ANALYSIS OF THE NEEDS AND TRANSITIONS OF ACUTE ALTERNATE LEVEL OF CARE (ALC) PATIENTS WAITING FOR LONG-TERM CARE IN ONTARIO.

*Andrew Costa, John Hirdes*

P023 CHANGING POLICIES IN LONG-TERM CARE HOMES IN ONTARIO

*Elaine Wiersma*

## SYMPOSIUM SESSION II

**FRIDAY, OCTOBER 23, 13:30 - 14:30**

S005 CONFLICT RESOLUTION - ISSUES IN LAW AND AGING

*Laura Watts, Judith Wahl, Joan Braun*

Chair: Laura Watts

Room: Cambridge

S006 SOCIAL EXCLUSION, SOCIAL CAPITAL, AND WELL BEING OF IMMIGRANT AND VISIBLE MINORITY OLDER ADULTS IN CANADA

*Daniel Lai, Shirley Chau, Habib Chaudhury, Atiya Mahmood, Yongjie Yon, Ann Sarte, Shireen Surood*

Chair: Daniel Lai

Room: York

## PAPER SESSION III

FRIDAY, OCTOBER 23, 14:45 - 15:45

### Theme: Falls

Chair: Mary Chiu

Room: Cambridge

- P024 APPRENDRE AU 3E ÂGE : LES PERSONNES ÂÎNÉES FRANCO-ONTARIENNES S'EXPRIMENT  
*Jacques Michaud, Natalie Aubin*
- P025 FOCUS ON FALLS PREVENTION: A FALLS PREVENTION INITIATIVE  
*Sandy Bell, Pamela Hawranik, Karen McCormac*
- P026 PREVENTION OF FALLS & FRACTURES BY IMPROVING VISION  
*Pamela Hawranik, Sandy Bell*
- P027 PSYCHOSOCIAL RESPONSES TO FALLING IN OLDER CHINESE IMMIGRANTS LIVING IN THE COMMUNITY  
*Mary Chiu, Joel Sadavoy*

### Theme: Disabilities

Chair: Shahin Shooshtari

Room: York

- P028 AGING TOGETHER: THE HEALTHCARE NEEDS OF PERSONS WITH INTELLECTUAL DISABILITIES AND THEIR FAMILIES  
*Jennifer Baumbusch*
- P029 AMBULATION CONFIDENCE IN OLDER ADULTS: PREDICTING MOBILITY AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING  
*William Miller, Roger Wong*
- P030 COMPARING HEALTH AND HEALTH CARE UTILIZATION PATTERNS BETWEEN OLDER ADULTS WITH AND WITHOUT INTELLECTUAL DISABILITIES IN MANITOBA  
*Shahin Shooshtari, Patricia Martens*
- P031 EXPLORING BARRIERS TO ACCESSING VISION REHABILITATION SERVICES IN SOUTH ASIAN AND CHINESE COMMUNITIES  
*Deborah Gold, Alex Shaw*

## SYMPOSIA SESSION III

FRIDAY, OCTOBER 23, 14:45 - 15:45

- S007 A GENDERED APPROACH TO STUDYING THE HEALTH AND HEALTH CARE ACCESS OF RACIALIZED OLDER ADULTS IN CANADA  
*Sharon Koehn, Karen Kobayashi, Sepali Guruge, Steven Prus, Melanie Spence,*  
Chair: Sharon Koehn  
Room: Essex/Canterbury
- S008 THIRTY FIVE YEARS OF AGING IN MANITOBA  
*Judith Chipperfield, Barbara Payne, Joelle Ruthig, Nancy Newall*  
Chair: Judith Chipperfield  
Room: Harrow

## POSTER SESSION IIA: PHYSICAL HEALTH

FRIDAY, OCTOBER 23, 14:45 - 16:00

Room: Wellington

- 
- R061 ATTITUDES TO AGEING AMONG OLDER PEOPLE WITH COPD  
*Gail Low*
- 
- R062 CHRONIC DISEASE PREVENTION AMONG ETHNIC MINORITY COMMUNITIES: THE ROLE OF PEER-PROFESSIONAL PARTNERSHIPS  
*Margaret Black, Barbara Carpio*
- 
- R063 DO OCCUPATION AND INCOME SATISFACTION MEDIATE THE RELATIONSHIP BETWEEN EDUCATION AND HEALTHY AGING?  
*Christine White, Suzanne Tyas*
- 
- R064 GERIATRIC PROGRAM ASSESSMENT TEAM (GPAT) A SUCCESSFUL MODEL OF COMMUNITY-BASED MULTIDIMENSIONAL GERIATRIC ASSESSMENT  
*Pat Montgomery, Phil St. John*
- 
- R065 OLDER ADULT'S ACCEPTABILITY RATINGS OF TREATMENTS FOR VERBAL AGITATION  
*Philippe Landreville, Valérie Leblanc*
- 
- R066 SCREENING FOR ADVERSE DRUG EVENTS IN LONG-TERM CARE: WHO IS SCREENING FOR WHAT?  
*Jean Kozak, Akber Mithani, Eleanor Alzona, Ann Sarte*
- 
- R067 SOCIAL POSITION AND FRAILITY  
*Phil St. John, Pat Montgomery*
- 
- R068 THE INFLUENCE OF SOCIAL SUPPORT ON DENTAL CARE UTILIZATION AMONG OLDER CANADIAN ADULTS.  
*Michael Campo*

## POSTER SESSION IIB: SOCIOCULTURAL / CULTURAL DIVERSITY

FRIDAY, OCTOBER 23, 14:45 - 16:00

Room: Wellington

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- R069 A NATIONAL GENDER-BASED COMPARISON OF SPOUSAL ABUSE IN MID-AND-OLD AGED ADULTS  
*Yongjie Yon, Andrew Wister, Gloria Gutman, Barbara Mitchell*
- 
- R070 ACTIVE(IST) AGING: ENGAGING PLANNING FOR AGE-FRIENDLY TO CITIES  
*Richard Milgrom, Becky Raddatz*
- 
- R071 AGE-FRIENDLY COMMUNITIES IN MANITOBA: PERSPECTIVE OF LOCAL GOVERNMENT  
*Audrey Blandford, Verena Menec*
- 
- R072 AN ANALYSIS OF THE PROCESSES AND OUTCOMES OF ELDERLY MIGRATION TO SMALL PRAIRIE LAKESHORE COMMUNITIES IN THE INTERLAKE REGION OF MANITOBA  
*John Spina*
- 
- R073 ASKING THE RIGHT QUESTIONS ABOUT EXPERIENCES DURING TRANSITIONS  
*Tracy Xu, Linda Garcia, William B Dalziel, Kathy Lechelt, James Silvius, Carol Cohen*
- 
- R074 CROSS-CULTURAL COMMUNICATION WITH OLDER ADULTS  
*Behnam Behnia*

- R075 CULTURAL COMPETENCE: ITS SIGNIFICANCE IN PROMOTING POSITIVE CHANGE IN THE DELIVERY OF LONG TERM CARE  
*Aysha Tayab*
- R076 DEVELOPING AN INSTRUMENT TO MEASURE A COMMUNITY'S AGE-FRIENDLINESS  
*Audrey Blandford, Verena Menec*
- R077 ELDER MEDIATION: CHANGING THE STATUS QUO - A SET OF SKILLS TO HELP SENIORS AND THEIR FAMILIES DEAL WITH ISSUES OF AGING  
*Judy McCann-Beranger, Judy Lynn Richards*
- R078 ENHANCING MEN'S MOTIVATION FOR HEALTH PROMOTION: NAVIGATING THE CONTRADICTIONS OF MEN AGING IN THE CONTEXT OF HEGEMONIC MASCULINITY  
*Duane Lesperance*
- R079 EXPLORING THE RELATIONSHIP OF SOCIAL CONNECTIONS AND ACTIVITY PARTICIPATION IN OLDER MARRIED MEN  
*Robin Stadnyk*
- R080 FAMILIES AND ASSISTED LIVING: CONTEXT, INVOLVEMENT AND OUTCOMES  
*Laurel Strain, Deanna Wanless, Colleen Maxwell*
- R081 GIVING AND RECEIVING: MAINTAINING SUPPORTIVE RELATIONSHIPS IN RURAL CANADA  
*Jennifer Swindle, Norah Keating, Donna Dosman*
- R082 HOW SOCIAL WORKERS IN QUEBEC CLSCS UNDERSTAND AND RESPOND TO CONCERNS OF INTIMATE PARTNER ABUSE IN THE LIVES OF OLDER WOMEN  
*Silvia Straka*
- R083 INTERGENERATIONAL DEPENDENCE OR INTERGENERATIONAL DISCORD?: A CRITICAL ANALYSIS OF THE NEW SYSTEM OF ELDERLY MEDICAL CARE IN JAPAN  
*Miya Narushima*
- R084 INVESTIGATING THE CONTRIBUTION OF OLDER ADULTS TO VIBRANT COMMUNITIES IN RURAL MANITOBA AND SASKATCHEWAN  
*Karina Cardona Claros, Arthur Ladd, Gina Sylvestre*
- R085 OLDER MEN'S CONCEPTIONS OF MASCULINITY AND AGING  
*Stephanie Chesser, Elaine Wiersma*
- R086 SOCIAL FACTORS IN THE LIVES OF THE ELDERLY  
*Nora Cristall, Kathy Hendrickson-Gracie, Gloria Dixon*
- R087 SOCIAL VULNERABILITY AMONG OLDER ADULTS: A SOCIAL ECOLOGY PERSPECTIVE FROM THE NATIONAL POPULATION HEALTH SURVEY  
*Melissa K. Andrew, Janice M. Keefe.*
- R088 TO SCREEN OR NOT TO SCREEN: ELDER ABUSE AMONG HOSPITALIZED ADULTS WITH DEMENTIA  
*Leslie Pisani, Christine Walsh, Kevin Lawless*
- R089 TWO GRANDFATHERS, THREE STORIES: UNDERSTANDING WHAT BEING A GRANDFATHER MEANS TO MEN TODAY  
*Duane Lesperance*
- R091 "FLYING BY THE SEAT OF OUR PANTS": CURRENT PROCESSES TO SHARE BEST PRACTICES TO DEAL WITH ELDER ABUSE  
*Paul Stolee, Loretta Hiller, Maureen Etkin, Jordi McLeod*

## **PAPER SESSION IV**

**FRIDAY, OCTOBER 23, 16:00 - 17:00**

### **Theme: Research Methods**

*Chair: Michelle Porter*

*Room: York*

P032 CAN WE MEASURE WHAT MATTERS? DEVELOPMENT AND PSYCHOMETRIC EVALUATION OF NURSE-PATIENT RELATIONSHIP SCALES.

*Veronique Boscart, Dorothy Pringle, Katherine McGilton, Elizabeth Peter, Francine Wynn*

P033 HOPE IN ACTION: THE EXPERIENCE OF PARTICIPATORY THEATRE WITH PRIMARY CAREGIVERS OF PERSONS WITH DEMENTIA

*Wendy Duggleby, Elizabeth Quinlan*

P034 SUSTAINED EFFECTS OF EDUCATION FOR COMMUNITY PERSONAL SUPPORT WORKERS IMPLEMENTING BEST PRACTICE GUIDELINES FOR DELIRIUM, DEMENTIA, AND DEPRESSION

*Ann Tassonyi, Jane Beamer, Tracey Schenck, Debi Ischerwood, Jo O'Brien, Lynn McCleary*

P035 THE VALIDITY OF THE ROADWISE REVIEW SELF-ASSESSMENT TOOL FOR OLDER DRIVERS

*Michelle Porter, Dana Kolach, Linda Johnson*

## **SYMPOSIA SESSION IV**

**FRIDAY, OCTOBER 23, 16:00 - 17:00**

S009 HOME CARE SERVICES TO ELDERLY CLIENTS: THE LABOUR OF CAREWORK

*Joanie Sims-Gould, Anne Martin-Matthews, Kerry Byrne, Janice Keefe, Pamela Fancey, Lucy Knight, Jacques Légaré*

*Chair: Joanie Sims-Gould*

*Room: Harrow*

S010 METHODOLOGICAL TOOLS TO FACILITATE AN OBSERVATIONAL EXAMINATION OF CONTEXT IN LONGTERM CARE AND ITS IMPACT ON KNOWLEDGE TRANSLATION AND PRACTICE

*Lesley Degner, Linda Niehaus, Christine Kreklewetz, Allison Cammer*

*Chair: Lesley Degner*

*Room: Essex/Canterbury*

S011 THE MANITOBA FOLLOW-UP STUDY: 1948 - 2009

*Robert Tate, T. Edward Cuddy, Christina Lengyel, Dennis Bayomi*

*Chair: Robert Tate*

*Room: Cambridge*

## SATURDAY, OCTOBER 24, 2009

Time	Session	Location
07:00 – 12:00	Registration	Lancaster
07:00 – 08:00	Breakfast for all Registrants	Mezzanine Level
07:15 – 08:45	Concurrent Symposia Session V	
07:30 – 08:30	<b>NICE – NATIONAL INITIATIVE FOR CARE OF THE ELDERLY BREAKFAST</b> Location: West & Midway Ballrooms NICE is an international knowledge transfer network of researchers, practitioners, students and seniors dedicated to improving the care of older adults, in Canada and abroad. Our members represent a broad spectrum of disciplines and professions, including geriatric medicine, gerontological nursing, gerontological social work, gerontology, rehabilitation science, sociology, psychology, policy and law. Our breakfast is open to all conference participants, including our current members as well as anyone who would like to learn more about NICE. Also, visit us on the web at <a href="http://www.nicenet.ca">www.nicenet.ca</a> .	
07:45 – 08:45	<b>BREAKFAST &amp; SC-CÉ ANNUAL GENERAL MEETING</b> Location: Wellington Room, Lobby Level  Come join other students and recent graduates for a light breakfast and some roundtable discussion at the CAG-ACG Student Connection – Connexion Étudiante (CÉ-SC) Annual General Meeting. Meet the SC-CÉ Executive Committee and Members-at-Large, learn more about SC-CÉ activities across the country and abroad, and help contribute to our strategic directions for the coming years.	
09:00 – 10:00	<b>Keynote: Dr. Max Cynader</b> Presented and Introduced by CIHR's Institute of Aging.  <b>“The Aging Brain”</b> Location: West & Midway Ballrooms Dr. Max Cynader is Director of the Brain Research Centre at Vancouver Coastal Health and The University of British Columbia (UBC), as well as Professor of Ophthalmology. In addition, he holds the Canada Research Chair in Brain Development at UBC and is a Principal Investigator in Canada's Network of Excellence in Stroke. He has received many honors over the years including the Order of Canada and the Order of British Columbia. Dr. Cynader's research has focused on the nature of the processing performed by the cerebral cortex, especially the sensory cortices dealing with vision and audition, and on the neural and molecular mechanisms underlying the development and adaptability of the cortex. He has made important contributions to understanding the mechanisms by which early use or misuse of the brain affects its functioning for the rest of the organism's life. Dr. Cynader has made numerous presentations to both academic and lay audiences stressing the importance of Brain Research.	
09:45 – 12:00	Exhibit Hall viewing	East Ballroom
10:00 – 10:15	Nutrition Break, Student Book Fair	Mezzanine Level
10:00 – 11:30	Poster Session III	Wellington
10:15 – 11:15	Concurrent Symposia Session VI	
11:15 – 11:30	Student Book Fair, Exhibit viewing	East Ballroom, Mezzanine Level

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**11:30 – 13:00 Lunch, CIHR Awards, CAG Awards, CAG Annual General Meeting**

Location: West & Midway Ballrooms

Please join us for lunch, CIHR-IA Awards Ceremony, CAG Awards Ceremony, and CAG Annual General Meeting. As part of the Canadian Research Forum on Aging sponsored by the CIHR's Institute of Aging, the CIHR-IA Recognition Prize in Research on Aging will be awarded and the CIHR-IA Student Poster Competition winners will be announced. Celebrate the CAG Award winners: CAG Donald Menzies Bursary - Sherry Dahlke; and, CAG Margery Boyce Bursary - Florian Bobeuf.

All delegates are invited to attend the AGM, but please note that only CAG members can vote. The agenda and pertinent documents have been distributed to members.

**CIHR-IA RECOGNITION PRIZES IN RESEARCH ON AGING**

As part of CIHR's Institute of Aging Canadian Research Forum on Aging, the "CIHR-IA Recognition Prizes in Research in Aging" will be presented to the top-ranked applicants in the 2008-2009 CIHR open competitions for research trainees in the field of aging, at different stages in their career development: Doctoral, Postdoctoral, and New Investigator.

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**13:00 – 14:00 Keynote Session – Dr. James Fries**

Location: West & Midway Ballrooms

Presented by CAG Legacy Fund and Section of Geriatric Medicine, Department of Internal Medicine, University of Manitoba.

Introduced by Dr. Philip St. John.



**"Compression of Morbidity: An Odyssey of Aging"**

Dr. Fries is Professor of Medicine at Stanford University. He has been on the Stanford Faculty since 1971 and has written over 275 articles and 11 books. The hallmark of Dr. Fries' research has been the bringing of quantitative data to central clinical and health policy issues. He introduced the use of computers in rheumatology clinical research in the early 1970's with development of time-oriented medical records, the first relational databases, and chronic disease data banks. He founded ARAMIS (Arthritis, Rheumatism and Aging Medical Information System) in 1976 and has directed it for the NIH for 32 years. In 1980 he presented the Compression of Morbidity paradigm, positing reduction in cumulative lifetime disability and the most cited gerontological article, which has enabled development of Healthier Aging programs. A recent AJPH article profiled him as a "healthy aging pioneer."

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**14:00 – 14:15 Break**

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**14:15 – 15:15 Concurrent Paper Session V and Symposia Session VII**

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**15:15 – 15:30 Break**

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**15:30 – 16:30 Concurrent Workshop Sessions**

Mezzanine Level & Wellington

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**16:30 – 17:30 CAG Board of Directors Meeting**

Essex/Canterbury

## **SYMPOSIA SESSION V**

**SATURDAY, OCTOBER 24, 07:15 - 08:45**

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- S012 ENVIRONMENTAL HEALTH: AN EMERGING NEED FOR OLDER ADULTS  
*Sandra Hirst, Catherine Huang, Alan Abelson, Jay Storfer, Gloria Gutman*  
*Chair: Sandra Hirst* *Room: Harrow*
- 
- S013 PERSPECTIVES ON END-OF-LIFE CARE FOR OLDER PERSONS  
*John Bond, Genevieve Thompson, Kerstin Stieber Roger, Shelly Cory, Brenda Hearson, Lisa Streeter*  
*Chair: John Bond* *Room: Essex/Canterbury*
- 
- S014 SENIORS' MOBILITY AND TRANSPORTATION IN CANADA: ACTION AND POLICY DIRECTION  
*Catherine Drew, Jim Zamprelli, Paul Boase, Louise Plouffe*  
*Chair: Catherine Drew* *Room: York*
- 
- S015 THE ATLANTIC SENIORS' HOUSING RESEARCH ALLIANCE: THE CHALLENGES AND REWARDS OF A PARTICIPATORY RESEARCH PROGRAM EXPLORING THE HOUSING NEEDS OF ATLANTIC CANADIANS  
*Robin Stadnyk, Lori Weeks, Pamela Fancey, Kathleen Cruttenden, Judy Lynn Richards*  
*Chair: Kathleen Cruttenden* *Room: Cambridge*

## **POSTER SESSION IIIA: ETHICS AND LEADERSHIP**

**SATURDAY, OCTOBER 24, 10:00 - 11:30**

*Room: Wellington*

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- R092 AN INNOVATIVE SHARED LEADERSHIP MODEL: THE BC NETWORK FOR AGING RESEARCH  
*Andrew Wister, Lynn Beattie, Elaine Gallagher, Gloria Gutman, Dawn Hemingway, Colin Reid*
- 
- R093 BUILDING EFFECTIVE RESEARCH KNOWLEDGE INVESTIGATIVE TEAMS: THE BC HOME AND COMMUNITY CARE RESEARCH NETWORK (BC-HCCRN) EXPERIENCE  
*Ann Sarte, Jean Kozak, Akber Mithani*
- 
- R094 FROM CHALLENGES TO BEST PRACTICES: A COMMUNITY PARTNERSHIP THAT THRIVES  
*Jill Cadarette, Joyce Nixon*
- 
- R095 GERIATRIC PROGRAM ASSESSMENT TEAM: MERGING HOSPITAL- AND COMMUNITY-BASED CARE OF THE ELDERLY IN WINNIPEG  
*Brent Winstone, Pat Montgomery, Annyue Wong*
- 
- R096 LATER LIFE CARE PLANNING CONVERSATIONS FOR OLDER ADULTS AND FAMILIES  
*Paul Stolee, Christine Zaza, Michael Sharratt*
- 
- R097 NURSING HOME CONTEXT ASSOCIATED WITH PROFESSIONAL NURSE JOB SATISFACTION  
*Carole Estabrooks, Peter Norton, Susan Slaughter, Anastasia Mallidou, Greta Cummings*
- 
- R098 PEER LEADERSHIP: A MODEL OF EDUCATION FOR OLDER ADULTS  
*Sue Mackenzie, Dawn Chapman Shoup*
- 
- R099 USING EXPERTS TO INFORM LONG TERM CARE PRACTICE  
*Carole Lynne LeNavenec, Sandra Hirst*

## **POSTER SESSION IIIB: MULTIDISCIPLINARY**

**SATURDAY, OCTOBER 24, 10:00 - 11:30**

*Room: Wellington*

- 
- R100 **A PARTNERSHIP FOR GERONTOLOGICAL NURSING EDUCATION**  
*Sandra Hirst, Carole Lynne LeNavenec*
- 
- R101 **ANEMIA AND ELECTIVE SURGERY IN THE OLDER ADULT**  
*Susan Kenny, Brian Muirhead, Barbara Payne*
- 
- R102 **CANADIAN NETWORK FOR PREVENTION OF ELDER ABUSE (CNPEA): EXPLORING FORM AND FUNCTION OF A NATIONAL, NON-PROFIT GRASS ROOTS ORGANIZATION**  
*Mark Yaffe, Charmaine Spencer, Judy Lynn Richards, Allison Leaney*
- 
- R103 **CONTINUING CARE RESIDENT TRENDS: INFORMATION FOR HEALTH POLICY AND SERVICE DEVELOPMENTS**  
*Donna Wilson, Jessica Hewitt, Amy Thurston*
- 
- R104 **EXAMINING RELATIONSHIPS BETWEEN QUALITY INDICATORS IN THE RAI-MDS**  
*Anne Sales, Hannah Jerke, K Draper, Colleen Maxwell, Gary Teare*
- 
- R105 **INFLUENCING SENIORS MENTAL HEALTH THROUGH POLICY**  
*Penny MacCourt*
- 
- R106 **KNOWLEDGE EXCHANGE FOR ENHANCED GERIATRIC NURSING EDUCATION**  
*Lynn McCleary, Veronique Boscart, Ryan DeForge, Katherine McGilton, Abram Oudshoorn*
- 
- R107 **KNOWLEDGE EXCHANGE IN GERONTOLOGY: SUPPORTING RESEARCH THROUGH THE BIO-PSYCHO-SOCIAL ASSESSMENTS IN AGING WEBSITE**  
*Aleksandra Zecevic, Ivan Culum*
- 
- R108 **MANITOBA'S PRIMARY CAREGIVER TAX CREDIT**  
*Antoinette Zloty, Melene Sechman, Marty Kinamore*
- 
- R109 **MASSAGE THERAPY VISITS BY THE ELDERLY: TESTING A MODIFIED ANDERSEN MODEL**  
*Kevin Willison*
- 
- R110 **PATTERNS OF RESOURCE UTILIZATION BY MEDICAL AND SOCIAL SERVICE PROFESSIONALS AND UNPAID CARE PROVIDERS: KNOWLEDGE TRANSFER, TRANSLATION AND DISSEMINATION**  
*Kerstin Roger, Pamela Hawranik*
- 
- R111 **RESIDENT-CENTRED CARE AND WORK SATISFACTION OF HEALTH CARE AIDES**  
*Anita Marcotte, Lorna Guse, Bonnie Hallman, Skip Koolage*
- 
- R112 **THE EFFECTS OF A PATIENT-CENTRED COMMUNICATION INTERVENTION FOR PATIENTS IN LONG TERM CARE**  
*Katherine McGilton, Souraya Sidani, Elizabeth Rochon, Riva Sorin-Peters, Mary Fox, Veronique Boscart*

## SYMPOSIA SESSION VI

**SATURDAY, OCTOBER 24, 10:15 - 11:15**

- S016 CAG INTERDISCIPLINARY EDUCATION COMMITTEE SYMPOSIUM: REFLECTIONS ON AN INTERDISCIPLINARY CORE COURSE  
*Kathleen Cruttenden, Lorraine Mercer, Hildegard Brack, Andrea Charise*  
*Chair: Kathleen Cruttenden* *Room: Harrow*
- S017 EXPERIENCES IN INTERDISCIPLINARY RESEARCH: PERSPECTIVES FROM THE DISCIPLINES  
*Phil St. John, Laurel Strain, Jo-Ann Lapointe McKenzie, Suzanne Tyas*  
*Chair: Phil St. John* *Room: Cambridge*
- S018 HEALTH, WORK AND FINANCES: NEW FEDERAL DATA ON OLDER CANADIANS  
*Laurie Walker, Catherine Drew, Jennifer Ali, Tanya Noel, John Rietschlin*  
*Chair: Catherine Drew* *Room: York*
- S019 SENIORS' DISPROPORTIONATE VULNERABILITY IN DISASTERS: THE WAY FORWARD  
*Maggie Gibson, John Lindsay, Gloria Gutman*  
*Chair: Maggie Gibson* *Room: Essex/Canterbury*

## PAPER SESSION V

**SATURDAY, OCTOBER 24, 14:15 - 15:15**

### Theme: Cultural Diversity

*Chair: Raj Dhruvarajan*

*Room: Essex/Canterbury*

- P036 AGEING IN INDIA: EVIDENCE FROM A SURVEY IN KARNATAKA STATE  
*Raj Dhruvarajan*
- P037 EXPLORING THE EXPERIENCES OF CULTURALLY DIVERSE FAMILY CAREGIVERS OF OLDER ADULTS: PERCEPTIONS OF FORMAL SERVICES AND RELATED BARRIERS  
*Caroline Thomson, Daniel Lai*
- P038 RE-EXAMINATION OF HEALTHY IMMIGRANT EFFECT OF AGING SOUTH ASIAN IMMIGRANTS IN CANADA  
*Shireen Surood, Daniel Lai*
- P039 SOCIAL EXCLUSION AND ATTITUDE TOWARD AGING OF OLDER CHINESE LIVING ALONE IN CHINA  
*Hongmei Tong, Daniel W.L. Lai*

### Theme: Nutrition

*Chair: Melissa Sitter*

*Room: York*

- P040 FOOD CHOICES RELATED TO OSTEOPOROSIS AND CALCIUM CONTENT: A POPULATION-BASED PERSPECTIVE  
*Katherine McLeod, Shanthy Johnson*
- P041 HEALTHCARE PROFESSIONALS' PRACTICES AND BARRIERS TO IMPLEMENTING SYSTEMATIC NUTRITIONAL SCREENING IN SENIORS  
*Natalie Carrier, Lita Villalon, Manon Laporte*
- P042 NUTRITION ATTITUDES AND BELIEFS OF OLDER MANITOBANS AFTER RELOCATING TO A PERSONAL CARE HOME  
*Melissa Sitter, Christina Lengyel*

- 
- P043 THE INTERACTIVE EFFECTS OF PERSONAL, SOCIAL AND PHYSICAL ENVIRONMENTAL FACTORS ON THE DINING EXPERIENCE OF COGNITIVELY IMPAIRED RESIDENTS IN LONG-TERM CARE  
*Sharon Koehn, Jean-Francois Kozak, Elisabeth Drance*

**Theme: Dementia #2**

*Chair: Jenny Ploeg*

*Room: Harrow*

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- P044 LE RÔLE D'AIDANT AUPRÈS D'UNE PERSONNE ATTEINTE DE DÉMENCE : UNE RESPONSABILITÉ FONDAMENTALEMENT MORALE  
*Sophie Éthier, Anne-Marie Boire-Lavigne, Suzanne Garon*

- 
- P045 LIGHT THERAPY FOR MANAGING COGNITIVE, SLEEP, FUNCTIONAL, BEHAVIOURAL, OR PSYCHIATRIC DISTURBANCES IN DEMENTIA: A COCHRANE REVIEW  
*Ivan Culum, Dorothy Forbes, Andrea R Lischka, Debra G Morgan, Shelley Peacock, Jennifer Forbes*

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- P046 OLDER ADULTS' AWARENESS OF COMMUNITY HEALTH AND SUPPORT SERVICES FOR DEMENTIA CARE  
*Jenny Ploeg, Margaret Denton, Joseph Tindale, Brian Hutchison, Kevin Brazil, Noori Akhtar-Danesh*

**SYMPOSIA SESSION VII**

**SATURDAY, OCTOBER 24, 14:15 - 15:15**

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- S020 EMERGING, PRESSING ISSUES IN RESEARCH AND PRACTICE FOR ABUSE AND NEGLECT OF OLDER ADULTS  
*Charmaine Spencer, Jean Kozak, Christine Walsh, Atsuko Matsuoka*  
*Chair: Charmaine Spencer*

*Room: Wellington*

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- S021 MERGING PERSPECTIVES ON AGING AND DISCIPLINARY FIELDS: A PROMISING WAY FORWARD IN RESEARCH AND PRACTICE IN VETERANS CARE  
*Briana Zur, Anne-Marie Bostrom, Maggie Gibson*  
*Chair: Briana Zur*

*Room: Cambridge*

**WORKSHOPS**

**SATURDAY, OCTOBER 24, 15:30 - 16:30**

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- W001 FROM MANUSCRIPT TO PUBLICATION: SHINING LIGHT ON THE REFEREEING AND PUBLISHING PROCESS  
*Stacey Stewart, Mark Rosenberg, Lucie Richard, Anthony Kupferschmidt*

*Room: Wellington*

- 
- W002 LET'S TALK: OLDER ADULTS, MEDICATIONS AND ALCOHOL  
*Sheri Fandrey, Jill Overwater*

*Room: Harrow*

- 
- W003 NO PARTICULAR PLACE TO GO: INTERDISCIPLINARY RESEARCH ON OLDER DRIVER SAFETY.  
*Holly Tuokko, Phyllis McGee, Trudy Pauluth-Penner, Janet Love, Ryan Rhodes, Warwick Dobson*

*Room: West Ballroom*

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- W004 WHEN EYES MUST HEAR - UNDERSTANDING HEARING LOSS  
*Rosalyn Sutley, Judi Bauer, Elsie Edwards, Jennifer Perron*

*Room: York*

- 
- W005 YOU'RE NOT MY MOTHER! (WITH APOLOGIES TO DR. SEUSS): CHALLENGES AND OPPORTUNITIES WITH THE "IT'S FOR YOUR OWN GOOD" SITUATIONS IN LONG TERM CARE  
*Henry Kielley, Elizabeth Currie*

*Room: Cambridge*

## PAPER SESSION I

FRIDAY, OCTOBER 23, 10:15 - 11:15

### Theme: Psychological Issues

Chair: Corey MacKenzie

Room: Cambridge

#### P001 CREATION AND NORMING OF A NOVEL EMOTIONAL SPEECH INTELLIGIBILITY TASK

*Kate Dupuis, M.A., M. Kathleen Pichora-Fuller, Ph.D., 3359 Mississauga Road North, Mississauga ON L5L1C6 Canada (kated@psych.utoronto.ca) Tel: (905) 569-4634*

Speech intelligibility tests measure spoken language understanding in different listening conditions. While the creators of these tests have attempted to equate for certain stimulus characteristics (e.g., word frequency), the emotional characteristics of the stimuli have been overlooked. Stimuli are typically recorded by a trained talker who uses little emotional inflection, which is not representative of natural speech. This paper describes the creation and norming of an emotional version of a commonly-used speech intelligibility task (Northwestern University Auditory Test; NU-6). In Experiment 1 the original 200 stimuli were re-recorded by two actresses in seven different tones of voice and were analyzed on the dimensions of duration, intensity, and pitch. In Experiment 2 the stimuli were rated by both younger and older listeners to establish whether each stimulus accurately represented the emotion the actresses were instructed to convey. Results indicate that identification of emotional tones of voice is high, although older listeners are less accurate than younger listeners. Specific confusion patterns and gender-related identification patterns will be discussed. This is one of the first attempts to create an emotionally ecologically-relevant test of speech intelligibility and will inform the existing literature on age- and emotion-related differences in speech production and perception.

#### P002 EXPLORING HOW CONFIDENCE IMPACTS WHEELCHAIR USE: DEVELOPMENT OF A CONCEPTUAL FRAMEWORK

*Paula Rushton, PhD Candidate, Bill Miller, 712 Keith Rd. East, North Vancouver BC V7L 1W7 Canada (prushton@interchange.ubc.ca) Tel: (778) 840-8136*

**Background and Purpose:** Many older adults use a wheelchair as their primary means of mobility. Clinically, confidence is observed to impact wheelchair use, but a clear understanding of the details is lacking. This study describes the development of a conceptual framework used to explain confidence and wheelchair use. **Participants:** A sample of twenty-nine wheelchair users and health care professionals were purposively selected based on their expertise in the area of wheelchair mobility. **Data Collection and Analysis:** Data were collected and analyzed using a ground theory approach whereby in-depth semi-structured interviews were used to obtain an account of the participant's experiences and perceptions of confidence and wheelchair use. These interviews generated knowledge of a variety of situations in which confidence with wheelchair use is challenged. **Sampling continued until theoretical saturation was reached.** **Findings:** Six themes related to confidence and wheelchair use emerged: physical environment, activities performed while using a manual wheelchair, knowledge and problem solving, advocacy, managing social situations, and managing emotions. A conceptual framework integrating these themes will be described. **Clinical Implications:** Although further work will be needed to validate and refine this model, it will provide a framework for further exploration of the impact of confidence on wheelchair use.

#### P003 IS IT FEASIBLE TO TARGET CAREGIVER INTERVENTIONS TO SPOUSES WITH MOOD OR ANXIETY DISORDERS?

*Corey Mackenzie, Ph.D., Nasreen Khatri, Ph.D., Julia Cheng, M.A., Ursula Wiprzycka, M.A., 190 Dysart Rd, Winnipeg MB R3P 2N2 Canada (corey\_mackenzie@umanitoba.ca) Tel: (204) 474-8260*

Reviews and meta-analyses suggest that interventions for caregivers of older adults with dementia have been modestly effective in reducing caregiver distress. One reason for modest outcomes is that intervention studies

have tended to recruit heterogeneous caregivers who are not necessarily highly distressed. The purpose of this study is to examine the feasibility of targeting interventions toward spouse caregivers with diagnosed mood or anxiety disorders. During the 2-year study we recruited caregivers of community-dwelling spouses with dementia for 13 weeks of group cognitive behavioral therapy. Of the 100 caregivers we screened, 64 were ineligible or not interested. The 36 interested caregivers who met screening criteria completed a detailed diagnostic intake assessment and 28 of them began therapy. Importantly, we successfully recruited only 28 caregivers with DSM-IV diagnoses in two years under ideal circumstances; this study was located in one of the busiest geriatric health care centres in North America, one of our research assistants' primary responsibilities was recruitment, and our recruitment strategy was comprehensive. These results indicate that it would be extremely difficult for clinicians or researchers working in smaller cities or health care centres to run therapy groups using strict entrance criteria such as those employed in our study.

Funding: Alzheimer Society of Canada

**P004 SPEED OF INFORMATION PROCESSING ACCOUNTS FOR THE VERBAL MEMORY DECLINE WITH AGING**

*Safa Elgamal, MBBCH, PhD, Michael Marriott, PhD, Glenda MacQueen, MD, PhD, 200 University Ave, West, Waterloo On N2L 3G1 Canada (selgamal@healthy.uwaterlo.ca) Tel: (519) 888-4567 ext 38591*

Objectives: The purpose of this study is to examine the relation between age, speed of information processing, and verbal memory in healthy individuals and in patients with major depressive disorder.

Methods: We examined 104 healthy controls and 149 patients with major depression (age 15-75) using measures for speed of processing (Trail Making A & B and Digit Symbol Substitution Test) and verbal memory (California Verbal Learning Test).

Results: Age was negatively correlated with processing speed but not verbal memory in both groups. The two groups differed on verbal memory and speed of processing; however, when we controlled for speed of processing, the differences between the two groups on verbal memory disappeared.

Conclusion: The decline in cognitive functions with aging could be attributable to the decline in information processing. The results of this study support the speed of processing hypothesis of aging.

Funding: This work was supported by CIHR and OMHF grants to Dr MacQueen.

**Theme: Dementia #1**

*Chair: Catherine Ward-Griffin*

*Room: Harrow*

**P005 AGGRESSIVE BEHAVIOURS TOWARDS FRONTLINE STAFF IN DEMENTIA CARE**

*Anne-Marie Bostrom, PhD, Janet Squires, RN, MN, Sarah Brooker, BA, Agnes Mitchell, RN, MN, Anne Sales, RN, PhD, Carole Estabrooks, RN, PhD, 5-112 Clinical Sciences Building, Edmonton AB T6G 2G3 Canada (anne-marie.bostrom@nurs.ualberta.ca) Tel: (780) 492-8473 ext*

At least 70% of residents in long-term care settings in Canada suffer from dementia. Residents with dementia can exhibit aggressive behaviours. Few studies have explored the extent or determinants of such behaviours. The purpose of this presentation is to describe the incidence of five types of aggressive behaviours experienced by frontline care providers working in two models of dementia care: Residential Alzheimer's Care Centers and Secured Dementia Units, and to explore factors associated with aggressive behaviour. Data are from 91 frontline care providers who completed a survey. A majority (65%) of the respondents reported experiencing one or more aggressive behaviours. Care providers in Secured Dementia Units reported a significantly higher number of aggressive acts (Mean = 2.4) than providers in Residential Alzheimer's Care Centers (Mean = 0.9). The most frequently reported types of aggression were being spit on, bitten, hit or pushed (N=45) and hurtful remarks/behaviours (N=44). Aggressive behaviours were statistically correlated with organizational slack ( $r=-0.312$ ), information sharing interactions ( $r=0.240$ ) and emotional exhaustion of the care provider ( $r=0.232$ ). Findings from this study offer new insights into the factors associated with aggressive behaviour in long-term care facilities. These findings also offer direction for more in-depth investigation in this emerging area.

**P006 INDIVIDUALIZED CARE FOR INSTITUTIONALIZED PERSONS WITH DEMENTIA; BENEFITS AND UNINTENDED CONSEQUENCES**

*Neena Chappell, PhD, Helena Kadlec, PhD, Colin Reid, PhD, PO Box 1700 STN CSC, Victoria BC V8W 2Y2 Canada (nlc@uvic.ca) Tel: (250) 472-4465 Fax: (250)721-6499*

Introduction: There have been few empirical studies examining the benefits of individualized care (IC) for institutionalized persons with dementia despite the popularity of the concept. This paper examines the relationship between several domains of IC and numerous resident outcomes.

Methods Materials: 18 nursing homes in British Columbia participated in the study. Care was measured at the institutional level. Data were collected from 198 residents on admission, at 6 months and 1 year. Analyses use hierarchical linear modeling.

Results: The data reveal that different IC domains are related to different outcomes and each domain differentially depending on the outcome. For example, when staff knows the resident better and communicate more with the resident, physical functioning improves over time; increased communication with the resident is also related to improved resident social skills. However, knowing the resident better is also related to declines in cognitive functioning, more physical agitation and decreased expressive language skills.

Conclusion: Results are discussed in terms of the complexity of the area and unanticipated effects of IC. For example, as staff come to know residents better they may also be more aware of their decline (staff with more dementia training are those who know the resident better). (Funds: CIHR)

**P007 RESOURCE MANAGEMENT IN DEMENTIA HOMECARE: MERGING DIVERGENT PERSPECTIVES**

*Catherine Ward-Griffin, Carol McWilliam, Dorothy Forbes, Abram Oudshoorn, Oona St-Amant, Ryan DeForge,, Faculty of Health Sciences, London ON N3T 5B2 Canada (cwg@uwo.ca) Tel: (519) 661-2111 ext 86584*

Objectives: The purpose of this critical ethnographic study was to examine client-caregiver-provider relationships in dementia homecare.

Methods: A purposeful sample of 9 dementia care networks, including 9 clients, 27 family caregivers and 14 home care providers, was obtained. Using semi-structured, in-depth interviews coupled with participant observations, data were collected over 19 months.

Findings: Analyses within and across networks revealed four, integral relational care processes. This presentation will focus on one of those processes, managing care resources. Persons with dementia, family caregivers and providers brought divergent values and expectations of the resources required to provide dementia care. Although case managers assumed the primary responsibility of determining, coordinating and allocating formal resources for each of the dementia care networks, resources such as knowledge, skill and health status of the client and/or family caregivers, were rarely considered. Moreover, limited involvement between case managers and clients often resulted in clients and families managing on their own without appropriate resources.

Conclusions: Study findings will contribute to the refinement of policies that improve access to home care resources for people with dementia and their family caregivers and provide vital information about those conditions that potentially create and reinforce health inequities.

Funding: CIHR, ASC

**P008 THE IMPACT OF MARRIAGE ON DEMENTIA: MERGING RESEARCH PERSPECTIVES**

*Judie Davies, PhD, 521 Tier Building, University of Manitoba, Winnipeg MB R3T 2N2 Canada (jdavies@mts.net) Tel: (204) 848-4495*

Recognizing the impact of marriage commitment to living with early-stage dementia has important implications for developing proactive care for individuals with dementia and their families. A mixed-methods research design with a core methodology of narrative analysis and the use of quantitative measures were used as emerging perspectives to explore how six couples experienced the meaning of commitment through memory

loss represented by the transitional process of pre-diagnosis, diagnosis, and post-diagnosis. Uncovering how couples interpreted and enacted the impact of commitment to each other and to their relationship historically and contextually became the vehicle for understanding the impact of commitment in relation to a diagnosis of Alzheimer's disease. Patterns of caring were reflected throughout the couple's marriage biographies that helped sustain them in their ability to be there for each other now that one of them had Alzheimer's disease. These patterns of caring were, namely, commitment means (1) partnership for life, (2) reciprocity, (3) resilience, and (4) forgiveness. Merging research perspectives led to an understanding of how the "us identity" of the couple changed but remained intact. Couples considered the challenge of dementia to be a "collaborative venture" - a journey into the unknown.

**Theme: Knowledge Transfer**

*Chair: Lynn McCleary*

*Room: York*

**P009 CANADA'S FEDERAL ELDER ABUSE INITIATIVE: THE FEDERAL GOVERNMENT'S RESPONSE TO ELDER ABUSE**

*John Connolly, Susan Crichton,, Tower A 12th floor - Room 150 333 North River Road, Ottawa Ontario K1A 0L1 Canada (john.m.connolly@hrsdc-rhdsc.gc.ca ) Tel: (613) 948-8376*

Budget 2008 invested 13 million over three years to help seniors and others recognize the signs and symptoms of elder abuse and to provide information on what is available. The directions and priorities of the Federal Elder Abuse Initiative (FEAI) are guided by a Report of the National Seniors Council completed in November 2007.

The FEAI is a coordinated effort led by Human Resources and Skills Development Canada in partnership with the Public Health Agency of Canada, the Department of Justice Canada and the Royal Canadian Mounted Police. This partnership recognizes the multidisciplinary nature of the issue of elder abuse and the roles of various disciplines in prevention and intervention.

Key activities undertaken by the FEAI partners to date will be presented. These include: the development of awareness and training initiatives and tools targeting the general public, health care providers, justice system professionals and others; the outcome of a scan and analysis of elder abuse screening and intervention tools; results of a gender based analysis of elder abuse; and an overview of an initiative aimed at engaging youth in prevention efforts. Future strategic directions of the FEAI will be discussed.

**P010 IMPLEMENTING BEST PRACTICES FOR CLIENT CENTRED CARE: LESSONS FOR MATCHING KNOWLEDGE TRANSFER AND PRACTICE SUPPORT STRATEGIES TO RESOURCES, CULTURE, AND CHARACTERISTICS OF THE PRACTICE ENVIRONMENT**

*Lynn McCleary, PhD, Denise Dobson, RN, BScN, 500 Glenridge Ave., St. Catharines ON L2S 3A1 Canada (lmccleary@brocku.ca) Tel: (905) 688-5550 ext 5160 Fax: (905)688-6658*

Evidence about successful knowledge transfer suggests that multiple strategies are more likely to be successful but little is known about how to best match implementation strategies to culture, resources, and needs of the practice setting. This paper describes nurses' perspectives on implementation of the RNAO Client Centred Care Nursing Best Practice Guideline in complex continuing care units of two community hospitals. Multiple supports that were put in place to improve client centred care are described. One year into implementation, twenty nurses were interviewed about their experiences with implementation and processes that made it easier for them to achieve client centred care. Qualitative content analysis focused on understanding the extent to which strategies aligned with the resources and characteristics of the practice environment. For example, whiteboards with patient information in the patient rooms that required daily updates were inconsistently used. Photostory boards about clients, created by recreation staff and posted in the client rooms, helped nurses know their clients better and engage in meaningful conversation with them. Expertise and support of supervisors and respected colleagues, including practice champions, was identified as a key support to achieving client centred care. This study was funded by the Registered Nurses' Association of Ontario.

**P011 KNOWLEDGE TRANSFER AND BEST PRACTICE IN AN ELDER FRIENDLY HOSPITAL SERVICE**

*Belinda Parke,, 3rd Floor Clinical Science Building, Edmonton AB T6G 2G3 Canada (belinda.parke@ualberta.ca) Tel: (780) 492-8685*

Canada's growing senior's population is evident in most acute care hospitals where approximately 50% of bed days are utilized by those 65 and older. Planning, designing, and building Elder Friendly Hospital environments is a complex endeavor with many facets to consider including: social climate, policies and procedures, physical design, and care systems and processes.

Objective: To address the question: "How can hospitals create environments that support the functional abilities of older patients admitted to the emergency departments, acute medical surgical in-patient units and diagnostic areas"? Method: A systematic literature review will be presented. Conclusion: Current state of knowledge is presented, highlighting gerontological nurses' leadership role in improving health care to acutely ill older patients.

**P012 QUEST FOR A PLACE TO RE-CREATE HOME: PERSONS WITH DEMENTIA AND THEIR CAREGIVERS' PREFERENCES**

*Faranak Aminzadeh, RN, M.Sc.N, GNC (C), William B Dalziel, MD, FRCP (C), Frank Molnar, M.Sc., MDCM, FRCP (C), Linda Garcia, Ph.D, S-LP (C), Reg. CASLPO, 142 Whitestone Dr., Ottawa ON K2C 4C8 Canada (faminzadeh@ottawahospital.on.ca) Tel: (613) 792-1108*

Objectives: Relocation to a retirement residence has become an increasingly common experience for persons with dementia (PWD). This paper explored the process of "place" selection from the perspectives of PWD (and their family caregivers) who were moving to a retirement residence. Methods: This was a qualitative study that involved separate in-depth interviews with 16 PWD and their caregivers. Results: The search and selection process was comprised of two steps: a) selection of an alternative living environment and care setting (i.e., the dynamic process of contemplating change, considering alternative modalities of housing and care, and making a decision to relocate to a retirement residence), and b) selection of a specific residence. In their quest to find a "place" to re-create home, three themes emerged as being of salient importance: "continuity", "connection" and "comfort". The interaction of many attributes of the physical, social and organizational environment of the residence created an overall emotional climate that provoked an affective response. The paper explores the qualities and attributes of the outside, communal and private spaces that seemed to carry an emotional valence for the participants. Conclusion: The findings inform designs, practices and policies that can support the expression of patterns of activities and interactions that evoke a sense of "being at home" for PWD.

**Theme: Environmental Issues**

*Chair: Lori Weeks*

*Room: Essex/Canterbury*

**P013 AGING WITH HIV: FINDINGS FROM A STUDY OF HEALTH AND SOCIAL SERVICES OF ELEVEN OLDER ADULTS LIVING WITH HIV/AIDS IN OTTAWA, ONTARIO**

*Charles Furlotte, MSW, 95 Main Street Unit #202, Ottawa ON K1S 2B8 Canada (cfurlott@uottawa.ca) Tel: (613) 608-2429*

Life expectancies of people living with HIV-infection in Ontario have and will continue to improve, and thus health and social service providers will increasingly encounter older adults living with HIV/AIDS. To date, neither aging nor HIV services research in Canada have focused on the inevitable intersection of the two. The present study attempts to begin to fill this critical gap, and provides an exploratory qualitative examination of the health and social service experiences of eleven older people living with HIV/AIDS in Ottawa, Ontario. Participants, aged 50 and over and recruited through a local AIDS Service Organization were interviewed regarding their various service experiences. Participants reported using both HIV-specific and mainstream services, and expressed concerns over lack of stable housing, availability of appropriate long term care, and mental health services. Stories revealed some participants feel lack of recognition, uniqueness, and confusion in accessing

many services. Some older adults living with HIV reported several discriminatory service experiences, and spoke of institutional, professional and PHA power. Social workers may wish to take an interdisciplinary approach to better build their knowledge of medical and psychosocial factors impacting clients aging with HIV, as well as advocate for improved health and social services for this niche population.

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**P014 ATLANTIC CANADIAN SENIORS' PREFERENCES FOR FUTURE HOUSING**

*Lori Weeks, Ph.D., Robin Stadnyk, Ph.D., Donald Shiner, Ph.D., 550 University Avenue, Charlottetown PE C1A 4P3 Canada (lweeks@upei.ca) Tel: (902) 566-0528 Fax: (902)628-4367*

Preparing for the future housing needs of seniors is imperative in countries with an aging population. However, little is known about the future housing preferences of seniors in Canada. A random sample of 1,702 seniors completed a mailed survey, and a purposive sample of 123 seniors, representing distinct and underrepresented groups, participated in 15 focus groups. Survey results indicated that most seniors did not plan to move, but if moving became necessary, they preferred to remain living in their community. Those planning to move indicated a strong preference for housing designed specifically for seniors. Highly preferred housing options included garden suites, sheltered housing, special retirement housing, and congregate housing. In contrast, many focus group participants planned to move, especially rural seniors and those with health limitations. Focus group participants identified preferred housing characteristics, regardless of the specific form of housing (i.e. affordability, accessibility, size, cultural heritage of co-residents, independence, social and recreational opportunities, and safety features). The results are beneficial in helping to develop supports to meet the needs of seniors who prefer to remain living in their homes/communities, to develop preferred future housing options, and to identify specific features ideally present in all forms of housing designed for seniors.

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**P015 THE LAST FRONTIER: AGEISM IN HOUSING AND HEALTH LAW**

*Charmaine Spencer, LL.M., 2800-515 West Hastings Street, Vancouver BC V6B 5K3 Canada (cspencer@shaw.ca) Tel: (778)782-5047*

**INTRODUCTION:** In 2009 the Law Commission of Ontario commissioned a series of papers on ageism and the law in order to develop a non-ageist legal framework. Ageism is exclusionary, paternalistic, anti-equality and anti-social justice. It is also the last frontier of discrimination. Housing and health are two key areas that have a significant impact on the lives and wellbeing of older adults.

**OBJECTIVE:** This paper outlines a framework for understanding ageism in housing and health law/practice in Ontario and other jurisdictions. It examines the primary types, sources associated with ageism and law's roles in perpetuating it.

**METHODS:** The report draws on a literature review, combined with interviews from key stakeholders to (a) identify key areas and practices in housing and health that can be ageist; (b) examine some of the underlying factors and (c) describe the capacity of existing legal theories to explain ageism.

**RESULTS:** Ageism in this area extends far beyond direct discrimination. It is commonplace to see ageism intersecting with sexism, racism, and disability issues. It functions at micro, meso and macro levels. Ageism in law can take multiple forms, including absence of law; deficient law; ageist interpretations within law; ignored or under-applied law; and law without remedies.

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**P016 WE WANT A VILLAGE: A PERSPECTIVE ON WHO AGE FRIENDLY CITIES FROM THE PUNJABI COMMUNITY IN VICTORIA, BC**

*Noreen Lerch, MSN, C/O Home Health Care King Abdulaziz Medical City, Jeddah PO 9516 WR 21423 Saudi Arabia (noreen@noreenmarie.com) Tel: 966 2 6240000*

The costs and benefits associated with aging and its impacts on communities and broader society make attention to healthy aging imperative. This study builds on the WHO Age-Friendly Cities project in Saanich, BC research carried out by the University of Victoria Centre on Ageing. Those participants were mainly mainstream seniors with little representation from ethnic minority groups. In this study, the rapidly growing Punjabi senior population in Saanich gave voice to their perspectives.

Focus groups and interviews followed the WHO project format. Social Ecology theory provided a framework for qualitative analysis and comparison with findings from mainstream seniors.

Environment plays a significant role in health and well-being of seniors. Mobility and access to social and health services is often dependent on access to transportation. While some of the Punjabi seniors' responses were similar to mainstream seniors, several strong themes emerged. Language barriers were foremost in access to housing, transportation, social and health services. Punjabi seniors noted that they would like a "village"; that is, welcoming places for seniors of all nationalities to gather. As the process of aging continues into later years, the availability of age and culturally friendly resources is increasingly critical for continuing maintenance in the community.

## PAPER SESSION II

**FRIDAY, OCTOBER 23, 13:30 - 14:30**

**Theme: Palliative Care**

*Chair: Peter Brink*

*Room: Essex/Canterbury*

**P017 HEALTH CARE AIDES' 'EXPERIENCE OF THE ETHICAL' IN CARING FOR DYING SENIORS IN A PERSONAL CARE HOME**

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Canada's population is aging, with seniors constituting the fastest growing demographic in the nation. Chronic health conditions, limited social support, functional decline and cognitive impairment experienced by seniors may necessitate admission to a personal care home (PCH) setting up until the time of death. Ethical problems that arise in the care of dying patients are numerous and complicated. However, the care of dying seniors in the PCH is largely provided by front-line workers such as health care aides (HCAs) who usually have little training in palliative care or ethics. Research examining the identification and resolution of ethical problems in care of the dying has been conducted from the perspectives of nurses and physicians in various clinical settings, but the voice of health care aides in the PCH is virtually absent from clinical ethics. Given that the inability to satisfactorily resolve ethical issues in clinical practice is associated with feelings of guilt, powerlessness, avoiding patient contact, failing to provide good physical care, and increased staff turnover, an empirical examination of health care aides' experiences of ethically challenging situations is warranted. A phenomenological study funded by the Canadian Institutes of Health Research Ethics Seed grant competition was conducted to access the lived experience of health care aides (N=12) as they encountered situations they deemed ethically challenging in providing end of life care to dying seniors. Face-to-face audio-taped interviews conducted with HCA's were transcribed verbatim and analyzed using Pollio and colleagues' approach to interpretive hermeneutical phenomenological analysis. By attending this presentation, conference delegates will hear about preliminary data analysis regarding: i) the types of situations that are ethically problematic for HCAs; ii) the meanings they assign to these situations; and iii) the impact such situations have on the provision of end of life care.

**P018 THE IMPACT OF INFORMAL CARE AND CAREGIVER BURDEN ON PLACE OF DEATH IN PALLIATIVE HOME CARE**

*Peter Brink, PhD, Trevor Smith, PhD, 955 Oliver Rd, Thunder Bay Ontario P7B 5E1 Canada (pbrink@lakeheadu.ca) Tel: (807) 766-7291*

This study investigated the impact of caregiver burden in community-based palliative care and how such burden influences patient's preferred place of death. **METHODS:** This was a prospective cross-sectional study. The sample included all palliative home care patients and their caregivers who received formal care from one Ontario community care access centre. **RESULTS:** Analyses showed a high level of agreement between preferred versus actual place of death. Overall, 57% of patients died at home. Determinants that increased the likelihood of

home death included completion of a do-not-hospitalize order, preference to die at home, and excessive sleep. However, the presence of a caregiver who was unable to continue providing care decreased the likelihood of home death. CONCLUSION: Results of this study confirm many of the determinants of home death reported by earlier research. These results support that notion that the needs of the caregiver should also be examined when determining the needs of the patient and that the patient and caregiver should be considered a unit of care. FUNDING SOURCE: Canadian Institute of Health Research Doctoral Research Award.

**P019 WHAT TO EXPECT WHEN SOMEONE CLOSE TO YOU IS DYING: CONCEPTUALIZATION, DEVELOPMENT, DISTRIBUTION AND PRELIMINARY EVALUATION OF AN INFORMATIONAL CAREGIVER BROCHURE**

*Christopher Klinger, MPA, Maryse Savoie, MSc, NICE End-of-Life Issues Theme Team ,, 736 Bay Street, Suite 2610, Toronto Ontario M5G 2M4 Canada (christopher.klinger@utoronto.ca) Tel: (416) 901-4959*

In light of a changing death culture, demographics, family structures and disease patterns, there is an enhanced need for end-of-life care information. Further illness progression poses a number of important decision points in the quest for comfort, dignity and respect until the end of life.

The National Initiative for the Care of the Elderly's (NICE) End-of-Life Issues Theme Team has developed an informational caregiver brochure to help prepare for and deal with some of these challenging issues – as knowing what to expect might help to cope.

Alongside indicators and symptoms of an approaching death, the aspect of care for the caregiver is highlighted to avoid burn-out and a feeling of abandonment.

Following milestones in tool development and distribution/the knowledge translation strategy, attention is drawn to ongoing evaluation/user feed-back.

Enhancing the results from key informant interviews, a user questionnaire has been developed – also including open-ended questions toward the perceived usefulness of the brochure and further areas to be addressed. Preliminary results of the survey indicate high levels of user satisfaction with the areas covered. Participants' suggestions will be incorporated into the second edition of the brochure.

Core funding for the NICE network is provided through a grant from the Networks of Centres of Excellence (NCE).

**P020 WHERE GERONTOLOGY AND PALLIATIVE CARE MEET: END-OF-LIFE CARE IN ADVANCED OLD AGE**

*Beryl Cable-Williams, PhD(c), 1600 West Bank Rd., Peterborough ON K9J 7B8 Canada (bcable@trentu.ca) Tel: (705) 748-1011 ext 7900*

This presentation reflects findings of an extensive review of literature concerning the oldest-old who live and die in long-term care facilities and palliative/end-of-life care, and ethnographic observation in long-term care facilities.

In reports of research, participants who are 85 years of age or older are often minimally represented, or considered as a part of the broader group of seniors who are 65 years of age or older. Hence, the oldest-old are marginalized in health science research, despite their growing numbers, heightened vulnerability, and consequent needs for health and social services.

In particular, the oldest-old who are living near the end-of-life are not presented in hospice/palliative care research. This paper considers the meeting of gerontology and palliative/end-of-life care theory and practice, particularly in relation to the oldest-old who live and are likely to die in long-term care facilities.

The objectives of this presentation are to:

1. advocate for the inclusion of end-of-life care goals in care plans of the oldest-old who live and will die in long-term care facilities
2. stimulate reflection on the impact of marginalization of the oldest-old in long-term care
3. advocate for the inclusion of the oldest-old in the research agendas of gerontology and palliative/end-of-life care

**P021 A MODEL FOR THE DEVELOPMENT OF CAREGIVER NETWORKS**

*Antoinette Zloty, MSW, BSW, Michelle Lobchuck, PhD, Kerstin Roger, PhD, Lori Jones,, 2063-300 Carlton , Winnipeg MB R3B3M9 Canada (antoinette.zloty@gov.mb.ca) Tel: (204) 788-6634*

1. The objectives of this presentation are firstly, to demonstrate a model whereby responsible authorities could facilitate the development of caregiver networks; secondly, to illustrate that this model seeks to engage caregivers and stakeholders using existing resources; thirdly to reinforce the need for repite as a component of the Network's operation.

2. A power point presentation is the method which will be used to communicate the model.

3. This model was presented last year at the Canadian Home Care Association's 2008 conference. There are pilot sites being explored in Manitoba with some out of province interest.

4. Caregiver networks are necessary to improve communication, collaboration and knowledge transfer. Networks will also assist in ensuring a more sustainable health care system.

**P022 ANALYSIS OF THE NEEDS AND TRANSITIONS OF ACUTE ALTERNATE LEVEL OF CARE (ALC) PATIENTS WAITING FOR LONG-TERM CARE IN ONTARIO.**

*Andrew Costa, PhD (C), John Hirdes, PhD, 644 Munich Circle, Waterloo ON N2V 2L6 Canada (acosta@healthy.uwaterloo.ca) Tel: (519) 888-4567 ext 37859*

Introduction: Hospital patients designated "alternate level of care" (ALC) are those who no longer require acute care, but cannot be discharged due to the lack of post-hospital resources. In Canada, approximately 44-60% of ALC patients are waiting for a long-term care (LTC) placement. The aim of this research was to analyze the ALC population in Ontario using a variety of items and scales imbedded in the RAI-Home Care.

Methods: Descriptive as well as time to event analysis was conducted on a prevalence sample of over 15,000 ALC hospital patients waiting for LTC linked to administrative data.

Results: Overall, ALC patients are more clinically complex and have higher caregiver burden relative to a home care population. However, summary results indicate that there is a sub-group of ALC patients that share a similar clinical profile with elderly home care clients. Analysis of ALC discharge indicates that there is a strong tendency to label the frail elderly as needing to go to LTC.

Conclusions: The results of this study provide insight into the complex needs of Ontario's ALC patients. Understanding such needs can foster new approaches and care options that meet the needs of acute ALC patients.

Funded by the Change Foundation.

**P023 CHANGING POLICIES IN LONG-TERM CARE HOMES IN ONTARIO**

*Elaine Wiersma, PhD, 955 Oliver Road, Thunder Bay ON P7B 5E1 Canada (ewiersma@lakeheadu.ca) Tel: (807) 766-7250 Fax: (807)766-7155*

In the last few years, numerous changes have been implemented in long-term care homes in Ontario, including funding changes, regulatory changes, and professional changes. The purpose of this qualitative study was to explore the perceptions of staff and managers working in long-term care settings about the recent policy initiatives and changes implemented by the present provincial government, and how these changes were impacting staff on the front lines. Interviews were conducted with 25 staff from four different homes in northwestern Ontario to explore their experiences of the changes occurring in long-term care. Overwhelmingly, staff viewed these changes as negative. Although many staff couldn't specifically name the policy changes or where the changes originated from, they expressed concerns about the impacts on the quality of life and quality of care of residents. Concerns focused on the number of regulations, staffing issues, issues of role clarity, staff burnout, increasing documentation, increasing expectations, lack of resources for long-term care, and the devaluation of their work. Underlying most of the concerns expressed by the staff was a feeling of helplessness that they were not able to give the care to the residents that they felt the residents deserved.

## PAPER SESSION III

FRIDAY, OCTOBER 23, 14:45 - 15:45

Theme: Falls

Chair: Mary Chiu

Room: Cambridge

### P024 APPRENDRE AU 3E ÂGE : LES PERSONNES AÎNÉES FRANCO-ONTARIENNES S'EXPRIMENT

Jacques Michaud, PH.D. Andragogie, Natalie Aubin, PhD candidate, Chemin du lac Ramsey, Sudbury Ontario P3E 2C6 Canada (jmichaud@laurentienne.ca) Tel: (705) 675-1151 ext 5026

Plusieurs constats font en sorte que la population du Canada se dit vieillissante : les baby-boomers, la longévité humaine actuelle, les soins de santé avancés... Les gouvernements connaissent l'importance de l'apprentissage pour le mieux-être de ses citoyens. Dans le domaine de la santé, Santé publique Canada déclare l'apprentissage comme l'un des douze déterminants de la santé. D'ailleurs plusieurs rapports ( Sénat, Santé publique Canada) avancent les multiples avantages de l'apprentissage la vie durant, ces avantages étant de nature physique et cognitive.

Le Groupe de recherche sur l'apprentissage au 3e âge (GREATA) de l'Université Laurentienne enquête afin d'identifier les éléments qui assurent un apprentissage réussi pour les francophones aînés de l'Ontario. Cette recherche qualitative demande à ces derniers de s'exprimer afin de définir les facteurs déterminants pour un apprentissage actif au 3e âge. Par le biais d'entrevues semi-dirigées, nous découvrons les éléments d'importance pour un apprentissage bien réussi chez ces mêmes citoyens :

- les groupes d'âge et leurs réactions aux besoins d'apprentissage,
- les menaces, les opportunités, les forces et les faiblesses des services actuels,
- la place des technologies de communication,
- le rôle des personnes aînées dans les cadres familiaux et sociétares,
- le bénévolat, la socialisation...

### P025 FOCUS ON FALLS PREVENTION: A FALLS PREVENTION INITIATIVE

Sandy Bell, RN MN, Pamela Hawranik, RN PhD, Karen McCormac, RN BN, 1 University Drive, Athabasca AB T9S 3A3 Canada (phawranik@athabascau.ca) Tel: (780) 675-6550

Visual deficits increase with age, leading to substantial changes in a senior's ability to manage activities in daily living. Visual impairment is an independent risk factor for falls and fractures. Seniors who reside in the long term care setting have 3.3 times greater amounts of undetected visual deficits than the same age group residing in the community. An innovative patient safety project entitled; "Focus on Falls Prevention" was established in Manitoba to address this gap in vision care services. The project includes seniors who have been assessed as high risk for falls. On-site vision screening and optometry assessment was performed on participants 65 years and older residing in 20 separate long term care facilities in Winnipeg. Participants were appropriately referred and received various eye care interventions. Follow up was conducted by each facility. To date, over 900 residents have participated in the project. A high prevalence of undetected cataracts, refractive errors, macular degeneration and glaucoma were identified. The total number of falls per 1000 resident days decreased substantially in the 3-year project period. A lack of vision history, inconsistent recording and lack of knowledge of vision needs by administration, staff, residents, and their families was evident. An associated research study found a significant decrease in fractures and improvements in quality of life indicators in those who received the intervention. The project has been adopted by Manitoba Health and other jurisdictions in Canada. This patient safety initiative can easily be adapted to all health care settings.

**P026 PREVENTION OF FALLS & FRACTURES BY IMPROVING VISION**

*Pamela Hawranik, RN PhD, Sandy Bell, RN MN, 1 University Drive, Athabasca AB T9S 3A3 Canada (phawranik@athabascau.ca) Tel: (780) 675-6550*

Hip fractures among seniors are the most common fracture, the most devastating and the most costly to the health care system. Research indicates that visual impairment is an independent risk factor for falls and fractures. A retrospective exploratory design pilot project with pre- and post-test measurements was conducted in one long term care facility (N=92) in Winnipeg, Manitoba. The purpose of the study was to: i) identify the prevalence of vision disorders; ii) test the reliability and validity of the vision screening tool; and iii) compare the prevalence of falls and fractures and various quality of life vision characteristics before and after intervention. New visual deficits were diagnosed in 77 of the 92 participants. Inter-rater reliability of the vision screening tool was .799 with a 97.5% agreement between the nurse and optometrist in identifying vision impairment. There was a significant difference in level of depression, social engagement, balance, and quality of life between those who received and did not receive intervention. A logistic regression indicated two predictors of falls -- having a previous fall (O.R.=3.5) and not receiving intervention (O.R.=3.09). The vision screening tool was highly reliable and vision interventions made substantial differences in reducing falls and fractures and possible deaths while improving the quality of life for institutionalized seniors. This study was funded by the Fort Garry Legion Poppy Fund.

**P027 PSYCHOSOCIAL RESPONSES TO FALLING IN OLDER CHINESE IMMIGRANTS LIVING IN THE COMMUNITY**

*Mary Chiu, M.Sc., Ph.D. Candidate, Joel Sadavoy, MD, FRCPC, 103 Paddock Lane, Markham ON L3P 7S3 Canada (marywy.chiu@utoronto.ca) Tel: (647) 274-9693*

Falls are among the most common problems facing elderly persons. While the physical risk factors of falls are well established, the psychosocial aspects have been largely neglected. Moreover, studies that explore the cultural factors surrounding falls are virtually non-existent.

This study explored the scope of immediate and follow-up responses of community-dwelling older Chinese immigrants in the event of a fall. Sixteen informants over 70 years old, with recent fall experiences were interviewed using a semi-structured guide developed according to literature review. Content analysis was conducted, and seven major categories of psychosocial consequences of falling emerged from the interview data: help-seeking decisions, denial of rehabilitation needs, fear, informal social support, filial piety, religious belief, and prospect of future falls.

The complex Chinese culture, inspired by Confucianism, influences Chinese values and beliefs. Our informants believed in fate, and perceived falls as unpredictable and unpreventable. They may be passive in attempting to control or reverse ill health, and subsequently less willing to seek medical attention and rehabilitation care. Promoting a sense of mastery through outreach counselling may facilitate recovery after a fall. Further research should examine the effectiveness of these interventions in promoting a more active and positive response to falling in this population.

**Theme: Disabilities**

*Chair: Shahin Shooshtari*

*Room: York*

**P028 AGING TOGETHER: THE HEALTHCARE NEEDS OF PERSONS WITH INTELLECTUAL DISABILITIES AND THEIR FAMILIES**

*Jennifer Baumbusch, PhD, 4679 Pender Street, Burnaby BC V5C 2N2 Canada (jbaumbusch@telus.net) Tel: (604) 298-1446*

Community-dwelling persons with intellectual disabilities (IDs) have been identified as a group vulnerable to experiencing health disparities within the Canadian healthcare system. The healthcare needs of aging adults with IDs are intricately woven with those of their immediate families, who typically provide intense caregiving support throughout their lives. The purpose of this presentation is to discuss findings from two qualitative studies exploring

the healthcare needs of families that include persons with IDs. Both studies were informed by a theoretical perspective of critical gerontology and intersectionality theory. The studies critically examined the healthcare needs, including access to healthcare services, of families that include a child with IDs over the family lifecourse. A secondary purpose was to critically examine how mediating factors, such as age and disability influence families' experiences of managing their healthcare needs. These community-based studies were guided by a descriptive, exploratory design. Findings illustrate ways in which, from birth and throughout adulthood, families provide a high degree of caregiving support for members with IDs, in the form of hands-on nursing care, coordination of health-care and social services, and planning for financial and housing security. Consequently, there are implications for family caregivers' own mental wellbeing, physical health, and financial well-being.

**P029 AMBULATION CONFIDENCE IN OLDER ADULTS: PREDICTING MOBILITY AND INSTRUMENTAL ACTIVITIES OF DAILY LIVING**

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**Objective:** To describe ambulation confidence and determine if it is an independent predictor of mobility and instrumental activities in older adults.

**Methods:** In this secondary analysis of prospective data, 72 community living older (65+) adults who were recently discharged from an acute care for elders unit were visited in their homes at three and six months post discharge. All subjects completed the 22 item Ambulation Self Confidence Questionnaire; Life Space Assessment (mobility) and the Functional Autonomy Measurement System (instrumental activities of daily living; IADL).

**Results:** The mostly male (52%) and single (63%) sample had few cognitive or activities of daily living limitations. Mean ambulation confidence scores were 8.1/10 (sd =2.1) for the total group; 7.2 (sd=2.2) and 9.2 (sd=1.3) for gait users and non-users respectively. Ambulation confidence independently contributed 21% of the variance in mobility and 6.5% in IADL scores.

**Conclusion:** Our results suggest that ambulation confidence is a useful predictor of reduced mobility and IADL status among older adults. The findings provide support for Bandura's hypothesis that confidence (self efficacy) is important in predicting what people will do. Interventions designed to improve ambulation confidence may lead to greater participation in daily life and are worthy of further exploration.

**P030 COMPARING HEALTH AND HEALTH CARE UTILIZATION PATTERNS BETWEEN OLDER ADULTS WITH AND WITHOUT INTELLECTUAL DISABILITIES IN MANITOBA**

*Shahin Shooshtari, PhD, Patricia Martens, PhD, 219 Human Ecology Building, Winnipeg Manitoba R3T 2N2 Canada (shooshta@cc.umanitoba.ca) Tel: (204) 474-8052*

**Background:** Despite poorer health and higher health care needs, research shows that persons with intellectual disability (ID) use available health services at a lower rate compared to the general population or population without ID. Canadian-based research in this area is very limited.

**Method:** We used unique identifiers and linked data from several administrative data sources in Manitoba to describe health status and health care utilization patterns of persons living with IDs. We then used age, sex and place of residence to match cases with a comparison group who did not have any of ID conditions. The comparison of health and health care utilization patterns between the two groups was made using a number of indicators.

**Results:** Older Manitobans with ID had significantly higher treatment prevalence of dementia, diabetes, total respiratory morbidity (TRM) and depression compared to the matched non-ID population. The incidence rates of stroke and falls were also significantly higher among the ID population. Older Manitobans with ID had significantly higher rates of health services utilization.

**Conclusions:** There are significant health disparities between older adults with and without ID in Manitoba.

**Funding Source:** University of Manitoba, University Research Grant Program (URGP)

**P031 EXPLORING BARRIERS TO ACCESSING VISION REHABILITATION SERVICES IN SOUTH ASIAN AND CHINESE COMMUNITIES**

*Deborah Gold, PhD, Alex Shaw, PhD, 1929 Bayview Avenue, Toronto ON M4G 3E8 Canada (deborah.gold@cnib.ca) Tel: (416) 486-2500 ext 7209*

In this paper, we will present findings of a recent HRSDC funded CNIB research project aimed at learning more about barriers and pathways to accessing vision rehabilitation services in South Asian and Chinese communities in three Canadian cities: Toronto, Calgary, and Vancouver. In each city, focus groups were held with seniors from each language group. Separate focus groups were held for seniors who had used CNIB services and those who had not. Focus groups were held in the language of seniors and moderated by research assistants proficient in these languages. A survey was also conducted with CNIB staff to inquire about their experience working with seniors from these communities. Focus group transcripts were analyzed qualitatively; survey findings were analyzed quantitatively. In an effort to make this research community-based, partnerships were developed with community organizations serving Punjabi speaking and Chinese (Mandarin and Cantonese) speaking seniors in each of the cities. Community partners helped us to refine the design of the study and to identify seniors in their communities who were living with vision loss. At the conclusion of the study, community partners also provided us feedback on our findings and have been instrumental in helping us to identify next steps for research and for service. Analyses revealed that barriers to access to service included language, transportation, a preoccupation with the medical side of vision loss, and a lack of awareness and familiarity with CNIB. Seniors in the focus group sessions and community partners in the feedback sessions provided a number of suggestions on how to address these barriers. These suggestions have formed the basis of a follow up three year project for which we are currently seeking funding.

**PAPER SESSION IV****FRIDAY, OCTOBER 23, 16:00 - 17:00****Theme: Research Methods***Chair: Michelle Porter**Room: York***P032 CAN WE MEASURE WHAT MATTERS? DEVELOPMENT AND PSYCHOMETRIC EVALUATION OF NURSE-PATIENT RELATIONSHIP SCALES.**

*Veronique Boscart, RN, MScN, MEd, PhD(c), Dorothy Pringle, RN, PhD, Katherine McGilton, RN, PhD, Elizabeth Peter, RN, PhD, Francine Wynn, RN, PhD, 130 Dunn Avenue, Toronto ON M6K2R7 Canada (boscart.veronique@torontorehab.on.ca) Tel: (416) 597-3422 ext 2246 Fax: (416)530-2470*

Quality of life and well-being of patients living in chronic care is determined largely by the relationships they have with nursing personnel. Given the importance of these relationships, there is a surprising absence of valid and reliable scales to assess the relationships and, consequently, little empirical research. The purpose of this study was to develop and evaluate the psychometric properties of two nurse-patient relationship scales: the Nurse-Patient Relationship Importance Scale and a complementary Experience Scale. Both scales were designed for chronic care environments based on concepts from Paterson's and Zderad's Humanistic Nursing Theory (1976). Content validity, concurrent validity, reliability and stability were established based on an initial survey of 40 patients. Subsequently, 249 patients were surveyed using these scales and the results factor analyzed. This paper will present the psychometric properties and dimensionality of both scales and the implications they have for nursing education. Findings of this study will contribute to theory and support practice and will lead to a better understanding of what really matters to patients in chronic care settings.

**P033 HOPE IN ACTION: THE EXPERIENCE OF PARTICIPATORY THEATRE WITH PRIMARY CAREGIVERS OF PERSONS WITH DEMENTIA**

Wendy Duggleby, PhD, Elizabeth Quinlan, PhD, Health Sciences Building 107 Wiggins Road, Saskatoon SK S7N 5E5 Canada (wendy.duggleby@usask.ca) Tel: (306) 966-6237

Primary caregivers of persons with dementia have described hope as an inner resource that helps them to deal with the ongoing stresses of caregiving. The purpose of this study was to explore the feasibility of using Participatory Theatre with primary caregivers and exploring its potential in studying hope. Participatory theatre is a form of participatory action research in which theatre is used to create new knowledge grounded in immediate experience and direct experiment.

Eight primary caregivers consented to participate. They attended 4 workshops during which they actively engaged in hope image work and developed scenarios based on the realities of their lives. The purpose of the scenarios was to explore strategies to deal with situations that challenged hope. These scenarios were then presented at 2 live performances for audiences of other caregivers. Following the live performances, audiences and participants completed open ended surveys. Participants were also interviewed about their experiences of hope during the process.

The results of the surveys and interviews suggested that using participatory theatre with this population was feasible and a meaningful experience. The audience and participants perceived their hope was fostered through participation.

Funding: University of Saskatchewan and Saskatchewan Alzheimer Society

**P034 SUSTAINED EFFECTS OF EDUCATION FOR COMMUNITY PERSONAL SUPPORT WORKERS IMPLEMENTING BEST PRACTICE GUIDELINES FOR DELIRIUM, DEMENTIA, AND DEPRESSION**

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Purpose: In the community, Personal Support Workers (PSWs), providers of day-to-day care, are in the best position to recognize changes in client's conditions. This paper describes the process and outcomes of training community agency PSWs when the RAO Best Practice Guidelines for screening and management of Delirium, Dementia, and Depression were implemented.

Method: 106 participants attended a workshop presented by the Dementia-Care-Network focussing on: (1) flagging alterations in mental status; and (2) reporting changes to supervisors. The goals are enhanced assessment, planning, referral, and prevention of hospitalization and premature placement. Education, and resource information was adapted to participant needs. Post workshop and 6 month follow-up questionnaires with participants are being supplemented by interviews. PSW practice of flagging of alterations and reporting to supervisors is being monitored.

Results: 69 completed evaluations indicated preparation to recognize symptoms, manage care, and refer clients to appropriate services. Findings from post-workshop questionnaires and practice monitoring will be reported.

Conclusion: Results will be interpreted using Graham's model of Knowledge Translation, to examine factors which affect success and sustainability. According to knowledge translation theory, implementing practice enhancements must include adaptation of knowledge to the local context, assessment of barriers, tailoring interventions, leadership, facilitation, evaluation and feedback.

**P035 THE VALIDITY OF THE ROADWISE REVIEW SELF-ASSESSMENT TOOL FOR OLDER DRIVERS**

Michelle Porter, PhD, Dana Kolach, BKin, Linda Johnson, OTReg, 207 Max Bell Centre, Winnipeg MB R3T 2N2 Canada (porterm@ms.umanitoba.ca) Tel: (204) 474-8795

The Roadwise Review (RWR) was developed as a self-assessment tool for older adults to learn more about their driving safety. The purpose of this study was to determine whether some of the modified computer-based tests of the RWR are valid. Thirty drivers (16 men and 14 women; 70 to 93 years) completed both the RWR and

similar conventional tests. Tests were ordered such that half of the subjects completed the RWR first and half completed the conventional tests first. One assessor conducted the RWR and another conducted the conventional testing; they were blinded to the other's scores. Results suggested that the RWR leg strength and general mobility test was not directly related to foot movement time ( $r < 0.3$ , NS). While neck rotation range of motion was significant ( $p < 0.05$ ) in predicting some of the outcome of the RWR head-neck flexibility test (pass/fail test), several subjects who failed this test apparently had sufficient levels of neck rotation. Factors such as vision and trunk flexibility could explain why others failed. The computer version of Trail Making Part B from the RWR resulted in significantly slower times ( $p = 0.005$ ) as compared to the paper/pencil version. These results have implications for interpreting RWR scores.

## PAPER SESSION V

**SATURDAY, OCTOBER 24, 14:15 - 15:15**

**Theme: Cultural Diversity**

*Chair: Raj Dhruvarajan*

*Room: Essex/Canterbury*

### P036 AGEING IN INDIA: EVIDENCE FROM A SURVEY IN KARNATAKA STATE

*Raj Dhruvarajan, Ph.D., Department of Economics, Winnipeg MB R3T2N2 Canada (rajdhruvarajan@yahoo.ca) Tel: (204) 474-8208*

India is currently witnessing rapid ageing of its population. At the same time, urbanisation, modernization and industrialization have weakened social institutions like the joint family, in which older people occupied a position of respect and authority and were cared for in old age by their children. These changes have created substantial stress in the lives of older people.

Devising appropriate public programmes and policies requires a better understanding of the current situation at the family level. Unfortunately, such data is lacking and most of the analyses have been theoretical or anecdotal in nature.

The objective of this study is to obtain and analyze micro level data on older persons and add empirical content to the discussion. A random sample of more than two hundred families was chosen from Bangalore district in Karnataka State, India and older persons in these families were interviewed, using a comprehensive questionnaire. Data was collected on their physical, economic and sociological aspects as well as some psychological and health aspects. The data has been coded and is being analyzed to infer the current status of older persons and to suggest culturally appropriate and cost-effective policies that could improve their quality of life.

### P037 EXPLORING THE EXPERIENCES OF CULTURALLY DIVERSE FAMILY CAREGIVERS OF OLDER ADULTS: PERCEPTIONS OF FORMAL SERVICES AND RELATED BARRIERS

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The role of culture in family caregiving is important as values and traditions influence how caregivers perceive their roles; this also has been shown to have implications for service utilization. The purpose of this study is to explore the experiences of culturally diverse family caregivers including their perceptions about formal services and barriers encountered when accessing supports to assist them in their caregiving roles. Twelve family caregivers from the Chinese, South Asian, and Latin American communities in Calgary, Alberta caring for an older adult aged 65 years of age or older were invited to take part in a semi-structured face-to-face interview. A constructivist grounded theory approach was applied to explore the multiple realities and meanings that ethno-cultural caregivers attach to caregiving and their experiences. A constant comparative approach to data analysis was used. Results from this study point to the relationship between culture and service barriers faced by these culturally diverse family caregivers. This study provides insight into the complexity of culture in the family caregiving experience. Implications for practitioners and policy makers will be described including potential recommendations for enhancing formal services to better meet family caregivers' needs.

**P038 RE-EXAMINATION OF HEALTHY IMMIGRANT EFFECT OF AGING SOUTH ASIAN IMMIGRANTS IN CANADA**

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This study examined the healthy immigrant effect in a random sample of 216 aging South Asian immigrants in Calgary. The sample was grouped as recent immigrants residing in Canada for 0 to 9 years and longer-term immigrants residing in Canada for 10 years or more. Separate analyses were conducted with males and females and the two age groups (55 to 64 and 65 or older), using SF-36, GDS-SF, difficulties in ADL and IADL, and number of chronic illnesses as the health measurements. The healthy immigrant effect was only observed in older women 65 years and older, with the longer-term immigrants reporting more difficulties in ADL and more chronic illnesses than the recent immigrants. For immigrant men of 65 years and older, the recent immigrants reported poorer mental health, more depressive symptoms, more difficulties in IADL, and more chronic illnesses. Similarly, among women of 55 to 64 years old, the recent immigrants reported poorer mental health, more depressive symptoms, more difficulties in IADL, and more chronic illness. These findings have demonstrated the intra-group variations in healthy immigrant effect on the aging immigrants. Challenges and barriers faced by recent immigrants are the reasons for the disadvantaged health status of recent immigrants.

**P039 SOCIAL EXCLUSION AND ATTITUDE TOWARD AGING OF OLDER CHINESE LIVING ALONE IN CHINA**

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**Objective:** This research examined the effects of social exclusion on attitude toward aging of Chinese older people in China, the country with the largest aging population on earth.

**Method:** Data were obtained through a structured survey questionnaire, from a stratified proportional random sample of 228 Chinese of 60 years and older who lived alone in Shanghai, China. Attitude toward aging was measured by a self-constructed 5-item scale. Social exclusion was represented by financial status, social support, civic participation, and housing condition.

**Results:** When controlled for the demographics and health variables in hierarchical multiple regression, social exclusion variables represented by lower financial adequacy, lacking of social support, and poor housing condition were significantly related to a less positive attitude toward aging. The social exclusion variables explained the majority of the variance in the dependent variable. Their effects are far more important than the health variables.

**Conclusion:** Social exclusion affects attitude toward aging among older Chinese living alone in Shanghai. Social policies and programs should aim at reducing various forms of social exclusion. Providing financial security, facilitating better social support, and improving housing condition are essential methods to enhance the positive attitude of the older adults toward themselves.

**Theme: Nutrition**

*Chair: Melissa Sitter*

*Room: York*

**P040 FOOD CHOICES RELATED TO OSTEOPOROSIS AND CALCIUM CONTENT: A POPULATION-BASED PERSPECTIVE**

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In Canada approximately 1 in 4 women and 1 in 8 men over 50 years of age suffer from osteoporosis. Adequate calcium intake plays a fundamental role in the prevention and management of osteoporosis; however, the majority of older adults have intakes far below recommended amounts. This study determined the relationship between choosing foods because of concern about osteoporosis and choosing foods because of calcium content. Analysis was based on weighted data from 5215 men and women over 50 years of age from the Canadian

Community Health Survey (Cycle 3.1). Chi-square and gender-stratified logistic regression analysis determined the association between food choices. Regardless of age group, women were more likely to choose foods because of calcium content and osteoporosis concern than men ( $p < 0.01$ ). Controlling for education, income, marital status, and age, choosing foods because of osteoporosis concern was a significant predictor of choosing food based on calcium content for men (OR = 18.70, 95%CI: 18.10-19.32;  $p = <0.01$ ) and women (OR = 10.87, 95%CI:10.6-11.11;  $p = <0.01$ ). These results have practice implications in that older adults who are aware of osteoporosis are likely to consume calcium and thus prevent or manage the disease.

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**P041 HEALTHCARE PROFESSIONALS' PRACTICES AND BARRIERS TO IMPLEMENTING SYSTEMATIC NUTRITIONAL SCREENING IN SENIORS**

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Several studies show that malnutrition is prevalent in Canadian seniors, especially in elderly patients and nursing home residents. Although validated screening tools exist, there is little evidence on the feasibility of implementing systematic nutritional screening in healthcare facilities.

A two-phase study on the feasibility of implementing nutritional screening for seniors in New Brunswick's healthcare establishments is currently underway. Phase 1, which was completed in 2008, consisted of questionnaires which identified healthcare professionals' practices of nutritional screening, as well as barriers to screening. Phase 2 will determine the availability of screening parameters in healthcare facilities.

In total, 457 healthcare practitioners (physicians (34.6%), nurses (50.3%), dietitians (15.1%)) participated in Phase 1. Perceptions regarding nutritional screening varied among practitioners. For example, most nurses (93.0%) and dietitians (97.1%) indicated that screening was important/very important, while only 62.3% of physicians indicated this. Screening methods were also different among practitioners and few used a validated screening tool. Several barriers to implementing nutritional screening were reported, such as lack of resources and short length of stay.

These findings will help address issues that may increase the feasibility of implementing standardized screening tools in healthcare establishments which should promote a more consistent approach in identifying populations at risk.

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**P042 NUTRITION ATTITUDES AND BELIEFS OF OLDER MANITOBANS AFTER RELOCATING TO A PERSONAL CARE HOME**

*Melissa Sitter, M.Sc., Christina Lengyel, Ph.D, R.D., 209 Human Ecology Building University of Manitoba, Winnipeg MB R3T 2N2 Canada (melissa\_sitter@yahoo.com) Tel: (204) 474-8508*

**Introduction:** An increasing number of older adults (65 years of age and older) are relocating into more supportive housing such as Personal Care Homes (PCHs). In the process of adjusting to their new home, older adults experience positive and/or negative outcomes that impact on their nutritional status and quality of life. Little is known about the impact of relocation on nutrition attitudes and beliefs of older adults newly admitted into PCHs. **Purpose:** To explore the nutrition attitudes and beliefs of older adults after relocating to a PCH. **Methods:** Fourteen Caucasian older adults (F = 57%; M = 43%) with a mean age of 83 years (SD = 9.79) consented to participate. Face-to-face interviews were held at two time points, 2-3 months post-relocation (Time A) and 6-7 months post-relocation (Time B), to assess new residents' nutrition attitudes and beliefs using structured surveys. **Results:** No changes to nutrition attitudes and beliefs were observed between Time A and Time B. Nutrition attitudes and beliefs were strongly positive and demonstrated an understanding of the link between diet and health. **Implications & Conclusions:** Poor nutritional status is common among personal care home residents, but is not related to nutrition attitudes or beliefs.

**P043 THE INTERACTIVE EFFECTS OF PERSONAL, SOCIAL AND PHYSICAL ENVIRONMENTAL FACTORS ON THE DINING EXPERIENCE OF COGNITIVELY IMPAIRED RESIDENTS IN LONG-TERM CARE**

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Administrators, nursing staff and activity directors increasingly draw attention to the need to pay closer attention to the quality of the dining experience for residents in long-term care. Two interrelated issues underlie this need: (1) the susceptibility of cognitively impaired residents to unintentional weight loss and malnutrition; and (2) the potential for mealtime experiences to enhance the residents' quality of life and reinforce identity. Experimental studies related to the dining experience that focus on narrowly defined interventions and screen out the interactive effects of potentially meaningful variables have typically had weak or inconclusive findings. Our holistic ethnographic approach to studying the physical and social environment in relation to "need driven" behaviour of residents with dementia revealed that the quality of dining experience was determined by the interaction of factors including (1) the residents' personalities and expressions of dementia; (2) physical characteristics, such as the creation of a "homelike" environment, the placement of tables and chairs, and noise levels; and (3) interactions of the residents with one another, staff, and family members. These conclusions are illustrated in relation to the construction of a small dining area on a special care unit aimed at generating family-style dining experiences among select residents.

**Theme: Dementia #2**

*Chair: Jenny Ploeg*

*Room: Harrow*

**P044 LE RÔLE D'AIDANT AUPRÈS D'UNE PERSONNE ATTEINTE DE DÉMENCE : UNE RESPONSABILITÉ FONDAMENTALEMENT MORALE**

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Le rôle indispensable des aidants dans le soutien à domicile des personnes atteintes de démence fait désormais l'unanimité. Les impacts pour les aidants inhérents à cette responsabilité, souvent nommés fardeau, sont également connus depuis longtemps. Or, l'enjeu éminemment éthique de cette responsabilité envers l'autre est, quant à lui, largement ignoré. Cette responsabilité envers l'autre pose néanmoins la nécessaire réflexion de l'obligation de soin. À travers l'éthique de la responsabilité de Lévinas, nous tenterons de mieux comprendre la nature de cet engagement des aidants envers leur proche. La perspective interactionniste symbolique nous permettra, en complémentarité avec l'éthique de Lévinas, d'appréhender de manière globale cette responsabilité d'aidant, imprégnée de valeurs, de dilemmes éthiques et de recherche de sens, faisant d'elle une expérience fondamentalement morale.

**P045 LIGHT THERAPY FOR MANAGING COGNITIVE, SLEEP, FUNCTIONAL, BEHAVIOURAL, OR PSYCHIATRIC DISTURBANCES IN DEMENTIA: A COCHRANE REVIEW**

*Ivan Culum, Hon BA, Dorothy Forbes, PhD, Andrea R Lischka, Hon BA, Debra G Morgan, PhD, Shelley Peacock, PhD, Jennifer Forbes, PhD, 608-470 Dundas Street, London ON N6B1W3 Canada (iculum@uwo.ca) Tel: (519) 694-1843*

Degenerative changes in the suprachiasmatic nuclei of the hypothalamus appear to be a biological basis for circadian disturbances in people with dementia, and may be reversed by stimulation of the SCN by light. The review assesses the evidence of effectiveness of light therapy in managing cognitive, sleep, functional, behavioural, or psychiatric disturbances associated with dementia. The Specialized Register of the Cochrane Dementia and Cognitive Improvement Group (containing records from many databases) was searched for all relevant, randomized clinical trials in which light therapy, at any intensity and duration, was compared with a control group. Three reviewers independently assessed the retrieved articles for relevance and methodological quality,

and extracted data from the selected studies. Each study was summarized using a measure of effect (e.g. mean difference). Eight trials (ten articles) (N = 373) met the inclusion criteria. However, three of the studies could not be included in the meta-analysis because of inappropriate analyses or inability to retrieve the required data from the investigators. There was insufficient significant evidence on the effectiveness of light therapy in managing cognition, sleep, function, behaviour, or psychiatric disturbances associated with dementia.

This review was funded in part by the Universities of Saskatchewan and Western Ontario.

**P046 OLDER ADULTS' AWARENESS OF COMMUNITY HEALTH AND SUPPORT SERVICES FOR DEMENTIA CARE**

*Jenny Ploeg, PhD, Margaret Denton, PhD, Joseph Tindale, PhD, Brian Hutchison, MD, Kevin Brazil, PhD, Noori Akhtar-Danesh, PhD, Room HSc3N28G 1200 Main Street West, Hamilton ON L8N 3Z5 Canada (ploegj@mcmaster.ca) Tel: (905) 525-9140 ext 22294 Fax: (905)521-8834*

The purpose of this paper is to describe where older adults would turn for help in caring for a parent with dementia and the factors associated with their identification of community health and support services as sources of assistance. We conducted telephone interviews, using random digit dialing, of 1152 adults aged 50 and over in the city of Hamilton. Respondents were presented with a vignette that raised issues related to parental dementia. Over 37% of respondents identified their physician, 33% identified informal sources such as family and neighbors, and 31% identified home health services as sources of support. Only 18% identified community support services as sources of help. Participants who were female and had higher levels of education were more likely to identify their physician as a source of support. The lack of awareness of community support services is troubling given that the very purpose of these services is to help people retain social functioning and quality of life in the community. Action must be taken to improve the ability of physicians and other healthcare providers to help make these linkages possible.

Funded by CIHR

**POSTER SESSION IA: COGNITIVE IMPAIRMENT**

**THURSDAY, OCTOBER 22, 19:00 - 22:30**

*Room: Midway Ballroom*

**R001 A MODEL OF DECISION MAKING AND RELOCATION PATHWAY FOR PERSONS WITH DEMENTIA AND THEIR FAMILY CAREGIVERS MOVING TO A RETIREMENT RESIDENCE**

*Faranak Aminzadeh, RN, M.Sc.N, GNC (C), Frank Molnar, MD, FRCP (C), William B Dalziel, M.Sc, MDCM, FRCP (C), Linda Garcia, Ph.D, S-LP (C), Reg. CASLPO, 142 Whitestone Dr., Ottawa ON K2C 4C8 Canada (faminzadeh@ottawahospital.on.ca) Tel: (613) 792-1108*

**Objectives:** In recent years, a growing number of persons with dementia (PWD) have turned to retirement residences as an alternative housing and care option. This study explored the stages of decision making, critical incidents, roles, and support needs of PWD and their caregivers during this important housing transition. **Methods:** The study adopted a prospective qualitative design. Data were gathered during separate in-depth baseline and follow-up interviews with 16 PWD and their caregivers. **Results:** For most participants in this study, the relocation decision making involved a complex, dynamic, highly interactive, and more or less consensual process which extended from only a few months to several years. Despite the uniqueness of each case, a model emerged, marked by four stages of residential decision making and transition. These are: "Recognition", "Exploration", "Destabilization", and "Action". During these stages, family caregivers assumed multiple important roles, including: "Noticing", "Monitoring", "Initiating", "Deferring", "Information/Help Seeking", "Supporting", "Dawning", "Pushing/Taking Over", "Searching & Selecting", "Making the Move", and "helping adjust". **Conclusion:** The findings have important theoretical and practice implications and inform supportive strategies to optimize the process and outcomes of the relocation trajectory for both PWD and their family caregivers.

**R002 AGING WITH A DEVELOPMENTAL DISABILITY: UNMET HEALTH CARE AND SOCIAL SERVICES NEEDS**

*Shahin Shooshtari, PhD, Yunfa Zhu, PhD Candidate, 219 Human Ecology Building, Winnipeg Manitoba R3T 2N2 Canada (shooshta@cc.umanitoba.ca) Tel: (204) 474-8052*

Background: Life expectancy for people with developmental disability (DD) has significantly increased over the past 50 years. Although extensive information and reports exist on the health and well-being of older Canadian adults in general, little information currently exists on the health and well-being of those aging with DD.

Study Objectives were to (1) create a demographic, socio-economic and health-related profile of older Canadian adults (45+) who live with DD in the community; and 2) enhance the current knowledge of their unmet health care and social support services needs.

Method: We analyzed cross-sectional data from 2001 and 2006 Participation and Activity Limitation Surveys (PALS) conducted by Statistics Canada.

Results: An estimated 2% of Canadians with disability aged 45+ reported having a developmental disability. Those with DD had significantly higher rates of unmet health care and social services needs compared to the Canadians with disability in general. Specific unmet needs and reasons for not receiving the care and services needed will be presented and discussed.

Conclusions: There are significant disparities in accessing health care and social services between older individuals with and without DD.

Funding Source: University of Manitoba, Centre on Aging (2008-2009).

**R003 ALZHEIMER SOCIETY GUIDELINES FOR ALZHEIMER CARE: IMPROVING INTERACTIONS BETWEEN CARE PROVIDERS AND PEOPLE LIVING WITH DEMENTIA**

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Alzheimer's disease is the most common form of dementia. As the disease progresses, most people living with Alzheimer's disease will reside in long-term care facilities, cared for by an interdisciplinary staff team.

The Alzheimer Society of Canada is updating its Guidelines for Alzheimer Care to give staff the tools they need to improve the day-to-day experience of people living with Alzheimer's disease in facilities. It is our belief that given the proper tools, health care providers will have a more positive experience in supporting people living with dementia.

The project has undertaken a rapid evidence assessment of existing guidelines for Alzheimer's care; a quality assessment and expert review of the existing guidelines; prototype tool design and dissemination; feedback and revision; and dissemination of a "final" version. As a means of translating best evidence into practice, the Alzheimer Society of Canada is partnering with the National Initiative for the Care of the Elderly (NICE).

As part of our interactive session, we will report on our findings to date and invite feedback on the next stages of the project.

**R004 BEST-PRACTICE NURSING CARE TO DETECT, SAFEGUARD, AND HELP HOSPITAL PATIENTS RECOVER FROM ACUTE DELIRIUM**

*Donna Wilson, PhD, Janice Kinch, PhD, Faculty of Nursing 3rd Floor CSB, University of Alberta, Edmonton AB T6G 2G3 Canada (donna.wilson@ualberta.ca) Tel: (780) 492-5574*

This 2008 study sought to learn from hospital nurses how they detect adult patients who are experiencing acute delirium, how they safeguard them, and how they help these patients recover. This study revealed one priority method that nurses use to detect adult patients experiencing acute delirium, "nurse notices that the patient's cognitive (mental) status has deteriorated overnight or from the last day that the nurse saw this patient" and one priority practice to safeguard adult hospital patients experiencing acute delirium, "setting up an early warning system to alert nurses to activities that could result in harm to the patient." Two priority nursing practices to help adult hospital patients who are experiencing acute delirium recover from it were revealed: "Ensuring that the acute delirium is assessed and addressed by other members of the healthcare team" and "Assisting team

efforts to determine the cause of the acute delirium." This study demonstrates the value of the Delphi technique for facilitating reflection, such as what nurses recognize are important practices for caring for hospital patients who experience acute delirium. Research is now needed to establish "best practice" nursing care. The Covenant Health Group is gratefully acknowledged for their funding and support of this study.

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**R005 CHINESE-CANADIAN PATHWAYS TO A DIAGNOSIS OF DEMENTIA IN METRO VANCOUVER**

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"Pathways to Diagnosis" is a cross-cultural study exploring the pre-diagnosis period of Alzheimer's disease in the four major ethnocultural groups in Canada (Anglophone and Francophone Euro-Canadians, Chinese-Canadians and Indo-Canadians) that seeks to meet the challenge of providing care and health education to an increasingly diverse population of seniors in Canada. Here we focus on the results of qualitative semi-structured interviews conducted with the Chinese-Canadian group. Participants included ten community dwelling persons of Chinese descent over 60, recently diagnosed with an Alzheimer's-type dementia and their separately interviewed family caregivers. Using an analytic inductive method, we found that more than half of the dyads reported that a diagnosis was either denied or not explained by a family doctor, yet some of these physicians simultaneously prescribed dementia drugs such as Aricept. Often they described the presenting symptoms to family caregivers as "normal aging." These ascriptions were challenged by the caregivers' own knowledge of dementia based on their medical training, by talks that they heard in their own language, either on the radio, or at ethnospecific community organizations, or in the print media. This finding and others will be discussed in relation to their implications for the provision of suitable care and education strategies.

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**R006 DEMENTIA, THE CANADIAN MODEL OF OCCUPATIONAL PERFORMANCE AND THE COMMUNICATION ENHANCEMENT MODEL OF AGING**

*Lynda Wolf, PhD (c), JB Orange, PhD, 1379 Dudley Crescent, Winnipeg, MB R3M 1P1 Canada (lbawolf@mts.net) Tel: (204) 452-5312*

Background: There are an estimated 450,000 individuals with dementia in Canada. Dementia results in the severe disruption of communication, with devastating assaults on occupation and functional performance, well-being and personhood. Caregivers' attitudes and behaviours can either facilitate or inhibit the performance of the occupation of communication by persons with dementia. Purpose: The authors of this interdisciplinary paper propose that health care professionals can enhance the communication abilities of persons with dementia using merged theoretical concepts derived from the Canadian Model of Occupational Performance (CMOP) and the Communication Enhancement Model (CEM). Key Issues: Communication can be considered an occupation within CMOP. The authors propose that the concepts of the CMOP can be used in combination with the basic tenets of the CEM to promote optimal communication, to preserve and to enhance personhood and dignity, and to maximize occupation of persons with dementia. Implications: Through the integration of models derived from the disciplines of occupational therapy and speech-language pathology health care professionals from a range of disciplines can enhance the communication, personhood and occupational performance of institutionalized persons with dementia.

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**R007 KEEPING SEXUALITY VISIBLE IN PEOPLE WHO ARE COGNITIVELY IMPAIRED**

*Verna Pangman, MN MEd, Marilyn Seguire, MN, Helen Glass Center for Nursing, Winnipeg MB R3T2N2 Canada (verna\_pangman@umanitoba.ca) Tel: (204) 474-8921*

In the lives of the elderly, sexuality is a major issue which contributes to the maintenance of healthy interpersonal relationships, self-identity, and a sense of integrity. Research has indicated that older people generally, and those who are cognitively impaired, maintain their sexual interest. In our society, recent literature indicates that sexuality is beset with stereotypes resulting in the failure to recognize and affirm the importance of sexuality to the well-being of the older adult. Nurses often cite multiple barriers, personal and professional, such as beliefs about the relevance of sexual issues to their care. In the older adults who are cognitively impaired,

sexuality is readily dismissed by health professionals; and often it is seen as a behavioral problem. Nurses have a role and responsibility to focus on sexual issues and uphold sexuality for the cognitively impaired client in various health care settings. Nursing practice in Manitoba is guided by the College of Registered Nurses of Manitoba Standards of Practice. In order to maintain these Standards and to create a culture of care for older cognitively impaired adults, a sexuality nursing care standard with indicators was developed. The goal is to strive promote sexuality as being normalized rather than being marginalized.

**R008 LEAVING FOOTPRINTS IN THE SAND: A CONFLUENCE OF RESEARCH AND PRACTICE IN DEMENTIA CARE ON THE EAST COAST**

*Kelli O'Brien, MSc Rehab, Trudy Read, MN, Judith Wells, MN, Anna Marie Alteen, MN, Anne Doyle,, P.O. Box 2005, Corner Brook NL A2H 2L4 Canada (kelliobrien@westernhealth.nl.ca) Tel: (709) 637-5000 ext 5629*

Where there was one set of footprints, now there are two, the converging of research and practice in the introduction of a new bio-psychosocial model of dementia care in Newfoundland and Labrador. In 2008, through an EXTRA Fellowship funded by CHSRF and supported by Western Health, researchers, health care decision makers and clinical leaders merged to establish enhanced assisted living facilities for persons with mild to moderate dementia in the province. A demonstration project, the Protective Community Residences, is being concurrently implemented and evaluated, while grounding all decisions in best practice and evidence gathered through ongoing evaluation by interdisciplinary researchers, planners, and clinical teams. Evaluation results, successes and challenges, and lessons learned will be shared to explain the impact of this innovative person-centered care model which is steeped in culture and influenced by research. Western Health is steering upstream as other regional health authorities plan strategies and programs to care for seniors in community based settings, while enhancing the quality of life for persons and their families impacted by dementia.

**R009 LIVING WITH PEOPLE WHO ARE COGNITIVELY IMPAIRED - THE RESIDENT'S PERSPECTIVE**

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The purpose of this study was to explore, from a social work perspective, how cognitively intact residents view their cohabitation with cognitively impaired residents in a nursing home. This exploratory project consisted of 18 in-depth qualitative interviews conducted in a large nursing home in Winnipeg, Manitoba. The project explored the experiences of transition to nursing home as well as the experiences of the participants living with cognitively impaired residents. The results indicate that some people are becoming more informed about cognitive impairment and this may be influencing how they respond to cognitively impaired residents. Others seem to have very little understanding about cognitive impairment resulting in frustration, anger, and a sense of hopelessness about their living situation. This research contributes to knowledge translation in several ways. There are very few studies in Canada that look at the experiences of people living in nursing homes and fewer still that address the experiences of these people with varying degrees of cognition. It is imperative that we consider that the current and future aging populations will demand not only more service but improved service and social workers need to be ready with specialized knowledge to serve the diverse needs of their clients.

**R010 PERSONHOOD AND THE PERSON WITH DEMENTIA**

*Lynda Wolf, PhD (C), 1379 Dudley Crescent , Winnipeg, MB R3M 1P1 Canada (lbawolf@mts.net) Tel: (204) 452-5312*

Background: Current occupational therapy theory identifies the "person" as the central agent in occupational performance. Recent dementia literature refers to both the "person" and "person focused care" in describing strategies for supporting the remaining attributes of individuals with dementia. However, neither group provides a definition of these terms as they apply to "persons with dementia".

Purpose: This qualitative study explores how adult children of individuals with dementia see their parents as persons. It also studies shifts in the perception of personhood related to the parents' abilities and inability to perform meaningful tasks or "occupations".

Methods: Audio-taped interviews were conducted with nine adult children of individuals with dementia. Findings: Ten personhood themes were identified. All informants continued to perceive their parents as persons and described their parents in terms of the existence of mind as well as personhood themes related to personality, language and occupation.

Implications: A Model of Personhood was developed from the findings of this study. This model describes how occupational therapists along with other caregivers can use the concepts of mind, memory, language, and embodiment in combination with life history review to support the individual with dementia as both a “being entity” and an “occupational entity”.

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**R011 THE CLOCK DRAWING TEST: QUALITATIVE RATINGS AND QUANTITATIVE SCORING BY EXPERIENCED CLINICIANS**

*Colleen Millikin, Ph.D., Lisa Trepanier, Ph.D., Deer Lodge Centre 2109 Portage Avenue, Winnipeg MB R3J 0L3 Canada (cmillikin@deerlodge.mb.ca) Tel: (204) 831-2590 Fax: (204)895-2076*

The Clock Drawing Test (CDT) is widely used for cognitive screening. Many CDT scoring systems exist, yet most clinicians interpret it qualitatively. No previous studies have compared qualitative ratings and quantitative CDT scoring by experienced clinicians. In this study, 55 protocols were selected from records of geriatric patients who completed the CDT during clinical evaluations. Six experienced geriatric clinicians (backgrounds in nursing, OT, and PT) evaluated the clocks qualitatively and later scored them using quantitative scoring systems (Freund, Lessig, and Mendez). Ratings were compared to neuropsychological assessment (NPA) results. Qualitative ratings classified varying percentages of the sample as not impaired (16-41%), borderline (7-34%), impaired (20-38%), and severely impaired (9-32%). Among the quantitative scoring systems, the Mendez system required the most time to score (average=2.76 minutes) but showed the highest inter-rater consistency. Most patients showed at least mild impairment on NPA (likely due to the greater sensitivity of NP tests) and 80% were diagnosed with brain damage/dementia. NPA results were unrelated to CDT ratings. Study findings suggest that standardized CDT scoring (particularly the Mendez system) can improve reliability of clinicians' cognitive screening judgements. The relationship between CDT performance and NPA requires further research in samples with lower rates of cognitive impairment.

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**R012 TRANSITIONS IN EATING ABILITY OF NURSING HOME RESIDENTS WITH DEMENTIA**

*Susan Slaughter, PhD, 5-112 Clinical Sciences Building, Edmonton AB T6G 2G3 Canada (susan.slaughter@ualberta.ca) Tel: (780) 492-8473*

Introduction: Eating disability is associated with the progression of Alzheimer disease however little research has differentiated between eating disability related to dementia and that related to other factors (excess disability). This study aimed to estimate the incidence of excess disability in eating, to identify the predictors of eating disability, and to understand the response to transitions in the ability to eat.

Methods: A one-year, prospective cohort of 120 nursing home residents with middle-stage dementia was monitored biweekly for their ability to eat. Staff and family members were interviewed to identify their attributions of and actions in response to eating disability. Individual and facility-specific predictors of disability were assessed using Cox proportional hazard regression models.

Results: The incidence of eating disability was estimated to be 40.8% (95% CI: 0.33 - 0.50); half (21%) of which was excess disability. Adjusting for comorbidity, length of nursing home stay, and staff dementia education, residents with more advanced dementia were estimated to experience 2.3 (95% CI: 1.3 – 4.1) times the hazard of eating disability. Reported actions varied with the type of attribution.

Conclusions: This study informs the prevention and treatment of excess disability in eating by identifying the predictors of and responses to eating disability.

## POSTER SESSION IB: MOBILITY & PHYSICAL DISABILITIES

THURSDAY, OCTOBER 22, 19:00 – 22:30

Room: Midway Ballroom

### R013 A STUDY OF VISION CARE SERVICES IN LONG TERM CARE HOMES IN CANADA AND SCOTLAND

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Globally, seniors who reside in the long term care setting are not receiving the vision care they require. Vision impairment is one of the leading causes of lost independence in seniors and is an independent risk factor for falls in this population group. In Canada, vision care has not been deemed a medically necessary health care service. In Scotland, a recent report describes vision care services as a lottery -- current services are unable to keep up with demand and there are long waiting lists. A survey was completed by care homes, (N=28) in Winnipeg, and (N=45) in Aberdeen, Scotland. The survey was to identify the extent and type of vision care services provided, the nature and prevalence of falls and fracture reporting, and the degree of vision care knowledge of health care staff. A follow-up phone call was conducted for facilities indicating they provided some form of vision care services. The survey revealed deficiencies in policy, inconsistencies in the delivery of prevention and treatment services, a lack of commitment by management to educate staff on visual impairment, variability in the recording of vision impairment in medical records, and a lack of standardization in the reporting of falls and fractures. The findings suggest the lack of robust application of quality practice in the area of vision care services in long term care homes in both cities. Despite the importance of vision in an individual's ability to function and their quality of life, there is a lack of both policy and consistent service delivery for the prevention and treatment of visual deficits experienced by seniors in care homes.

### R014 AGING WITH A SPINAL CORD INJURY: A SYSTEMATIC REVIEW

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The life expectancy after spinal cord injury (SCI) has increased steadily in the past few decades to the extent that it is now comparable with able-bodied populations. Due to advances in emergency, acute, and rehabilitation treatments, persons are now living many decades post-injury. This study summarizes the key issues in the SCI aging literature, and evaluates the level of evidence for studies on aging with SCI.

Multiple electronic databases were searched for articles addressing aging following SCI.

Articles with a SCI population greater than 50% and written in English were included in the review. Methodological quality of the studies was assessed using the Downs and Black tools and levels of evidence were assigned using a modified Sackett scale.

Twenty-nine studies were included in the review. Of these, 1 study provided level 5 evidence towards mortality and life expectancy following SCI. Eighteen studies provided evidence on physiological and functional changes (1 study with level 2 evidence, 3 with level 4, and 14 with level 5 evidence). Ten studies provided evidence on aging and quality of life and community reintegration (9 studies with level 4 evidence and 1 with level 5 evidence).

The breadth of aging-related issues after SCI is expansive, and there is substantial overlap from body system to body system, with difficulties in one area impacting on others, which in turn can potentially affect function. We are only at the beginning of understanding what it means to live long-term with SCI, and more research is needed in order to plan relevant and timely service delivery programs to meet the physical, mental, and social needs of an aging SCI population.

**R015 ARTHROSCOPIC ROTATOR CUFF REPAIR WITH AND WITHOUT ARTHROSCOPIC ACROMIOPLASTY IN THE TREATMENT OF FULL-THICKNESS ROTATOR CUFF TEARS**

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No previous studies compare arthroscopic repair with and without acromioplasty that allow for subacromial bursectomy or the inclusion of patients with Type III acromions. The purpose of this prospective randomized controlled trial was to evaluate if arthroscopic cuff repair without acromioplasty offers the same degree of improvement as one that includes acromioplasty.

**METHODS:** Eighty-six patients were randomly assigned to the arthroscopic rotator cuff repair with acromioplasty group (ACR) or the repair only group (No ACR). Post-operative study visits occurred at 3, 6, 12, 18 and 24 months. The primary outcome measure was the Western Ontario Rotator Cuff (WORC) index (Baker 1995; Kirkley 1998). The American Shoulder and Elbow Surgeons (ASES) standardized form for the assessment of the shoulder (Richards 1994) was also used to assess function.

**RESULTS:** Fifty-two patients have reached 6-months post-surgery and their results are presented herein (ACR = 28 patients, no ACR = 40 patients). Based on repeated measures ANOVA, patients in both study groups improved significantly from their pre-operative condition at 3 and 6 months post-surgery ( $p < 0.05$ ). Comparing between ACR and no ACR groups, WORC and ASES scores were not significantly different at 3 months ( $p_{\text{WORC}} = .790$  and  $p_{\text{ASES}} = .778$ ) or 6 months ( $p_{\text{WORC}} = .201$  and  $p_{\text{ASES}} = .121$ ). Four patients in the no ACR group were identified as "failed" based on reports of significant ongoing post-surgery pain, two with Type II acromions and two with a Type III acromion.

**DISCUSSION:** Strengths of this study include the prospective, randomized design involving a single procedure performed by only two surgeons. These results stemmed from an interim safety analysis that was conducted due to concerns following the three patients from the no ACR group experiencing repair failure. Continued follow-up of all the study patients to the 24-month post-operative time point will lead to an even greater understanding of the evaluation of when acromioplasty is indicated to improve patient outcome and function.

**R016 ATTENTIONAL FOCUS AND BALANCE PERFORMANCE IN INDIVIDUALS LIVING WITH THE EFFECTS OF PARKINSON DISEASE**

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The influence of internal, external, or no attentional focus instructions during clinical tests of balance and mobility was investigated to determine the effects on performance by subjects living with Parkinson Disease.

Twenty-six subjects (mean =  $67 \pm 7.5$  years, 16 men) were recruited from the Movement Disorders Clinic at University Hospital, London ON to complete one test session of three clinical balance measures and the Movement Specific Reinvestment (MSR) scale questionnaire. Following a randomization table, subjects completed the Functional Reach Test (FRT), Timed Up & Go (TUG) and a 360° turn, under randomly assigned internal, external, or no attentional focus instructions. Subjects completed a block of three trials of each attentional condition for each clinical measure, before moving on to the next. The same investigator completed all trials of a measure for all subjects in the study.

No differences ( $p > 0.05$ ) were found among the three trials of the clinical measures under the different attentional focus conditions. No statistically significant differences were found among mean values for performance under control, internal or external attentional focus for the FRT ( $p = 0.722$ ), 360° turn ( $p = 0.749$ ) nor TUG ( $p = 0.833$ ). Movement Specific Reinvestment scale scores did not change post-testing ( $p = 0.066$ ).

Attentional focus instructions did not influence balance and mobility performance in this group of subjects living with Parkinson Disease.

**R017 INTERACTIVE ENVIRONMENT-BASED EXERCISE REGIME FOR COMMUNITY-DWELLING OLDER ADULTS WITH BALANCE IMPAIRMENT AND FALL HISTORY: A RANDOMIZED PILOT TRIAL**

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Purpose: Feasibility of and benefits from a fall prevention program consisting of dynamic balance exercises coupled to interactive exercise games, controlled using the center of pressure (COP), was evaluated. This treatment approach provides meaningful movement experiences, which are required to drive and maintain neural-muscular recovery of balance participants.

Participants: Thirty community-dwelling and ambulatory older adults attending the Riverview Health Centre Day Hospital for balance and mobility limitation treatment participated in this study.

Method: Subjects were randomly assigned to either a control or experimental group. Each received 15 sessions. The control group received the typical rehabilitation program consisting of strengthening and balance exercises. Experimental group received the balance exercise gaming program which employed the COP obtained from a pressure mat system. The exercise gaming tasks were performed while standing on a compliant foam pads (varying density/thickness).

Results: Analysis of outcome measures (BBS, TUG, ABC, Dynamic Balance and spatio-temporal gait parameters) demonstrated significant improvement post exercise, which was greater for experimental group.

**R018 L'OPTIMISME COMPARATIF CHEZ LES AUTOMOBILISTES: UN PORTRAIT INTERGÉNÉRATIONNEL**

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La tendance des individus à estimer qu'ils sont moins exposés qu'autrui aux risques d'accidents routiers (optimisme comparatif : OC) a été mise en évidence chez des jeunes conducteurs et des conducteurs d'âge intermédiaire mais reste néanmoins à être confirmée auprès des automobilistes âgés de 65 ans et plus. L'objectif premier de cette étude consiste donc à étudier la présence de l'OC chez les conducteurs âgés de 65 ans et plus. De plus, afin de dresser des comparaisons intergénérationnelles, l'OC des jeunes automobilistes ainsi que ceux d'âge intermédiaire a également été investigué. Trois cent quatre-vingt-quatorze participants âgés de 17 à 91 ans ont pris part à cette étude. Ces derniers ont chacun complété un questionnaire où ils étaient invités à évaluer leurs probabilités d'être impliqué dans un accident de la route comparativement à trois cibles de comparaison distinctes (jeune conducteur, conducteur d'âge intermédiaire et conducteur âgé de 65 ans et plus). Les résultats indiquent que les trois cohortes de conducteurs manifestent de l'OC, mais que l'intensité de cet OC varie selon la cible de comparaison présentée. Étonnamment, une intensité plus élevée d'OC a constamment été observée lorsque les participants se comparaient aux automobilistes âgés de 65 ans et plus.

**R019 RELATIONSHIP BETWEEN SELF-REPORTED SHOULDER FUNCTION/QUALITY OF LIFE AND BODY-MASS INDEX IN PATIENTS AWAITING ROTATOR CUFF REPAIR SURGERY**

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Few studies have investigated the relationship between patients requiring rotator cuff surgery and their body mass index (BMI). The objective of this retrospective study was to evaluate the association between BMI and pre-operative pain and function in patients, 50 years-of-age or older, awaiting rotator cuff repair surgery using the American Shoulder and Elbow Surgery (ASES) form and Simple Shoulder Score (SST). A second objective was to evaluate the role of several other factors in predicting patient pre-operative scores.

METHODS: Patients selected for this study were those who underwent arthroscopic rotator cuff repair performed by the same surgeon between 2002 and 2007. Their medical record included documentation on age, height, weight, smoking status, worker's compensation status (WCB), pre-operative ASES and SST scores. Correlation between BMI and ASES and SST scores was performed to determine the association between these

variables. In addition, multiple stepwise regression was performed to assess the predictive value of other demographic and lifestyle factors.

**RESULTS:** Forty-seven patients were included in the study (34 men, 13 women). No significant correlation was found between BMI and either ASES and SST scores. Based on multiple regression analysis, WCB status, sex, age, BMI, and smoking status were not predictors of pre-operative ASES scores. Sex was found to have the strongest association with SST scores ( $r=0.49$ ), with men having greater SST scores than women. The model with the most significant value in predicting SST scores included sex, and WCB status ( $r=0.611$ ). Females with a WCB claim had the lowest SST scores pre-operatively.

**DISCUSSION:** BMI did not have a significant relationship to ASES or SST scores in patients awaiting rotator cuff repair surgery. A prospective study including pre- and post- surgical follow-up and a detailed analysis of the role between BMI and other demographic and lifestyle factors would be beneficial. Such a risk factor analysis may shed light on the indications for rotator cuff surgery or non-operative management, depending on the patient population.

#### R020 RELATIONSHIP OF DYNAMIC BALANCE ASSESSMENT AND CLINICAL BALANCE ASSESSMENT TOOLS TO FALL RISK AND FALL HISTORY

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**Purpose:** To evaluate a dynamic standing balance assessment tool in older adults with balance impairment.

**Participants:** Seventy-two older adults receiving rehabilitation in a Geriatric day hospital. **Methods:** Dynamic Balance Assessment (DBA) test protocol was developed based on concept of the Sensory-organization-Test and Clinical Test of Sensory Interaction and Balance (CTIB). The DBA consists of six tasks performed on a normal floor and repeated on a compliant surface. A flexible pressure mat was used to record centre of foot pressure (COP). COP excursions and sway-path-length were quantified for each task and surface. Loss of Balance (LOB) was determined for each task. Balance performance was evaluated with BBS, TUG, gait speed and 6-minute walk. Fall history over last year was obtained.

**Results:** Composite performance scores based on COP and LOB for both surfaces were able to distinguish three groups; low, moderate and high risk, which coincided with non-fallers and people with single and multiple falls. Only the TUG was able to differentiate the faller and non-faller groups, but not the three risk groups. **Conclusion:** Analysis of COP during tasks and different surface conditions is appropriate to assess dynamic standing balance control in older adults and can identify people at risk of falling.

#### R021 THE RELATIONSHIP BETWEEN NEIGHBORHOOD CHARACTERISTICS AND WALKING

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The purpose of this study was to examine the relationship between neighbourhood characteristics and walking among adults living in Winnipeg neighbourhoods. The sample consisted of 519 adults aged 45 to 94 years (mean =  $61 \pm 9.31$ ). Perceptions of the environment were assessed using select items of the Neighbourhood Environment Walkability Scale as well as additional items regarding neighbourhood characteristics. Demographic and health information was also collected. Census data were used to assess neighbourhood socioeconomic status. Walking was measured with pedometers for a 3-day period. Multilevel, multivariate regression analysis showed that older age ( $p<0.0001$ ), more chronic conditions ( $p<0.001$ ), and increased body mass index ( $p<0.0001$ ) were significantly associated with fewer steps per day taken. An interaction between neighbourhood income and gender was also found. Although perceptions of the neighbourhood environment (safety, presence of sidewalks, paths, aesthetics etc.) were significantly associated with walking at the univariate level, only the presence of paths remained associated with more steps taken at the multivariate level ( $p<0.05$ ). In high income neighbourhoods, men walked more than women. In low income neighbourhoods there was no difference between men and women. Results suggest that even when controlling for personal characteristics, certain neighbourhood features are associated with walking.

**R022 THE ROLE OF EVERYDAY PHYSICAL ACTIVITY IN THE USE OF HOME CARE SERVICES**

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Data for this project were obtained through interviews with participants (n=192) who also wore computerized actigraphs to record everyday physical activity (EPA). By combining the interview and actigraph data with an administrative health registry (Manitoba Health), we were able to examine the predictors of home care (HC) service use within the subsequent 3 years. Overall, 27.5% of the participants used HC services, with no differences ( $Z=1.67$ ,  $df = 1$ ,  $p = .68$ ) between those classified as “young old” (<85 years) versus “old old” ( $\geq 85$  years). However, separate logistic regression analyses for the young old and old old revealed different predictors of HC service use. Among the young old, the probability of using HC services within the next three years was higher for women than men ( $B=1.26$ ,  $p < .05$ ), and the probability increased with lower levels of EPA ( $B=.002$ ,  $p = .05$ ) and less independent functioning on IADLs/ADLs. Among the old-old, only poorer physical health predicted a higher probability of using HC services ( $B=-.71$ ,  $p < .05$ ). These findings suggest that the use of HC services is driven more by physical and functional status among adults under 85 years of age and more by health status for very old adults.

**R023 TRANSPORTATION IN RURAL MANITOBA: AN INVESTIGATION OF THE HANDIVAN PROGRAM**

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There has been only limited focus on issues related to the transportation needs of seniors particularly in rural environments. As a result of geographic remoteness and the lack of transportation alternatives, older adults in rural Canada often experience substantial barriers for access to goods, services, medical care and social networks that are all essential components of quality of life. In the context of rural Manitoba, the Mobility Disadvantage Transportation Program (MDTP) provides handi-van services in a range of rural communities. This study was initiated to examine the effectiveness of these programs in relation to operational practices, community support and the development of regional partnerships.

A series of six rural roundtables were organized to ensure inclusion of all rural communities in southern Manitoba. Participants represented the disability and seniors communities, senior-serving organizations, handi-van programs and municipal governments. Each roundtable consisted of small group sessions and a priority setting activity. The overall findings highlight that for the MDTP program to be an effective and sustainable option for older adults, the following themes must be addressed: (1) improved communication and coordination amongst rural communities, (2) acknowledgement of the value of local adaptation, (3) the continuing importance of volunteerism, and (4) the need for diverse sources of funding.

**POSTER SESSION IIA: PHYSICAL HEALTH**

**FRIDAY, OCTOBER 23, 14:45 - 16:00**

*Room: Wellington*

**R061 ATTITUDES TO AGEING AMONG OLDER PEOPLE WITH COPD**

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Chronic obstructive pulmonary disease (COPD), affecting more than 300,000 Canadians aged 55 and older, increases in its severity and unpredictability over time. Not surprisingly, then, a prevalent focus in the quality of life literature is that of physical, social, and psychological losses and declines associated with respiratory insufficiency. While much is known about decrements in the lives of COPD patients, there is a lack of empirical attention paid to the positive changes and gains they experience as older people per se. In this novel study of 130 older people with COPD attending Edmonton’s Caritas Center for Lung Health rehabilitation program, data on perceptions of loss, gain, and change were collected using the Attitudes to Ageing Questionnaire (AAQ-

24). In addition to exploring participants' attitudinal patterns on the AAQ-24, its construct and discriminatory validity or association with quality of life, COPD severity, exercise tolerance, and comorbidities is currently being examined. Test-retest and inter-item reliability will also be assessed. The findings of this study will help respiratory practitioners better understand the experience of older age from a more balanced perspective, and generate hypotheses for an inter-provincial study of the suitability of the AAQ-24 as an adjunct assessment tool in respiratory health programs.

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**R062 CHRONIC DISEASE PREVENTION AMONG ETHNIC MINORITY COMMUNITIES: THE ROLE OF PEER-PROFESSIONAL PARTNERSHIPS**

*Margaret Black, RN, PhD, Barbara Carpio, RN, BScN, MScN, MScT, John Dwyer, PhD, Teresa D'Elia, MA, 23 Clarendon Avenue, Hamilton ON L9A 2Z9 Canada (mdelia@sfu.ca) Tel: (905) 975-5240*

The concurrent trends of demographic aging and the ethnic diversification of the Canadian population have produced unique demands in the realm of health promotion and chronic disease prevention programming. Outreach to diverse ethno-cultural communities presents distinctive barriers and challenges. The Promoting Physical Activity in Diverse Ethno-cultural Communities Project (PPADEC) assessed the function of partnerships between public health professionals and peer/lay leaders in chronic disease prevention strategies targeted to ethnic minority women. Qualitative data included key informant interviews with health professionals and both paid and volunteer peer leaders (n=12) who work as partners within various chronic disease prevention programs. Focus groups were held with physical activity program participants from the Chinese, Arabic and South Asian communities. Key themes were used to generate a peer-professional model that outlines the structure, role development, benefits and challenges of peer-professional partnerships. Study results and "lessons learned" were disseminated through interactive cultural competence workshops with local public health staff. Information gathered from workshop participants provided additional insight regarding the potential of applying the peer-professional model broadly to diverse public health programs. Along with key findings, implications for culturally competent outreach strategies and future research will be presented.

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**R063 DO OCCUPATION AND INCOME SATISFACTION MEDIATE THE RELATIONSHIP BETWEEN EDUCATION AND HEALTHY AGING?**

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Although many studies have found an association between education and healthy aging, the mechanisms for this association remain unclear. This study investigates the role of income satisfaction as a potential mediator of the association between education and healthy aging in 955 community-dwelling individuals 65+ years from the Manitoba Study of Health and Aging, a longitudinal, population-based study conducted in parallel with the Canadian Study of Health and Aging. Healthy aging included cognitive, physical, social, and psychological health measures. Logistic regression modelling explored the relationship of education and income satisfaction at baseline with healthy aging 5 years later, adjusted for age and sex.

Increasing educational attainment was a significant predictor of healthy aging (OR=1.16; 95% CI=1.08-1.25). Income satisfaction was not associated with healthy aging (OR=0.68; 95% CI=0.44-1.03). Furthermore, the association between education and healthy aging did not change when income satisfaction was considered (OR=1.15; 95% CI=1.07-1.24). There was no significant interaction between income satisfaction and education.

Income satisfaction was neither associated with healthy aging nor did it have a mediating effect on the relationship between education and healthy aging. Exploration of alternate mechanisms through which education is associated with healthy aging could help maximize the likelihood of healthy aging for all.

**R064 GERIATRIC PROGRAM ASSESSMENT TEAM (GPAT) A SUCCESSFUL MODEL OF COMMUNITY-BASED MULTIDIMENSIONAL GERIATRIC ASSESSMENT**

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In-home multidimensional geriatric assessment provided by outreach teams have been shown to benefit frail older adults, but have not been widely adopted. We report on the Geriatric Program Assessment Team (GPAT), an outreach program located in Winnipeg, Manitoba, Canada. Functioning for 7 years, there have been 6 teams providing coverage to the entire city (population 633,451). Each team consists of 2 or 3 independent, cross-trained clinicians (nurse, therapist or social worker) and a geriatrician liaison. The assessment, completed in home or the emergency department, focuses on the following: medical history, medications, psycho-social supports, mobility, function, cognition, continence, and a physical assessment of all systems. Assessments are completed within 48 hours of referral, discussed with the geriatrician and other team members, and a care plan is developed. GPAT clinicians provide short-term case management and recommendations, not ongoing primary care. In 2005-6, 1930 patients were assessed. The referral process is open: 18 % were received from family physicians, 15 % from Home Care, 33% from the Emergency Departments, and 34% from various other sources - family, friends, neighbours, police, banks, health departments, etc. The GPATs are integrated into a comprehensive network of care for frail older adults, and can access inpatient geriatric assessment and management units, geriatric day-hospitals, geriatrician home visits and geriatric psychiatry services. The GPAT model has become an important part of an integrated regionalized Geriatric Program in a mid sized city.

**R065 OLDER ADULT'S ACCEPTABILITY RATINGS OF TREATMENTS FOR VERBAL AGITATION**

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**OBJECTIVES.** The purpose of this study is to compare the acceptability of three interventions for the management of verbal agitation (VA) in persons with dementia from the point of view of the elderly in the community: direct interaction (DI), differential reinforcement of incompatible behaviours (DRI) and risperidone (RIS). Other objectives are (a) to verify whether the acceptability of interventions varies depending on the severity of the VA, and (b) to determine whether participants' characteristics are related to acceptability. **METHOD.** Participants (N=69) evaluated the acceptability of each treatment according to the description of a fictional person who demonstrated aggressive or non-aggressive VA. **RESULTS.** In general, DI is the most acceptable intervention, followed by DRI and RIS. For non aggressive VA, DI is the most acceptable intervention followed by DRI and RIS. For aggressive VA, DI and DRI are more acceptable than RIS but there is not a significant difference between them. Finally, the acceptability of each intervention is not associated with the participants' characteristics. **CONCLUSIONS.** This study shows greater acceptability of DI among the elderly and shows the necessity of evaluating new interventions available for managing the behavioural and psychological symptoms of dementia.

**R066 SCREENING FOR ADVERSE DRUG EVENTS IN LONG-TERM CARE: WHO IS SCREENING FOR WHAT?**

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This project addressed a gap in our knowledge of adverse drug events (ADEs) among seniors residing in Canadian long-term care settings. The study explored the prevalence of ADEs and the incidence of under-prescribed medication retrospectively in the charts of 134 randomly selected patients across four nursing homes in the Vancouver lower mainland. The charts of the study sample were reviewed for a one-year period through two methods: 1) the modified Baker protocol (nurse-screeners and physician-pharmacist consensus panel); and 2) independent physician-reviewers. The study nurses identified 17 (12.7%) of the 134 patients as having experienced an ADE, whereas the physician-pharmacist consensus panel identified 51 additional ADEs among the same 17 cases. The physician-review revealed that 70.8% of the 134 patients experienced at least one possible ADE. The results of the study, and others to be discussed, indicate that many possible ADEs are under reported.

There is an urgent need to develop standardized training and reporting mechanisms, including methodologies that reduce potential screening biases. In addition, the standardization of health charting procedures should be developed and advocated to improve our understanding and monitoring of ADEs among highly frail seniors. Funded by the Canadian Patient Safety Institute.

**R067 SOCIAL POSITION AND FRAILITY**

*Phil St. John, MD, Pat Montgomery, MD, GE 547 Health Sciences Centre 820 Sherbrook St, Winnipeg MB R3A 1R9 Canada (pstjohn@hsc.mb.ca) Tel: (204) 787-3365*

Objectives: 1. To determine if education and income security are associated with frailty. 2. To determine if there is a gradient in this effect. Methods: Secondary analysis of a population-based epidemiologic study, the Manitoba Study of Health and Aging (MSHA). Population: 1751 adults aged 65+ sampled from a representative population-based registry in Manitoba in 1991/2. Methods: Age, gender and education were self-reported. Income security was assessed using the question: "How do you think your income and assets currently satisfy your needs?" and was scored on a 5 point scale. Categories were collapsed for some analyses. Frailty was defined according to the Canadian Study of Health and Aging index of frailty. Bivariate analyses and logistic regression were conducted. Results: Both education and income security were strongly associated with frailty. Frailty rates were 65% (0-3 years of education); 35% (4-6 years), 22% (7-9 years), 15% (10-12 years), and 18% (>12 years). For income security, there was also a gradient: 19% (very adequate); 22% (adequate), 29% (difficulty); and 43% (inadequate). In logistic regression models adjusting for age and gender, these effects persisted. Conclusions: Frailty is strongly associated with these measures of social position, although there may be a ceiling in this effect. Efforts to decrease social gradients over the life span may decrease the risk of frailty in late life.

**R068 THE INFLUENCE OF SOCIAL SUPPORT ON DENTAL CARE UTILIZATION AMONG OLDER CANADIAN ADULTS**

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Older adults are more susceptible than any other segment of the population to have poor oral health and tend to utilize dental care services less frequently than their younger counterparts. Despite various investigations identifying key predictors of dental care utilization within this demographic, the circumstances by which social support influences the use of dental care services remain unclear. Consequently, the purpose of this investigation was to more closely explore the relationship between social support and regular use of dental care services among independent dwelling older Canadian adults. Using the 2003 Canadian Community Health Survey Cycle 2.1, data from 13,134 individuals (aged 60+) residing within British Columbia and Ontario were analyzed using hierarchical logistic regression analysis. Being married and having a stronger sense of community belonging increased the likelihood of regularly visiting a dentist, however living with others produced mixed results. Additionally, the impact of living arrangement on dental care utilization was found to be specified by gender and denture use. These findings indicate that the role of social support in predicting dental service use among older adults is much more complex than is noted in the exiting literature and warrants further consideration in oral health promotion initiatives.

**POSTER SESSION IIB: SOCIOCULTURAL / CULTURAL DIVERSITY**

**FRIDAY, OCTOBER 23, 14:45 - 16:00**

*Room: Wellington*

**R069 A NATIONAL GENDER-BASED COMPARISON OF SPOUSAL ABUSE IN MID-AND-OLD AGED ADULTS**

*Yongjie Yon, MA Candidate, Andrew Wister, Ph.D, Gloria Gutman, Ph.D, Barbara Mitchell, Ph.D, 2800-515 West Hastings Street, Vancouver BC V6B 5K3 Canada (yongjie.yon@gmail.com) Tel: (778) 881-7290*

Objectives: Comparison studies on spousal abuse among different age groups are limited on a national level. Even less known is the dichotomy between genders. Understanding spousal abuse in older population and its intersection with gender is important.

Methods and materials: The study used a pooled dataset from the General Social Survey (GSS) 1999 and 2004 to compare spousal abuse among mid-aged and older adults on emotional abuse. Three regression models on personal, relationship and environmental explanatory factors are examined along with the dichotomy between genders to determine salient predictors of abuse.

Results: Logistic regression has found higher prevalence of emotional abuse among men (older: 7.4%; middle-aged: 9.9%) than women (older: 6.4%; middle-aged: 8.3%). In general, the risk factors for abuse are associated with wider age differences between spouses. In particular, for older adults being older is associated with increase risk for emotional abuse while being younger is associated with middle-aged adults. In addition, there are a number of differences between gender and their association with emotional abuse.

Conclusion: This study is the first of its kind to provide gender perspectives on IPV between two age groups. Results have indicated differences in the risk factors between age groups and gender on emotional abuse.

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**R070 ACTIVE(IST) AGING: ENGAGING PLANNING FOR AGE-FRIENDLY TO CITIES**

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This lack of consideration of older adults in planning documents and the built form of the city is a reflection of larger issues of ageism. The Community University Research Alliance (CURA), Age-Friendly Communities -Active Aging Alliance, based at the University of Manitoba, links researchers with advocates and agencies working with older adults to address this issue. The Alliance has the ambitious goal of making Manitoba the most "age friendly province in Canada." The research documented in this paper focuses on planning processes and asks how older adults can participate more actively in planning processes and how to raise the profile of aging issues. It also reports on the preliminary results related to the review of the City's Official Plan that is currently under review.

Through the CURA, we are working to engage with agencies serving older adults following an empowerment planning model. Rather than trying to speak for seniors, we are developing educational materials, including brochures, web-based materials, and work sheets, and conducting seminars in concert with the Alliance members. These will be tested with focus groups and then used to help agencies and the older adults that they serve to participate themselves in the current review of Plan Winnipeg.

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**R071 AGE-FRIENDLY COMMUNITIES IN MANITOBA: PERSPECTIVE OF LOCAL GOVERNMENT**

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The purpose of this study was to collect information on age-friendliness from the perspective of local government from all municipalities in Manitoba. Completed surveys were received from 129 communities, a 65% response rate. Specifically, the availability of programs/services in the community across eight age-friendly domains (e.g., housing, transportation, information/advocacy) was examined for the province as a whole, as well as by type of municipality (rural municipality, village, town or city) and by the proportion of seniors in the community (<14%, 14-19%, or > 20%). Age-friendly features identified by a majority of communities included recreation programs specifically for seniors (82.2%), volunteer opportunities for seniors (72.1%), and congregate meal programs (67.4%). Areas where communities generally were not as age-friendly pertained to information/advocacy, public safety/emergency services, and policies and guidelines that benefit seniors. Differences emerged across the four types of municipalities for most of the programs/services. Overall, rural municipalities had fewer age-friendly features than villages, towns, and cities. Furthermore, municipalities were clearly responsive to the percentage of seniors in the community; as the percentage of seniors increases, age-friendly features increased as well. These findings can be used to help local governments in identifying areas of age-friendliness that need to be addressed.

**R072 AN ANALYSIS OF THE PROCESSES AND OUTCOMES OF ELDERLY MIGRATION TO SMALL PRAIRIE LAKESHORE COMMUNITIES IN THE INTERLAKE REGION OF MANITOBA**

*John Spina, Ph.D., 211 Isbister Building 183 Dafoe Road, Winnipeg MB R3T 2N2 Canada (johnspina@shaw.ca) Tel: (204) 474-9667*

The primary objective of this paper is to further our understanding of elderly mobility by investigating the processes and outcomes of the migration of older people to lakeshore retirement communities located in Manitoba's Interlake region. Four research questions were derived concerning elderly migrant profile characteristics, the elder's decision to move, the elder's relocation decision-making process, and elderly migration outcomes. A sequential four-stage survey design included: (a) a questionnaire/interview survey of elderly migrants; (b) in-depth life-history interviews with elderly migrants; (c) a questionnaire/interview survey of community leaders; (d) two separate focus group sessions including both elderly migrants and community leaders. Two non-probability sampling procedures (i.e. convenience sampling and snowball sampling) were utilized, generating a total of 34 elderly migrants and 10 community leaders.

The analysis of data involved the use of both descriptive statistical techniques and qualitative methods. A large majority of elderly respondents were amenity migrants with strong ties to Manitoba. Both push and pull factors played major roles in elderly migration decision-making. Evidence of the successful place integration of elderly migrants within semi-rural retirement communities located in a cold Canadian climate exists. Policy interventions should be directed toward maintaining sustainable retirement communities to facilitate the integration of older migrants.

**R073 ASKING THE RIGHT QUESTIONS ABOUT EXPERIENCES DURING TRANSITIONS**

*Tracy Xu, MSc, Linda Garcia, PhD, William B Dalziel, MD, Kathy Lechelt, MD, James Silvius, MD, Carol Cohen, MD, #1635, 1632 - 14 Ave NW, Calgary AB T2N 1M7 Canada (tracyxu@ucalgary.ca) Tel: (403) 210-9266*

The increasing number of people being diagnosed with dementia is receiving welcome attention. Decision-makers from health authorities in Calgary, Edmonton and Ottawa have teamed up with researchers and clinicians to conduct a cohort study into care for dementia and patient and caregiver's experiences during periods of significant transition.

Based on a literature review and discussion, the essential, interrelated properties of transition experiences have been identified for investigation. These include awareness, engagement, change and difference, time span, critical points and events, service demand, availability and utilization, expectations, sense of hazard, experience and knowledge, and environments.

This presentation will explore the processes of identifying and executing questions which elicit data corresponding to these key properties in the specific context of transitions in dementia for both patients and caregivers. In addition, the participation of policymakers in defining such questions is a necessary condition for effective knowledge translation. The process for establishing this participation will be discussed.

**R074 CROSS-CULTURAL COMMUNICATION WITH OLDER ADULTS**

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With changes in Canada's ethnic composition, service providers and their senior clients are more likely to come from different ethno-cultural backgrounds and to be engaged in a cross-cultural communication. Therefore, their interaction is more at risk of being negatively affected by miscommunication caused by cultural differences. Generally speaking, scholars have recommended three approaches to curtail the risk of miscommunication in a cross-cultural interaction: learning about the other's culture, knowing one's own culture, and becoming aware of the cultural and emotional sources of misunderstandings.

Although this paper does not deny the positive contributions of these approaches, it contends that they have

ignored the crucial role of participants' interpretations in communication. Considering that in their first encounters, the professionals and senior clients are strangers from different cultural backgrounds, this paper contends that their success in communication and building a working relationship hinges on their definition of each other's identity and the situation at hand. Using the insights of symbolic interaction approach and communicative action theory, this paper aims at illustrating the relevance of interpretation in cross-cultural communication.

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**R075 CULTURAL COMPETENCE: IT'S SIGNIFICANCE IN PROMOTING POSITIVE CHANGE IN THE DELIVERY OF LONG TERM CARE**

*Aysha Tayab, Master of Arts Applied Health Sciences, 1327 Niagara Parkway, Fort Erie ON L2A 5M4 Canada (at08ke@brocku.ca) Tel: (905) 994-3048*

The purpose of this paper is to present a summary of the literature-based research on cultural competence in long-term care facilities in Canada. While effective communication between staff and residents is imperative to the successful delivery of long-term care and the quality of life of residents, changing immigration patterns as well as cultural diversity among older Canadians has made verbal and non verbal communication extremely challenging. Long-term care staff may not be fully equipped with the tools required to provide a culturally sensitive approach to whole person care. As a result, a number of health disparities become present. Cultural competence training can help to eliminate these health disparities, leading to improved health outcomes for older adults of varying ethnic and cultural backgrounds. Campinha-Bacote (1999) has developed a model of cultural competence that has been utilized in a plethora of research. Her model consists of five domains: cultural awareness, cultural knowledge, cultural skills, cultural encounter, and cultural desire. Few studies on this topic have been conducted in the context of long-term care. Therefore, this paper aims to examine the significance and needs of cultural competence training in Canadian long-term care homes. Funding for this conference will be provided by the university.

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**R076 DEVELOPING AN INSTRUMENT TO MEASURE A COMMUNITY'S AGE-FRIENDLINESS**

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The purpose of this study was to develop a brief easy-to-use instrument to measure the age-friendliness of a community. This study draws on survey data from two sources: a) 129 municipalities throughout Manitoba, (municipality survey) and b) 165 individuals living in six communities in Manitoba (resident survey). The municipality survey collected information on the availability of thirty-nine program/services across eight age-friendly domains. Based on the number of programs/services available, 30.2% of the municipalities were classified as 'low (0 to 13)', 52.7% as 'medium (14 to 26)' and 17.1% as 'high (27 to 39)'. Next, we used data from the resident survey, which collected similar information as the municipality survey, to validate these classifications. Analysis of variance indicated statistically significant mean differences among the six communities with results suggesting that there was some congruence between the information from the two surveys with regards to age-friendly features within these communities. For example, the community with the highest mean number of programs/services reported by individuals in the resident survey had also been classified in the 'high' group based on data provided in the municipality survey. These findings suggest that a municipality survey can provide useful information in assessing a community's age-friendliness.

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**R077 ELDER MEDIATION: CHANGING THE STATUS QUO - A SET OF SKILLS TO HELP SENIORS AND THEIR FAMILIES DEAL WITH ISSUES OF AGING**

*Judy McCann-Beranger, MA, Judy Lynn Richards, PhD, 550 University Ave, Charlottetown PEI C1A 4P3 Canada (jlrichards@upei.ca) Tel: (902) 566-0433*

The purpose of this workshop is to provide professionals and seniors an opportunity to participate in (including a role play), discuss, and learn about elder mediation. Elder mediation is a process and a set of skills that shows seniors and their families how to communicate in a caring and respectful way, and how to reach a solution about difficult issues and decisions which they can face on a daily basis. The main objective of this workshop is to provide seniors, their families, and professionals with options in dealing with issues of aging.

Decisions in relation to issues of aging (e.g., health care, long-term care, housing/living arrangements, safety concerns, caregiver burden, abuse, neglect, driving, end-of-life decisions, estate planning) can cause seniors and their families undue hardship, anxiety, and despair. Elder mediation is based on a wellness model that promotes a person-centered approach to these types of issues for all participants – tapping the collective creativity of the family, while exploring the many ways that will best work to enhance continued well-being and quality of life for all concerned.

Essentially, elder mediation facilitates and brings to the fore the love-based actions, collaboration and well-thought out solutions of family and friends; it challenges the existing status quo of health and social care as we know it, and also challenges prevailing ageist norms, wrought with one-solution answers to what need not be difficult family situations.

**R078 ENHANCING MEN'S MOTIVATION FOR HEALTH PROMOTION: NAVIGATING THE CONTRADICTIONS OF MEN AGING IN THE CONTEXT OF HEGEMONIC MASCULINITY**

*Duane Lesperance, 25 Glenview Ave., Winnipeg MB R2M 1W3 Canada (lesperan@cc.umanitoba.ca) Tel: (204) 956-6566*

This paper suggests that older men's health care needs continue to be overlooked whenever men's "gender practices" are treated as simply a demographic variable rather than conceptualized as the enactment of hegemonic masculinity. However, in conceptualizing gender in this way, health care professionals are presented with the dilemma of whether one should work within a framework that is "friendly" to – or whether one should "challenge" the tenets of – hegemonic masculinity. This paper argues that developing effective health care strategies for men requires both working within a gender framework that is comfortable to men's lived experiences while also challenging the norms of masculinity. This paper explores the concepts "motivations" and "barriers" for health-promoting actions to demonstrate the application of these approaches with men.

**R079 EXPLORING THE RELATIONSHIP OF SOCIAL CONNECTIONS AND ACTIVITY PARTICIPATION IN OLDER MARRIED MEN**

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Current research points to the importance of participation in meaningful activities to health of older adults. The purpose of this paper is to explore the relationship between the participation of married rural older men in social leisure activities, and their supportive connections with family members, friends and neighbours. Method: Case studies of 6 older rural married men with long term health problems or disabilities were conducted in rural Nova Scotia. Cases were selected to represent the six support network types identified in research using data from a Canada-wide survey of rural seniors. Results: The support network type influenced the ways in which support tasks were provided, and the leisure and social activity participation of the men in each case. Activities appeared to be a mechanism for recruitment of social and support network members for some network types. Disengagement from favourite leisure activities appeared to have influenced the composition of support networks. Spouses played a key role in both enabling activity, and in recruiting and organizing network members' involvement. Conclusion: Participation in activities and support network type influenced each other, and were also affected by individual interests, health and abilities. Implications for services that might foster supportive connections are discussed. Funding for this project was provided by the Strategic Policy Research Directorate of Human Resources and Skills Development Canada.

**R080 FAMILIES AND ASSISTED LIVING: CONTEXT, INVOLVEMENT AND OUTCOMES**

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The involvement of families in the lives of assisted living residents is not well understood. Drawing on data from a longitudinal cohort of 974 dyads of designated assisted living residents and their family caregivers in Alberta, the nature and extent of involvement, resident and family outcomes, and associated characteristics are exam-

ined. Context was measured in terms of the resident, family, and facility characteristics. Involvement focused on visiting, activities while visiting, socio-emotional care, and advocacy. Outcomes included residents' health outcomes at 1-year and caregiver burden. Residents' mean age was 85; 76% were female. Family caregivers' mean age was 58, 70% were female, 74% were adult children, and 49% lived <15 km from the facility. The frequency of visits varied; 25% visited at least three times per week. Variations in involvement were related to distance, residents' functioning, and gender as well as the caregivers' age, gender, and relationship to the resident but no consistent pattern emerged. There also was diversity in the outcomes and associated predictors. Understanding when and how families provide what kind of care can lead to enhanced quality of care and quality of life for frail older adults. Directions for future research and practice are discussed.

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**R081 GIVING AND RECEIVING: MAINTAINING SUPPORTIVE RELATIONSHIPS IN RURAL CANADA**

*Jennifer Swindle, MA, Norah Keating, PhD, Donna Dosman, PhD, 3-02 Human Ecology Building, Edmonton AB T6G 2N1 Canada (jswindle@ualberta.ca) Tel: (780) 492-2865*

The focus of research on rural older adults tends to be on their role as receivers of social support. With the culture of helpfulness found in rural Canadian communities, it is likely that older people do not just receive resources, but also provide social support to other people. To explore this assumption, we conducted a secondary data analysis of 1,312 older adults drawn from a national telephone survey of seniors in rural Canada. Objectives were to describe exchange patterns of these older adults and to use a multinomial regression to identify personal and social network characteristics associated with each pattern. Descriptive analyses revealed that 1,271 seniors participated in supportive exchanges. Four exchange patterns were identified: 1) participants who receive and provide a high number of tasks; 2) receive and provide a low number of tasks; 3) receive a high number of tasks and provide few; and 4) receive few tasks while providing a high number. Older adults' gender, age, education, and the size and composition of their social networks predicted exchange patterns. These characteristics inform variation among older adults in their need for support and in their ability to assist others, which is important for developing and maintaining supportive relationships.

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**R082 HOW SOCIAL WORKERS IN QUEBEC CLSCS UNDERSTAND AND RESPOND TO CONCERNS OF INTIMATE PARTNER ABUSE IN THE LIVES OF OLDER WOMEN**

*Silvia Straka, PhD, 201 Sherbourne St., Apt 1705, Toronto ON M5A 3X2 Canada (silvia.straka@gmail.com) Tel: (647) 338-7908*

Gerontological social workers encounter intimate partner abuse (IPA) against older women. This problem lies in the intersection of two fields: elder abuse and IPA. Elder abuse lacks an analysis of gender, whereas IPA ignores older women, leaving workers without an adequate model of practice. This SSHRC-funded feminist-informed action research study explored how 30 Quebec social workers in 18 CLSCs understand and respond to IPA experienced by older women. A qualitative analysis was applied to individual interviews and focus groups. The first key finding was that despite their sophisticated clinical expertise, social workers understood IPA against older women to be an intractable problem: It has existed for so long, older women's choice to stay was seen as problematic, and workers' understanding of control made it harder for them to understand the problem. The second theme highlighted the complexities of intervention. Workers believed older women were unable to defend themselves and assuming the best option was to leave, workers felt they could not protect their clients, leaving them feeling very powerless. These findings suggest that the practice setting strongly shapes gerontological social workers' understanding of and response to IPA. They also tended to lack certain theoretical frameworks, which would have facilitated their response.

**R083 INTERGENERATIONAL DEPENDENCE OR INTERGENERATIONAL DISCORD?: A CRITICAL ANALYSIS OF THE NEW SYSTEM OF ELDERLY MEDICAL CARE IN JAPAN**

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Abstract:

This paper will analyze the new system of medical care coverage for Japan's senior citizens. The ratio of the Japanese 65 years old and over will increase from 21% today to 36% by 2050. This demographic shift will make it impossible to continue the existing national medical care insurance system created in the 1960s. In 2008, the government thus has implemented a drastic reform to tackle ever-increasing medical care costs, creating a separated stream of medical care insurance for those 75 years and over, or 65 years and over with disabilities. This qualitative research, based on document analysis and key informant interviews, examines this new system from the "intergenerational equity debate" perspective. While the new age-graded system aims to sustain universal access to quality medical care by increasing the self-reliance of older people and reducing the burden on younger generations, my initial review of documents clarifies the several controversial characteristics of the on-going reform. The public, especially those who are older, have loudly criticized this new system as an ageist means of abandoning the elderly. The questions stemming from this struggle of medical care reform in Japan should be relevant to other aging societies including Canada.

**R084 INVESTIGATING THE CONTRIBUTION OF OLDER ADULTS TO VIBRANT COMMUNITIES IN RURAL MANITOBA AND SASKATCHEWAN**

*Karina Cardona Claros, BA, Arthur Ladd, Gina Sylvestre, PhD, 103-520 Portage Avenue, Winnipeg MB R3C 0G2 Canada (k.cardona-ra@uwinnipeg.ca) Tel: (204) 982-1140*

Rural decline is occurring throughout Canada and is characterized by an aging population, difficulty of remote service provision, continued out-migration of youth, and reduced social and economic opportunities for residents. Gerontological research traditionally applies the needs-based perspective of older adults as recipients of services. The potential of drawing upon older adults as active participants in rural community economic development has not formally been considered to date.

Two main objectives guided this exploratory investigation. The first was to document the social capital that exists amongst the aging population in communities across Manitoba and Saskatchewan. The second was to identify opportunities for increased participation of seniors in contributing to vibrant rural communities. Both qualitative interviews and focus groups were conducted with a range of key informants to garner their perspectives on the contribution of older adults in their communities. The investigation illustrates that older adults in rural areas have extensive histories of community participation. Their skills are numerous and applied in an array of capacities to the benefit of their peers and communities as a whole. Overall, the findings highlight the need to create inclusive environments that promote sustainable rural communities where healthy aging may occur.

Funding: Rural Secretariat & Public Health Agency of Canada

**R085 OLDER MEN'S CONCEPTIONS OF MASCULINITY AND AGING**

*Stephanie Chesser, MPH Cand., Elaine Wiersma, PhD, 955 Oliver Road, Thunder Bay ON P7B 5E1 Canada (schesser@lakeheadu.ca) Tel: 807-766-7250*

While much gerontology research has focused on the female gendered experience of aging, little attention has been paid to the ways in which older men conceptualize their own masculinity. The objective of this grounded theory study was to explore male experiences and perceptions of aging and the ways men 'do' gender in later life. The constant comparative method was used to analyze textual data from one-on-one semi-structured interviews conducted with 14 retired men (aged 59 to 84) in a small Ontario city. Emerging themes related to aging masculinity involved the concept of an 'invisible age' (not seeing oneself as 'old' or 'older'), responsibility

for oneself and for others, positioning oneself as being in the possession of 'expert' knowledge, a continued mastery over one's body and the discovery of new ways of being within one's body. Indeed, it would appear that aging masculinity may not be a fixed identity, but an experience that is fluid and changing and one that men must learn to maneuver.

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**R086 SOCIAL FACTORS IN THE LIVES OF THE ELDERLY**

*Nora Cristall, MSW (PhD Candidate Sept., 2009), Kathy Hendrickson-Gracie, MSW, Gloria Dixon, MSW, 75 Poseidon Bay, Winnipeg MB R3P 0M2 Canada (ncristall@panamclinic.com) Tel: (204) 927-2740*

This paper will explore some of the key social issues that both moderate and exacerbate the impact of socio-economic status (SES) on individuals as they age. Although there is wide acknowledgement that income and education significantly impact health, less is known about the influence of these factors on the individual course and adaptation to aging. This paper will be an opportunity to explore the health service needs of the elderly who are less advantaged. With an integration of social and psychological determinants in understanding well-being and health, this paper will highlight specific social factors that influence the continued independence of the aged. There will be an introduction and overview of the social determinants of health as they relate to the elderly. The presentation will include a discussion of the often-challenging competing concerns of risk and safety in discharge planning and continued community care. There will also be a review of the considerations in the assessment of elders at risk and the assessment and intervention in social networks across the lifespan. This presentation will be of interest to health care clinicians who are often faced with the challenge of maximizing independence and reducing potential harm.

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**R087 SOCIAL VULNERABILITY AMONG OLDER ADULTS: A SOCIAL ECOLOGY PERSPECTIVE FROM THE NATIONAL POPULATION HEALTH SURVEY**

*Melissa K. Andrew, MD, Janice M. Keefe, PhD, Veterans' Memorial Building 5955 Veterans' Memorial Lane, Halifax NS B3H 2E1 Canada (mandrew@dal.ca) Tel: (902) 473-2378*

Numerous social factors have been associated with health, though most studies have investigated single factors in isolation. We sought to investigate many social factors in relation to one another and to survival among older adults using a social ecology perspective. 2740 adults aged 65+ were followed for ten years in the National Population Health Survey (NPHS). Twenty-three individual-level social variables were taken from the 1994 NPHS and four Enumeration Area (EA)-level variables were abstracted from the 1996 Canadian Census using postal code linkage. Using Principal Component Analysis, seven dimensions emerged: engagement, contextual socio-economic status, social support, living situation, self-esteem, mastery, and relations with others. These were situated within a social ecology model with inter-connected spheres of influence from the individual through close family & friends, wider peer networks, neighbourhoods, institutions, and society at large. Vulnerability in each dimension was studied in relation to vulnerability in the others and to ten-year survival. Only vulnerability in the engagement dimension independently predicted mortality in a logistic regression model including all seven dimensions, age, sex, frailty, and education (OR 1.17; 95% CI:1.04-1.31, p=0.007). We conclude that a social ecology perspective provides a way forward for holistic study of social vulnerability among older adults.

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**R088 TO SCREEN OR NOT TO SCREEN: ELDER ABUSE AMONG HOSPITALIZED ADULTS WITH DEMENTIA**

*Leslie Pisani, Christine Walsh, PhD, Kevin Lawless,, 2500 University Drive NW Professional Faculties Building, Calgary AB T2N 1N4 Canada (cwalsh@ucalgary.ca) Tel: (403) 220-2274*

The prevention of elder abuse is increasingly important as current estimates show the world's population of adults over age 65 rising dramatically. Even more alarming is the rising proportion of very old adults; the proportion of Canadian adults aged 85 and over expected to nearly double by 2026 (Statistics Canada, 2007). This aging population will be associated with a concomitant rise in the rate of those who are diagnosed with a dementia disorder. The demographic shifts and increased vulnerability heightens the need for measures aimed

at the prevention or intervention of elder abuse. As many older adults with dementia are hospitalized, the opportunity exists for elder abuse screening. The question remains however, as to the efficacy of this approach and the suitability of available instruments for this population as they present unique challenges and are often not included in the development and testing of screening instruments. This presentation summarizes literature on the utility and feasibility of screening for elder abuse and reviews elder abuse screening instruments to assess their applicability for use in a tertiary care setting with older adults who have a dementia.

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**R089 TWO GRANDFATHERS, THREE STORIES: UNDERSTANDING WHAT BEING A GRANDFATHER MEANS TO MEN TODAY**

*Duane Lesperance,, 25 Glenview Ave., Winnipeg MB R2M 1W3 Canada (lesperan@cc.umanitoba.ca)  
Tel: (204) 956-6566*

With the population older and healthier than in previous generations, and in conjunction with shortages in adequate childcare, it is anticipated that grandparents will continue to be an important childcare resource for many children. Perhaps because grandmothers often have a more central role with their grandchildren, grandfathers are often overlooked by researchers. As such, we do not know what being a grandfather means to this current generation of grandfathers and what contributions they see themselves making to their children's and grandchildren's lives.

Using qualitative research methods, I interviewed two men who are each four years into being a grandfather. One man is an immigrant Muslim retired social worker while the other man is a white retired doctor. Both men reflected on what it means to them to be a grandfather and what role grandfathers have with their grandchildren in today's world.

In this presentation, I will contextualize each man's gendered narratives and explore the similarities and differences between these two men. Although this study does not claim that these men are representative of other grandfathers, it does offer insights about the changing role of grandfathers today and the need to recognize the centrality of the grandfather identity for older men.

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**R091 "FLYING BY THE SEAT OF OUR PANTS": CURRENT PROCESSES TO SHARE BEST PRACTICES TO DEAL WITH ELDER ABUSE**

*Paul Stolee, PhD, Loretta Hiller, MA, Maureen Etkin, M.HSc, Jordi McLeod, MSc, 1008-300 Regina Street North, Waterloo ON N2J4H2 Canada (jorde7@hotmail.com) Tel: (519) 954-4623*

This research examined current processes used to identify, communicate and adopt "best practices" for preventing, detecting and responding to abuse in older adults, as well as research priorities to improve these processes. Information was gathered in an iterative process involving literature and internet reviews, surveys of key stakeholders (n=125) and key informant interviews (n=24). Although there are many strategies for preventing, detecting, and responding to abuse of older adults, there is minimal research evidence to support their effectiveness. Challenges associated with developing and implementing elder abuse practices were identified, most notably limited access to information and opportunities for knowledge exchange. There is a lack of knowledge in all areas related to elder abuse and an immediate need for evaluation of the effectiveness of existing practices, for improved knowledge exchange and translation, and for additional research in this area. Two strategic directions are recommended to prevent, detect and respond to the abuse of older adults: 1) Build capacity for research and program evaluation to advance knowledge of effective practices; and 2) Build capacity for knowledge exchange to enhance professionals' efforts. A centralized mechanism for elder abuse knowledge exchange regarding elder abuse is recommended. Funded by Human Resources and Social Development Canada.

## POSTER SESSION IIIA: ETHICS AND LEADERSHIP

SATURDAY, OCTOBER 24, 10:00 - 11:30

Room: Wellington

### R092 AN INNOVATIVE SHARED LEADERSHIP MODEL: THE BC NETWORK FOR AGING RESEARCH

*Andrew Wister, Ph.D., Lynn Beattie, M.D., Elaine Gallagher, Ph.D., Gloria Gutman, Ph.D., Dawn Hemingway, MSW, Colin Reid, Ph.D., 515 West Hastings St., Vancouver BC V7N 1X7 Canada (wister@sfu.ca) Tel: (604) 291-5044 Fax: (604)291-5066*

The BC Network for Aging Research (BCNAR) is one of eight population health networks initiated in 2005 and funded by the Michael Smith Foundation for Health Research (MSFHR) in British Columbia Canada. The mandate of BCNAR is to increase research capacity in the area of health and aging through diverse networking activities. Several unique characteristics of BCNAR's organizational and management structure that have benefited researchers will be discussed. These include: its theoretical underpinnings; distributive/sub-network leadership model; research innovation model; regional networking structure; and use of networking technologies. These structural dimensions will be examined by highlighting the functioning of the network in terms of key activities and outcome measures: leveraging funds through institutional and organizational partnerships; developing innovative student training and mentorship programs (Student Training in Aging Research Program); awarding seed and team development grants, and assessment of future grant success; providing a comprehensive website with access to a database of aging research and publications; publishing a newsletter; use of other networking technologies (e.g., WebEx); offering a range of high quality conferences and workshops; and fostering national and international research networks and collaborations. A major conclusion is that, compared to hierarchical leadership/management models, BCNAR is highly flexible and opportunistic.

### R093 BUILDING EFFECTIVE RESEARCH KNOWLEDGE INVESTIGATIVE TEAMS: THE BC HOME AND COMMUNITY CARE RESEARCH NETWORK (BC-HCCRN) EXPERIENCE

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The goals of BC-HCCRN, a Michael Smith Foundation for Health Research-funded investigative provincial team, are to create a sustainable collaborative and multidisciplinary network to conduct, translate, and disseminate high quality research on issues affecting seniors within the continuum of Home and Community Care across British Columbia. The Team consists of Health Authority (HA) and Ministry of Health (MoH) senior executives, program managers responsible for BC's Home and Community Care sector, and other major stakeholders across the province, including clinicians, seniors, community agency representatives, and researchers from BC's four major universities. Evaluation of its first years of existence identified several major factors that limited the knowledge growth and exchange components of the Network: bottlenecks of activities due to limited resources; HA managerial staff turnover; time delays due to funding decisions; and barriers to filtering knowledge down to front line staff. This presentation describes how the Network was redesigned to address these factors and the conceptual approach used to develop more effective knowledge exchange methods at the organizational and individual levels. A logic model developed for evaluating this and potentially other applied research networks is also presented.

### R094 FROM CHALLENGES TO BEST PRACTICES: A COMMUNITY PARTNERSHIP THAT THRIVES

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Objectives:

From challenges come opportunities and, sometimes, a best practice.

In 2008, Sandwich Community Health Centre (SCHC), which had an established relationship with older adults in west Windsor, Ontario, recognized a need for more mental health promotion. Canadian Mental Health Association – Windsor Essex County Branch (CMHA), which offered mental health promotion across Essex County, identified "hard-to-reach" older adults in West Windsor as a target group.

They partnered to decrease isolation, increase mental illness awareness, and foster healthy lifestyles.

**Method:**

With no budget, existing programming was enhanced to provide a holistic response to the needs of an active, aging group while opening doors to more isolated and vulnerable clients. Alterations were made to the types of programs offered, subject matter, location, and method of delivery.

**Results:**

In the 2008-2009 year, 30 mental health education sessions were provided to 320 hard-to-reach older adults in west Windsor. 100% provided mental health teaching. 56% were offered in combination with a physical activity. 100% offered opportunities for socialization.

**Conclusions:**

This partnership has become an integral part of program planning for older adults at both agencies. It continues to thrive and remains flexible to changing needs.

**R095 GERIATRIC PROGRAM ASSESSMENT TEAM: MERGING HOSPITAL- AND COMMUNITY-BASED CARE OF THE ELDERLY IN WINNIPEG**

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The Geriatric Program Assessment Team (GPAT) is a unique outreach program located in Winnipeg, Manitoba. Expedited comprehensive geriatric home assessment & short term case management is available across the city. Each assessment is done by an independent, cross-trained clinician (nurse, PT, OT, or social worker) and reviewed with a geriatrician.

From April 1st to December 31st 2008, 1269 clients were seen; 19 % were referred from family physicians, 13 % from Home Care coordinators, 38% from Emergency Departments, 8% from hospital in-patient units, 14% from community laypersons/self-referral, and 7% received from other community professionals.

The top 5 issues identified at the home visit were; altered cognition (50%), falls/immobility (45%), decreased function (33%), medical issues (31%) and caregiver burden (26%). The top 5 interventions were; education/advice (73%), home care recommendations (44%), medical attention (42%), community resource referral (23%) and adaptive equipment (16%). Comparison with a previous program review in 2005 shows almost no change in any of the above categories and suggests that the type of clients and interventions has remained stable over time.

GPAT plays a unique and valuable role in expanding the reach of comprehensive geriatric assessment and providing linkages to resources for frail, community-dwelling elders.

**R096 LATER LIFE CARE PLANNING CONVERSATIONS FOR OLDER ADULTS AND FAMILIES**

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Most older adults have thought about their future care needs, but few have discussed their preferences with family members. We aimed to understand attitudes of family members toward later life care (LLC) planning conversations, and how such conversations can be supported. Interviews (30-45 minutes) were conducted with 74 individuals from five communities in Ontario. Participants included 24 older persons, 24 adult children, 23 health professionals, and three representatives of stakeholder associations. Perceived benefits of LLC planning included greater calmness and control for older persons, less guilt for adult children, and reduced stress for health professionals. Persons who plan for LLC may experience an easier transition and adjustment into long term care. Few negative aspects of planning for LLC were noted, but negative aspects of not planning were significant, and often result in a family crisis. Advice on having a LLC conversation included keeping it causal and honest, and looking for naturally occurring opportunities. Becoming aware of LLC options was seen as important. There is strong support for planning for LLC before the need arises, as well as important potential benefits. Resources are needed to assist and guide families in LLC planning.

This study was supported by the Ontario Long-Term Care Association.

**R097 NURSING HOME CONTEXT ASSOCIATED WITH PROFESSIONAL NURSE JOB SATISFACTION**

*Carole Estabrooks, PhD, Peter Norton, MD, Susan Slaughter, PhD, Anastasia Mallidou, PhD, Greta Cummings, PhD, 5-112 Clinical Sciences Building Faculty of Nursing, University of Alberta, Edmonton Alberta T6G 2G3 Canada (carole.estabrooks@ualberta.ca) Tel: (780) 492-6187*

Introduction: Hospital context has been associated with nurse job satisfaction. The objective of this study was to examine the association between nurses' job satisfaction and their work context in long-term care facilities (nursing homes). The Promoting Action on Research Implementation in Health Services framework defines organizational context as leadership, culture, and evaluation.

Methods: Cross-sectional survey data are being collected to explore the role of context on resident, care provider, and system outcomes in nursing homes in three Canadian provinces. Preliminary analysis indicated significant relationships between context and regulated provider outcomes (i.e., association between job satisfaction and a set of context characteristics).

Results: 59 RNs and 68 LPNs from 17 facilities responded in two quarters of data collection to an online self-administered survey. Leadership, culture and evaluation were positively correlated with job satisfaction in both groups. Pearson correlations ranged from 0.25 to 0.54 (p-values < 0.05).

Conclusions: Modifiable contextual factors associated with nurse job satisfaction may inform efforts to improve nurses' working environments and thereby reduce nurse turnover and in turn, improve resident and system outcomes. Future waves of longitudinal data may identify causal associations between context and nurse job satisfaction.

**R098 PEER LEADERSHIP: A MODEL OF EDUCATION FOR OLDER ADULTS**

*Sue Mackenzie, BN, Dawn Chapman Shoup,, 1075 Leila, Winnipeg MB R2P 2W7 Canada (smack@granite.mb.ca) Tel: (204) 632-3947*

Peer Leadership: An Effective Approach to Delivering Programs for Older Adults

Dawn Chapman Shoup, Sue Mackenzie

The Active Living Coalition for Older Adults Manitoba (ALCOAMB) envisions a society where all older adults are active and thereby contribute to their health and well being. Many older adults are not active enough to achieve health benefits. It is not enough to provide information alone. The challenge is to provide information in such a way as to support positive behavioral change.

ALCOAMB believes in the value and ability of older persons to bring about positive change. Experience demonstrates that older persons are more likely to hear and accept messages from peers than from a professional person. Peer leadership facilitates the building of trust and relationships and creates a belief that change is possible and that the results will result in positive changes to their lives. ALCOAMB has been successful in supporting volunteer Peer Leaders in roles as speakers and exercise leaders through opportunities for learning from each other as volunteers and leaders and through regular contact and recognition. The experience is a positive one for Peer Leaders, for participants, for the organization and for the community.

**R099 USING EXPERTS TO INFORM LONG TERM CARE PRACTICE**

*Carole Lynne LeNavenec, PhD, Sandra Hirst, PhD, 2500 University Dr. NW, Calgary AB T2N 1N4 Canada (shirst@ucalgary.ca) Tel: (403) 220-6270*

As long term care facilities seek to provide resident centered care how to measure this quality is of concern to administrators and nursing staff. At the same time, there is growing recognition within health care of the expertise that individuals bring to the management of their own conditions. But some older adults, for example residents of long term care facilities, may need encouragement to see themselves as experts.

This paper describes a two stage project: (1) a literature review specific to residents' and staffs' views of expert; and 2) a pilot study with residents using individual interviews. The use of interviews was consistent with the identified data collection tool, the Critical Incident Technique. Findings from stage one indicates that the term expert means trained by practice or one who has specialized knowledge. There is a suggestion of both a social

process and a social outcome. Specific to stage two, residents emphasized whatever problem was foremost on their minds; no matter how large or small it might seem to nursing staff. Interwoven through their comments was acknowledgement of aging and accompanying changes. Findings from stage one and two have contributed to a larger project in progress on older residents as experts.

## **POSTER SESSION IIIB: MULTIDISCIPLINARY**

### **SATURDAY, OCTOBER 24, 10:00 - 11:30**

*Room: Wellington*

#### **R100 A PARTNERSHIP FOR GERONTOLOGICAL NURSING EDUCATION**

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Preparing students to meet the health care needs of older adults, with an emphasis upon those in long term care, is mandated by demographic changes in Canada. The Brenda Strafford Centre (BSC) for Excellence in Gerontological Nursing was established in part, to address this need. The Centre is a joint venture of the Faculty of Nursing, University of Calgary and the Brenda Strafford Foundation.

There are three primary barriers to preparing students to care for older adults:

1. inadequate curriculum,
2. difficulties in developing quality placements, and
3. ageism.

Identified in this poster are some of the activities of the BSC to address each barrier:

1. Curriculum: identifying required and core content at the undergraduate level has been undertaken. A leveling document is now being implemented to introduce aging specific content,
2. Placements: a continuum of placement opportunities (drawing upon health, acute care, and long term care sites) has been identified to promote student learning.
3. Ageism: a Clinical Instructors Day designed to promote content knowledge and positive attitudes in those who work with students was held. Also implemented is the Young Gerontological Nurse Clinician Award.

#### **R101 ANEMIA AND ELECTIVE SURGERY IN THE OLDER ADULT**

*Susan Kenny, MSc, Brian Muirhead, MD, Barbara Payne, PhD, Box 583, Stony Mountain MB R0C 3A0  
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Older Canadians are having elective surgical procedures in increasing numbers. Hip and knee replacement surgery is the most prevalent elective surgical procedure for this population. Elective procedures should be managed in a manner that balances the surgical, medical and health needs of the patient. Patients that are less than optimal on the health scale will present challenges to the surgical team and can potentially affect their surgical outcome. Older adults tend to have multiple health problems that can present challenges to healthcare providers. Anemia is one health problem that tends to be under appreciated in the elective surgical patient. Perioperative anemia has been associated with negative surgical outcomes. Transfusions are increasingly recognized as a potential factor for poor surgical outcomes. The prevalence of anemia in an elective surgical population is described over time as an Anemia Awareness, Recognition and Management campaign is implemented. Anemia in females was decreased by 50% over the campaign course. Blood exposures (unit/patient) decreased by more than 50% for all patients during this campaign. The benefits of this campaign are presented and discussed with emphasis on the collaborative role of multiple health practitioners and the impact on the health of older adults.

**R102 CANADIAN NETWORK FOR PREVENTION OF ELDER ABUSE (CNPEA): EXPLORING FORM AND FUNCTION OF A NATIONAL, NON-PROFIT GRASS ROOTS ORGANIZATION**

*Dr Mark Yaffe, MD, Charmaine Spencer, PhD, Judy Lynn Richards, PhD, Allison Leaney,, 550 University Ave, Charlottetown PEI C1A 4P3 Canada (jrichards@upei.ca) Tel: (902) 566-0433*

INTRODUCTION: Awareness of abuse of older adults has been gradually evolving in Canada since the 1980s. Each province and territory has a unique mandate in prevention and offering assistance.

This poster explores the form and function of the CNPEA; it focuses on the national network's ability to bring experts and senior stakeholders (seniors organizations, legal/health/social service practitioners, academics) from the provinces/territories together on the issue, emphasizing public awareness, education and the ever-important need for appropriate community resources.

METHOD: We outline and review the primary purpose, activities, approaches, accomplishments, and challenges of CNPEA in its efforts to span a large, diverse country to address senior abuse issues; support local and regional network efforts; and raise awareness of national issues.

RESULTS: CNPEA's annual national World Elder Abuse Awareness Day campaign, although challenging, is one example where its form (structured on open information sharing, joint responsibilities, and relationship/consensus building) contributes to its primary function of education and awareness. Other CNPEA functions include a clearinghouse for promising approaches and other key resources, a support to emerging and existing regional networks, and a respondent to government policy.

CONCLUSIONS: CNPEA demonstrates consistent, creative, challenging, and groundbreaking work in raising awareness, relationship and resource building among individuals, communities, and governments.

**R103 CONTINUING CARE RESIDENT TRENDS: INFORMATION FOR HEALTH POLICY AND SERVICE DEVELOPMENTS**

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Governments are actively contemplating ways to help seniors stay in their homes and avoid nursing homes. Unfortunately, few studies of continuing care trends are available to inform policy and services planning. This 2009 study was undertaken to describe nursing home resident trends. As continuing care resident population databases do not exist in most provinces and access to them is severely limited in others, all data contained in one accessible database for a large multi-purpose urban continuing care facility in Alberta were requested and analyzed to determine age, gender, diagnostic, and length-of-stay trends. This 1988-2003 study revealed: A significant decline in age (80.0 to 77.7 years on average), a significant decline in stays (2,548 to 117 days on average), and a major shift from primarily females to nearly equal male/female proportions (81.6% to 51.5% females). One consistent finding was noted - considerable variability in admission diagnoses. These findings suggest some major differences have occurred in the services provided by continuing care facilities, largely in keeping with their increasingly being used as a place where people (of all ages), who have substantial health or support care needs, receive respite and palliative care near the end of life.

**R104 EXAMINING RELATIONSHIPS BETWEEN QUALITY INDICATORS IN THE RAI-MDS**

*Anne Sales, PhD, Hannah Jerke, RN, BScN, K Draper, BSc, Colleen Maxwell, PhD, Gary Teare, PhD, #1603 10145 119 Street, Edmonton AB T5K 1Z2 Canada (hjerke@ualberta.ca) Tel: (780) 488-1332*

The Resident Assessment Instrument-Minimum Data Set (RAI-MDS) is used in long-term care settings to guide assessment and documentation of a large number of resident characteristics. The resident-level data are then aggregated to the unit or the facility level and used to obtain measures of quality of care, known as quality indicators (QI). There are as many as 35 QI in long term care, creating problems for prioritization.

30 decision makers in continuing care were asked to prioritize the QI in the RAI-MDS. Many of the final set of prioritized indicators actually consist of groups of indicators that the participants felt were conceptually similar. These groupings were selected through clinical expertise and require further, systematic exploration.

To examine these relationships, we will focus on the top five indicators identified as high priority. We will propose theoretical relationships, grounded in the literature, between the five indicators and their component parts. Then, we will perform secondary analysis of a large RAI-MDS data set, using multivariate techniques to analyze the hypothesized relationships.

A final concept map will illustrate the relationships and assess how indicators may be nested within each other, contributing to the development of a more parsimonious set of indicators for provider use.

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**R105 INFLUENCING SENIORS MENTAL HEALTH THROUGH POLICY**

*Penny MacCourt,, 2960 Hammond Bay Rd, Nanaimo BC V9T 1E2 Canada (pennymaccourt@shaw.ca)  
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The Seniors Mental Health Policy Lens (SMHPL) is an analytical tool, made up of a set of questions intended to promote the mental health/wellbeing of older adults, and to guide the analyses of policies and programs from a seniors' mental health perspective. The Seniors Policy Toolkit integrates the SMHPL with other Policy Lens (e.g., disability, gender), and provides background information about key concepts (e.g., principles of mental health promotion; determinants of health), and marginalized seniors' (e.g., low income; developmentally challenged, mentally ill). We have evaluated the implementation of the SMHPL and developed it as a best practice in seniors' mental health policy design. To date, the SMHPL has been implemented by government and non-government pilot sites across Canada, and adopted by the Mental Health Commission of Canada. We will describe the evaluation of the implementation of the SMHPL Toolkit, for a variety of purposes (such as advocacy, program re-design, community development), and share the results of doing so.

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**R106 KNOWLEDGE EXCHANGE FOR ENHANCED GERIATRIC NURSING EDUCATION**

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Surveys of Canadian undergraduate nursing programs indicate limited capacity for gerontology nursing education. Gerontology content is integrated in most programs and few faculty have advanced gerontology education. Canadian RN Examination pass rates on items about patients over age 80 are too low. This poster describes a program to enhance curriculum and capacity for Canadian nursing undergraduate teaching. The rationale, process, and outcome of a knowledge exchange is described. Nursing faculty and PhD students are participating in a 1½ day institute to: (1) transfer new research based evidence and knowledge about care of older persons to nursing educators; (2) provide them with tools to incorporate evidence based gerontology and geriatrics content in undergraduate curriculum; and (3) engage them as knowledge transfer champions for evidence based gerontology content in nursing curriculum locally and nationally. Participants conduct a curriculum survey of their program and detailed assessment of one course. They receive evidence based resources from the U.S.A. and Canada that can easily be incorporated into teaching, including "state-of-science" reviews, the RNAO Educator's Resource for integrating Best Practice Guidelines, and knowledge transfer tools. They develop strategies to integrate this material in teaching and influence curriculum change.

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**R107 KNOWLEDGE EXCHANGE IN GERONTOLOGY: SUPPORTING RESEARCH THROUGH THE BIO-PSYCHO-SOCIAL ASSESSMENTS IN AGING WEBSITE**

*Aleksandra Zecevic, PhD, Ivan Culum,, Elborn College, London ON N6G 1H1 Canada (azecevi3@uwo.ca) Tel: (519) 661-2111 x 80455*

Gerontological research is currently hindered by the lack of a comprehensive index of available biological, psychological, and social (BPS) assessment tools. An open access, web-based database of BPS tools relevant to older adults was developed to provide a point-source of information for students, researchers, and health professionals.

BPS assessment tools are added to the website on an ongoing basis. To foster collaboration, the website permits site visitors to add new instruments. Prior to upload, each tool is critically appraised (e.g. psychometric properties,

time to administer, interpretation of scores, etc.) and summarized. To ensure easy web navigation, tools are placed into 13 broad health categories and tagged as biological, psychological and/or social. Finally, each tool is reviewed to ensure quality and completeness. To date, 127 assessment tools have been evaluated and posted to the web.

This unique and innovative website provides a readily accessible arsenal of knowledge for students, researchers, health professionals, and the public. Improving access to tools for assessing BPS aspects of aging supports intensified research efforts in gerontology and geriatrics. We invite all interested parties to visit the website and contribute tools they found beneficial in their work.

**R108 MANITOBA'S PRIMARY CAREGIVER TAX CREDIT**

*Antoinette Zloty, MSW, BSW, Melene Sechman, Marty Kinamore,, 2063-300 Carlton , Winnipeg MB R3B3M9 Canada (antoinette.zloty@gov.mb.ca) Tel: (204) 788-6634*

1. The objectives are, firstly, to present the development and implementation of the new 2009 Primary Caregiver Tax Credit( PCGTC) in Manitoba from the point of view of Manitoba Health and Healthy Living(MHHL), Regional Affairs Division, which partnered with Manitoba Finance, Fed Prov Division over recent years.
2. A power point presentation will be used to illustrate the process, challenges, considerations and outcomes.
3. The PCGTC is now on line for caregivers who want to explore whether they meet the criteria. Information is also available through the MHHL and the regional health authorities. More information will be provided on locations.
4. Unpaid caregivers and paid health care providers are interested in hearing about new developments in our social support system which are supported in legislation and policy.

**R109 MASSAGE THERAPY VISITS BY THE ELDERLY: TESTING A MODIFIED ANDERSEN MODEL**

*Kevin Willison, PhD, Heritage Place 1 Colborne Street West, Orillia ONT L3V 7X5 Canada (qingwzhu@yahoo.ca) Tel: (705) 330-4074*

Objective: This study merged health as well as social related perspectives to gain a more comprehensive profile of older users of massage therapy (an Ontario regulated form of complementary and alternative medicine – CAM). Here, the original Andersen (1968) model was tested and compared to a developed and more specialized version of the model to determine its usefulness towards understanding barriers towards accessing massage therapy (MT).

Method: A postal questionnaire was developed for this cross-sectional and multi-site study. Respondents must have self-reported having one or more chronic health conditions, understood English, live in Toronto, and be aged sixty or over. A convenience sampling approach was used as was bivariate and binary logistic regression analysis.

Results: Total useable sample was n=141. Data analysis determined that inequities exist whereby users of MT often had higher socioeconomic status.

Conclusion: A modified Andersen model was found useful towards comprehensively understanding older individual users and non-users of regulated massage. Moreover, this model may be of use to expound upon Max Weber's notion of "life chances" and Bourdieu's notion of "habitus." Those in public health could use these and similar other study data to better understand who CAM users are likely to be.

Funding Source: not applicable.

**R110 PATTERNS OF RESOURCE UTILIZATION BY MEDICAL AND SOCIAL SERVICE PROFESSIONALS AND UNPAID CARE PROVIDERS: KNOWLEDGE TRANSFER, TRANSLATION AND DISSEMINATION**

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The primary goal of this study is to better describe the 'best practices' and the 'lessons learned' regarding the acquisition of knowledge, its transfer and dissemination by medical and social service professionals and unpaid care providers, specifically involved in the care of older adults with dementia. A better understanding of how

participants in this study acquire and utilize information (online and in person) regarding the care of older adults is vital in making recommendations towards the effective and relevant communication of information and resources. A 46 question survey was developed and distributed to Manitobans, through the Alzheimer Society of Berlin (Germany), and one site in Switzerland. Preliminary analysis demonstrates preferences for use of online and in-person meetings reveal differences related to seeking information about medications and disruptive behaviors. Detailed analysis of all data is currently underway. This study was funded by the Manitoba Medical Services Foundation for one year.

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**R111 RESIDENT-CENTRED CARE AND WORK SATISFACTION OF HEALTH CARE AIDES**

*Anita Marcotte, MA, Lorna Guse, PhD, Bonnie Hallman, PhD, Skip Koolage, PhD, 166 Westgrove Way, Winnipeg MB R3R1R7 Canada (alm.marcotte@yahoo.ca) Tel: (204) 231-1479 ext*

The objectives of the research were to learn more about the four aspects of resident-centred care: providing flexible scheduling of care; following residents' preferences; promoting a home-like environment; and providing consistency of care through permanent assignment in relation to the work satisfaction of health care aides. The research design was descriptive and exploratory. Face-to-face interviews using closed and open-ended questions were carried out with nine health care aides, asking about their perspectives on the relationship between resident-centred care and their work satisfaction. Results indicated that the context of resident-centred care included organizational, co-worker and resident-based factors that affected the work satisfaction of health care aides and their ability to provide resident-centred care. There are related themes of what adds to and what takes away from work satisfaction. The conclusions focused on the philosophy and practical implementation of resident-centred care, as well as work tensions between health care aides and nurses.

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**R112 THE EFFECTS OF A PATIENT-CENTRED COMMUNICATION INTERVENTION FOR PATIENTS IN LONG TERM CARE**

*Katherine McGilton, PhD, Souraya Sidani, PhD, Elizabeth Rochon, PhD, Riva Sorin-Peters, PhD, Mary Fox, PhD, Veronique Boscart, RN, PhD(c), Queen Elizabeth Centre 130 Dunn Avenue, Toronto ON M6K 2R7 Canada (mcgilton.kathy@torontorehab.on.ca) Tel: (416) 597-3422 ext 2500*

In Canada, 50% of LTC patients have communication impairments. Many nursing staff lack the skills required to interact with these patients and thus have difficulty understanding patient needs. This pilot study explored the effects of a communication intervention focused on enhancing nursing staffs' interactional abilities [Patient-Centred Communication Intervention (PCCI)].

The intervention consisted of developing communication plans to guide nurses' interactions with patients; attending a full-day workshop; and implementing a support system when putting plans into practice. A one-group pre-test/post-test design was used in this study. The communication care plans were used over a two month period by the staff.

Following the intervention, patients perceived that nurses were able to relate more effectively ( $t = -2.47, p = .024$ ). There was a statistically significant increase in the patients' perception of their communication abilities ( $t = 2.49, p = .037$ ). Patients also perceived they had a closer relationship with their nurses ( $t = -2.22, p = .041$ ). The communication attitudes of the nursing staff improved significantly ( $t = -3.33, p = .007$ ), as did their knowledge of aphasia ( $t = -5.40, p = .002$ ). The intervention showed improvement in staff's knowledge and patient's perceptions of quality of care and relationships with staff.

## CIHR-IA STUDENT POSTER COMPETITION SESSION I: MASTERS DIVISION

FRIDAY, OCTOBER 23, 10:15 - 11:30

Room: Wellington

**RS001 "TREAT US WITH RESPECT, COMPASSION AND KINDNESS": A QUALITATIVE STUDY WITH AGING SAME-SEX COUPLES AND LONG-TERM CARE.**

*Robert Cosby, M.S.W, School of Social Work, Kenneth Taylor Hall Room 319, 1280 Main Street West, Hamilton ON L8S4M4 Canada (cosbyr2@mcmaster.ca) Tel: (905) 643-1165*

Studies have explored the homophobic, heterosexist experiences of lesbian and gay persons accessing health care services, yet very little is known about how they view the long-term care system. Using an interpretive, narrative approach the focus of this qualitative research study examined the concerns aging same-sex couples have in terms of relocating to a long-term care facility. Data were gathered from 4 same-sex couples. In-depth, active interviews were analyzed using a grounded theory approach. Results were organized around three common themes: (1) Discrimination. The couples were concerned about the discriminatory attitudes and practices from staff working within long-term care facilities; (2) Queer-identified Professionals. The couples felt the need to enter facilities that provided space for lesbian and gay staff. This provided the couples with a "sense of safety" knowing that queer-identified professionals would be providing care; (3) Inclusive Care. The couples were concerned that most facilities' policies, mandates and procedures needed to be examined and altered to include the diversity of sexual identities representative in communities across Canada. These findings suggested the need for long-term care facilities to re-examine and re-evaluate their current climate in order to provide inclusive services for today's aging, same-sex couples.

**RS002 AGE AND GENDER DIFFERENCES IN THE PHYSICAL ACTIVITY LEVELS AND DIETARY FACTORS OF ADULTS OVER 50 WITH COGNITIVE IMPAIRMENT**

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While getting adequate physical activity (PA) and eating well are crucial to maintaining function in aging, these behaviours are affected by health status and physical/cognitive abilities. The purpose of this study was to compare PA, fruit and vegetable intake, and body mass index (BMI) in adults over 50 with and without cognitive impairment (CI). Subsequently, among those with CI, age and gender differences in PA, dietary intake and BMI were examined. Data from the Canadian Community Health Survey (Cycle 3.1) was analyzed for the identified variables. Of the 13,113 adults in the subset (5,625 males, 7,488 females), 7.3% reported CI, defined as a score of  $\geq 4$  on the cognitive item of the Health Utilities Index. Those with CI were more inactive (13.9% vs 21.4%) and less likely to consume adequate servings of fruits and vegetables (32% vs.43.4%). Higher percentages of individuals with CI were also classified as underweight or obese. Chi-square analyses showed that BMI and PA were significantly ( $p < 0.05$ ) associated with gender and age (50-64, 65-74, 75+) in those with CI. No association existed for diet. These results show that health promotion interventions in CI adults should focus on proper nutrition, PA and maintaining a healthy BMI.

**RS003 AGE-FRIENDLY HOUSING: USING PHOTOGRAPHY TO IDENTIFY OLDER ADULTS' HOUSING NEEDS**

*Sheila Novek, BA (Hons), Toni Morris-Oswald, PhD, Verena Menec, PhD, 3-284 Wellington Crescent, Winnipeg MB R3M 0B5 Canada (sheilanovek@yahoo.ca) Tel: (204) 770-4824*

Evidence suggests an association between housing characteristics and health outcomes. Older adults are particularly vulnerable to the negative health effects of poor housing due to age-related illnesses, limited mobility, social isolation and the risk of falls. Improving Canada's housing stock has the potential to enhance the health and wellbeing of Canada's seniors. Objective: To identify age-friendly housing characteristics from the perspectives of older adults. Method: The study employed photovoice technique with 26 community-based seniors in three Manitoba communities. Older adults were provided with cameras and took photographs of community features that impacted their quality of life. The photographs were used to generate discussion in interviews

and focus groups. Results: Seniors identified housing as an essential component of age-friendly communities. Age-friendly housing features include: intergenerational neighbourhoods; access to public transportation, social services and recreation; and funding for household modifications. Priorities for change include: more affordable housing, a wider range of housing options, and improved building accessibility. Conclusion: The study enabled seniors to identify key areas of improvement and positive housing characteristics in their communities. The research can inform public policies aimed at maximizing the health and wellbeing of seniors.

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**RS004 ARE CANADIAN ADULTS WITH A DIAGNOSIS OF DIABETES CHOOSING FOODS BASED ON FIBRE CONTENT?**

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In Canada, approximately 10% of women and 11% of men, over 40 years of age, suffer from diabetes. Adequate fibre intake can help with the management of serum glucose levels, but most Canadians consume less than the recommended amounts. This study compared the choice of food for fibre content, among those individuals over 40 years of age diagnosed with diabetes, by age and sex. Analysis was based on weighted data from 1,215,723 individuals gathered in the Canadian Community Health Survey Cycle 3.1. The following variables were used in descriptive and chi-square analysis: Age and groups (men and women in 40-64 and those 65+ years age categories) diagnosis of diabetes, and choice of food for fibre content. The results showed that males were more likely than females to choose food based on fibre content (51% and 49 % respectively;  $p < 0.001$ ). Age differences also existed as adults between the ages of 40-64 diagnosed with diabetes were more likely to choose foods based on fibre content than adults 65 years and older (55% and 45% respectively;  $p < 0.001$ ). These results indicate that males and adults between the ages of 40-64, diagnosed with diabetes are more likely to choose foods based on fibre content.

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**RS005 COMPARISON OF THE RESPONSIVENESS OF THE FUNCTIONAL INDEPENDENCE MEASURE AND THE INTERRAI POST ACUTE CARE ASSESSMENT INSTRUMENT IN REHABILITATION OF OLDER ADULTS**

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Health assessment systems can inform care planning as well as policy decisions on service effectiveness. Outcome measurement with older adults is complicated by frailty, co-morbidity, and heterogeneity. Responsiveness is especially important in outcome measures for older patients to ensure small but clinically important changes are detected, and appropriate conclusions are drawn on the effectiveness of interventions. We compared the responsiveness of two major systems developed for rehabilitation settings - the Functional Independence Measure (FIM) and the interRAI Post Acute Care (PAC) assessment - in older adults receiving rehabilitation (N=209; 78.5(9.3): 67% female) in musculoskeletal (MSKs) and geriatric rehabilitation units (GRUs) in two rehabilitation hospitals. Trained raters assessed patients with both tools at admission and discharge. Responsiveness was evaluated using effect size (ES), standardized response mean (SRM), and Rasch analysis. Both tools were very responsive in this population; ES and SRM were higher for the FIM (GRU ES=1.68, SRM=1.31; MSK ES=2.15, SRM=2.31) than the PAC (GRU ES=1.57, SRM=1.01; MSK ES=1.45, SRM=1.72) in both patient groups. Both tools were more responsive in MSKs than GRUs. This may reflect the greater frailty and clinical complexity of GRU patients; in our subsequent research we will consider the impact of clinical complexity on measuring rehabilitation outcomes.

**RS006 DEMENTIA-RELATED SERVICE PROVISION AND CONFIGURATION IN CALGARY**

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As the prevalence of dementia continues to increase, effective care frequently requires interdisciplinary and multi-agency collaboration and coordination alongside the involvement of families and community-based services. However, it is precisely at organizational and functional boundaries that gaps are likely to appear in the care continuum because of service multiplicity and discontinuities. To understand the organizational context of dementia-related service provision in Calgary, four family physicians, four case managers, and four geriatric specialists were recruited using a purposive sampling procedure. Participants received a standardized dementia case vignette one week in advance of a semi-structured telephone interview. During the interview, participants were asked to reflect on the case, stage by stage, and to describe what actions they would take in response, and what suite of services they would expect to be provided by other professionals and agencies. The analysis entailed generating critical descriptions of the organizational structures and processes at the local level, and developing schematic chronologies to illustrate and summarize the health and community services that are involved at each stage of the dementia trajectory. A better understanding of the organizational structure of dementia care may inform ways of improving service efficiency and effectiveness.

**RS007 ÉVALUATION D'UNE UNITÉ PROTHÉTIQUE POUR LES AÎNÉS ATTEINTS DE DÉFICITS COGNITIFS: LA PERSPECTIVE DES FAMILLES**

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**OBJECTIF GÉNÉRAL:**

Évaluer, selon la perspective des familles, une unité prothétique (UP) pour les aînés atteints de déficits cognitifs.

**OBJECTIFS SPÉCIFIQUES:**

- 1) décrire les composantes de l'UP.
- 2) déterminer comment ces composantes influencent l'implication et la satisfaction des familles.

**MÉTHODOLOGIE :**

Une étude de cas est en cours. Les documents d'information fournis aux familles et au personnel seront examinés (objectif 1). La grille EPO (Environnement Physique et Organisationnel), documentera la composante environnementale. Une entrevue de groupe avec le personnel (n= 8) et une entrevue avec le responsable seront réalisées. Des entrevues individuelles auprès d'aidants (n= 14-17), sélectionnés selon le niveau d'autonomie de leurs proches, seront effectuées (objectif 2). Ces entrevues seront enregistrées pour analyses. Une triangulation des données fournira une description complète de l'unité.

**RÉSULTATS :**

Les composantes de l'unité et les thèmes émergents du discours des familles quant à leur satisfaction et à leur perception de la place qui leur est réservée vous seront présentés.

**CONCLUSION :**

Cette recherche devrait apporter des éléments permettant d'améliorer la qualité de vie de ces aînés et celle de leurs familles.

**FINANCEMENT :**

Étude financée par le Centre de santé et de services sociaux Institut universitaire de gériatrie de Sherbrooke.

**RS008 EXPLORING SOCIAL SUPPORT IN YOUNG-OLD COMMUNITY-DWELLING SENIOR VOLUNTEERS**

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The study aims to explore volunteerism in seniors aged 65-74 and how it affects their perceptions of social support. Positive impacts on senior volunteers have been shown, including increases in health and well-being. While there is evidence of improved health outcomes associated with volunteering, further qualitative research is needed to understand the relationship between volunteering and social support, and to further realize the contributions of social support as a determinant of health.

This study uses an instrumental collective case study design, and appropriate sampling, recruitment, data collection and data analysis strategies are used to ensure an iterative and rigorous investigation. 12 to 15 participants will be sampled purposively and non-probabilistically, seeking maximum variation. Data will be collected using individual interviews guided by an unstructured interview guide. Software will assist data analysis, which will move from topic and descriptive coding to theming. Recruitment and interviews will be conducted through the Kerby Centre, a senior centre in Calgary.

Data collection and analysis will take place over three months, from April to June 2009.

This research, supported by CIHR, will provide critical feedback on the role of volunteerism on social support, as part of a population health promotion approach for seniors aged 65-74.

**RS009 FACILITATING INFORMAL SOCIAL INTERACTION AMONG PEOPLE WITH DEMENTIA RESIDING IN LONG-TERM CARE SETTINGS: A REVIEW OF THE LITERATURE AND A CONCEPTUAL FRAMEWORK.**

*Michael Campo, MA (Gerontology), #2800 - 515 West Hastings Street, Vancouver BC V6B 5K3 Canada (michael\_campo@sfu.ca) Tel: (778) 782-5065*

It has been estimated that 50% of older adults (aged 65+) who reside within a Canadian long-term care facility have dementia. Despite research indicating that engagement in social interaction is crucial to overall well-being and quality of life, institutionalized seniors with dementia typically spend a majority of their time alone with minimal social interaction. The objective of this study was to gain a comprehensive understanding of the various factors which influence informal social interaction (interactions occurring outside of planned recreational activities) for people with dementia within these facilities. A literature review, including 21 peer-reviewed studies addressing social interaction within institutional settings, was conducted and key themes were identified, integrated, and presented within a conceptual framework. This search revealed that individual attributes (e.g. perceptual ability, physical and cognitive status), organizational attributes (e.g. the number of residents, care philosophy), and physical environmental attributes (e.g. scale of living/dining arrangements, quantity and quality of spaces available, seating arrangements, and ambiance) all impact residents' likelihood of engaging in social interaction. These findings provide guidelines and insight into the ways in which we as researchers and health care practitioners can assist in facilitating informal social interactions within this population and helps inform future research within this area.

**RS010 FAMILY CAREGIVER PERCEPTIONS OF WHAT MAKES DEMENTIA SPECIAL CARE UNITS "SPECIAL": A REVIEW OF THE LITERATURE.**

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Dementia special care units (SCU) are designed based on evidence that therapeutic physical environments can enhance quality of life and reduce negative responsive behaviours. A therapeutic milieu is created by building smaller units with more homelike ambience, increased wayfinding, smaller activity spaces, regulation of stimulation, and access to safe and secure wandering paths. Ideally, policies and programs should also reflect a social model of care by respecting personhood, fostering relationship building, providing meaningful activity programs, and encouraging family involvement in care. While these attributes represent the ultimate goals of therapeutic

dementia-care environments, research indicates that not all SCUs are achieving these desired outcomes. New knowledge is critical as architects, design professionals, and facility planners move forward in their efforts to improve such environments.

Current research focuses primarily on resident cognitive and behavioural outcomes, and organizational issues such as staff satisfaction and turnover. Family caregiver perceptions of SCU environments have not been widely examined, although family members are encouraged to play a key role as partners in care. This poster presents results of an in-depth review of existing literature on family perceptions of SCU environments. It explores various research methods used in the collection of family caregiver insight, as well as several key themes emerging from the literature.

**RS011 FAMILY INVOLVEMENT IN LONG-TERM CARE SETTING: WIVES'S PERSPECTIVES OF OPPORTUNITY AND IMPORTANCE OF INVOLVEMENT**

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The overall goal of this research was to learn more about family involvement in the care of a relative who is a resident in a long-term care setting. Specifically, the objectives were to explore wives' perspective on: their role as a caregiver in long-term care; the importance and opportunity for involvement in the care of their husbands; and the relationship between their involvement and the quality of life for their husbands. The research was exploratory and descriptive. It was a cross-sectional design. The methods were quantitative (using the F-Involve and F-Important Scale as reported by Reid, Gish and Chappell, 2007) and qualitative with open-ended questions pertaining to the wives' roles in long-term care (using the model of carers developed by Twigg, 1989); their perspectives on importance and opportunities for involvement; and their feelings about the relationship between their involvement and their husbands' quality of life. Findings indicated that wives' involvement included but went beyond their husbands' care and also included relationships with staff and other residents. The wives seemed to be less "visitors" and more "citizens" of the long-term care setting. This research was funded by the Poppy Trust Fund, Fort Garry Legion and Park Manor Personal Care Home, Inc.

**RS012 MAINTAINING FAMILY RELATIONSHIPS IN DEMENTIA CARE ASSISTED LIVING FACILITIES: THE EFFECTS OF THE PHYSICAL AND SOCIAL ENVIRONMENT**

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This study examines dementia care assisted living facilities in terms of the ability to foster participation in shared meaningful activities between residents and their family members which is important in maintaining quality of life.

The Professional Environmental Assessment Protocol (PEAP) and the Policy and Program Information Form (POLIF) were used to describe the physical and social environments of two assisted living facilities. Valued activities for residents and their family were identified through semi-structured interviews, and compared with the PEAP and POLIF to determine if the facilities were able to support the activities identified.

Consistency was noted across the sites in the roles of the family members pre- admission, the level of family involvement pre and post admission, and the shared activities that the residents and family members found meaningful. Variances in the experiences of residents and their family appear to relate to perceived coordination of day to day care of the resident, communication, inclusion of family in social programs, and the home like nature of the facility.

A relationship appears to exist between the physical and social environment of dementia care assisted facilities and the residents and family members' ability to participate in shared activities that are meaningful to them.

**RS013 OPPORTUNITIES & CHALLENGES FOR POST-SECONDARY PARTICIPATION AMONG SENIORS**

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In Canada, the elderly population is outpacing youth, while student populations at higher education institutions continue to demonstrate the under-representation of seniors. This paper highlights the under-representation of seniors relative to i) the current focus on adopting lifelong learning frameworks across Canadian jurisdictions, ii) public funding of higher education and iii) student enrollment trends in comparison to national census data. By proposing that access, equity and proportionality are underlying principles for delivery of all public goods and services, the paper then proposes the establishment of a culture of learning across the lifespan. In an effort to encourage post-secondary institutions to begin the important process of implementing this new ethic, the paper examines the most relevant challenge and opportunity areas that can be used to enhance senior participation rates. Using a qualitative framework that draws on existing literature in the field of educational gerontology, this paper reports the findings of five interviews with seniors on their participation in higher studies; including three interviews with seniors participating in university and college studies, and two interviews with non-participating seniors. The main intent of this paper is to provide considerations for future policy directions, leading to greater inclusion of the elderly within higher education.

**RS014 THE END OF LIFE AS A BIOPSYCHOSOCIAL PROCESS: WHAT IS THE ROLE OF MEANING IN LIFE ON ATTITUDES AND COPING STRATEGIES IN OLDER PEOPLE?**

*Hélène Léopoldoff,, 7519 Dalmeny Rd., RR2, Osgoode ON K0A2W0 Canada (helenal@primus.ca) Tel: (613) 821-9799*

In this study we have explored the role that meaning in life plays in coping strategies and attitudes when older people are at the end of their life. In doing so, a phenomenological approach was adopted as one of the most authentic method to examine ways phenomena appear to the individuals, how they describe and experience them via their perceptions. Five participants facing a life-threatening illness were recruited and data was collected through semi-structured interviews. Anchored with an existential and interpretative framework, the analysis was based on Colaizzi's model in seven stages. Our results suggest that the end of life is a period of transition in which the individual is compelled to face one's own mortality. There is an apprehension towards the process of transition in which tension between loss and search for meaning has to be resolved for reconciliation. When individuals find or strengthen sources of meaning which contain forms of self-transcendence, a deep transformation may take place allowing them to transcend their condition and feel ready in the face of death.

Grants for this study have been obtained from the Fondation Releve Desjardins (Mental Health award), the Centre on Aging, Sherbrook and Université de Sherbrooke (Quebec).

**RS015 UNDERSTANDING THE QUALITY OF LIFE OF PERSONAL CARE HOME RESIDENTS WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS: FAMILY CAREGIVERS' PERSPECTIVES**

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**OBJECTIVES:** Very little is known about the quality of life (QoL) of personal care home (PCH) residents with severe to very severe Alzheimer's Disease and Related Dementias (ADRD). While Kane et al (1999) have developed a framework that may be used to examine the QoL of these residents, the suggested domains have only been defined in researchers' terms and no empirical evidence is available to validate these terms. The specific aims of this research are three-fold: to gather family caregivers' perspectives on the meaning of PCH QoL domains adapted from Kane et al's framework; to determine which domains are more important or are lacking from this framework; and, to understand general PCH facility policies, practices, and activities that currently or could facilitate positive QoL experiences for residents with ADRD.

**METHOD:** Family caregivers from six non-proprietary PCHs in the Winnipeg Regional Health Authority in Manitoba, Canada were interviewed.

CONCLUSIONS: Participants' perspectives on the meaning of the six domains of PCH QoL were similar to that of Kane et al, with a few qualifiers influenced by values, expectations, life/PCH experience to date, and residents' different levels of illness. The achievement of safety/security, comfort, enjoyment, and dignity was a resounding summative goal; while PCH-related facilitators of QoL identified were not novel approaches, rather outcomes of implemented mission/service statements.

FUNDING ACKNOWLEDGEMENTS: The Centre on Aging and the Foundation of Registered Nurses of Manitoba, Inc.

**RS016 WHAT DO WE KNOW ABOUT INTIMATE PARTNER VIOLENCE EXPERIENCED BY WOMEN IN LATER LIFE? A REVIEW OF THE DOMESTIC VIOLENCE AND ELDER ABUSE LITERATURE**

*Kristal LeBlanc, BA, MAHSR, Lori Weeks, MA, PhD, 44 Lockhart Avenue, Moncton NB E1C 6R1 Canada (kdmurray@upei.ca) Tel: (506) 384-1410 ext*

Despite advancements made by both the women's liberation movement and the battered women's movement, women across the lifespan continue to experience abuse at the hands of their partners. Surprisingly, research on this topic is quite limited. In this paper, we examine the available domestic violence and elder abuse literature to synthesize the current knowledge of intimate partner violence among women at midlife and beyond. We identified that ageism is portrayed in domestic violence literature through a belief that intimate partner violence is a problem primarily among women of childbearing age. Also, elder abuse researchers tend to operate from a gender neutral lens. We conclude that this topic is a largely unexplored and hidden issue in both research and practice. Additional research is needed in order to have a greater understanding of the lives of these older women. Also, decision makers need to examine whether current domestic violence and elder abuse services meet the needs of older women experiencing intimate partner violence.

**RS017 EXAMINING UPTAKE VIA E-DISTRIBUTION OF KNOWLEDGE TRANSFER TOOLS FOR LONG TERM CARE**

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Purpose: This paper describes the methodology for examining and evaluating the use and electronic distribution of best practice topic summaries designed specifically for workers in long term care settings. Experts suggest that effective knowledge transfer tools must resonate with users. A long term care knowledge broker designed a series of brief summaries of research evidence for key topics. They are disseminated via email distribution lists and websites. It is hypothesized that the two page summaries resonate with potential users because they incorporate key features of effective knowledge transfer tools: manageable chunks of information, visually interesting, an "as needed" accessibility.

Method: Methods to examine the extent to which e-distribution puts information in the hands of front-line workers are described and evaluated. Methods include: tracing patterns of distribution and forwarding the knowledge broker's messages, monitoring web-access. Document analysis, surveys, interviews and focus groups are used to evaluate the characteristics and usability of the summaries.

Results: Challenges of documenting pathways of electronic dissemination are discussed.

Conclusion: Graham's Model of Knowledge Translation is used to describe challenges of tailoring knowledge to the context of Long Term Care. This study will contribute to the growing body of literature regarding Knowledge Translation in Long Term Care.

**CIHR-IA STUDENT POSTER COMPETITION SESSION II: DOCTORAL DIVISION**  
**FRIDAY, OCTOBER 23, 13:00 - 14:30**

Room: Wellington

**RS018 A COMPARISON OF TWO INFORMATION SYSTEMS IN PREDICTING FUNCTIONAL OUTCOMES OF OLDER REHABILITATION PATIENTS**

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Inpatient rehabilitation can improve functional status for older persons with musculoskeletal disorders and other conditions, but it is clinically challenging to identify those persons most likely to benefit from these services. Geriatric rehabilitation can be complicated by frailty and comorbidity; data capturing these characteristics could enhance predictions of rehabilitation potential based on functional status. We used data collected with both the National Rehabilitation Reporting System (NRS, which includes the Functional Independence Measure) and the interRAI Post Acute Care assessment (PAC, which contains substantially greater clinical information) to assess their relative ability to predict discharge outcomes for older patients receiving inpatient rehabilitation. Patients (N=209; mean age: 78.5+9.3; 67% female) were assessed, using both systems, on admission and discharge from musculoskeletal (MSK) and geriatric rehabilitation (GRU) units at two rehabilitation hospitals. Separate linear regression models were constructed for both instruments and stratified by unit type. Automatic model selection combined with knowledge from previous literature were used to develop efficient and clinically relevant models for predicting functional status at discharge, gain in functional status and rehabilitation efficiency in this population. Variability was more readily accounted for in MSK patients. Additional information found in the PAC provides some improvement in ability to predict outcomes.

**RS019 ASSESSING THE AVAILABILITY OF PHYSICAL ACTIVITY OPPORTUNITIES IN ATLANTIC CANADIAN LONG-TERM CARE FACILITIES**

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Objective: To assess the availability of physical activity (PA) opportunities in older adult housing facilities in Atlantic Canada.

Method: In June 2008, 807 surveys were mailed to older adult facilities in Newfoundland & Labrador, Nova Scotia, New Brunswick, and Prince Edward Island. One-hundred sixty-three surveys were returned. Data obtained from long-term care (LTC) facilities accounted for 72% of the returned surveys.

Results: Eighty-nine percent of long-term care facilities offered PA programs but no facility offered all three activities (aerobic, strength and flexibility) at the minimum frequency and duration requirement as recommended by Canada's PA Guide for Older Adults (CPAG). Among facilities that did not offer PA programs, 91.7% cited a lack of interest among residents as the explanation.

Conclusions: Residents' opportunities for physical activity may often be limited to activities held within the facilities in which they live. Therefore, it is essential that facilities foster an environment where residents can participate in regular physical activity. However, in this study, no facilities offered the full range of activities at a frequency and duration that satisfied the minimum recommendations as specified by CPAG. It is important to understand how environments conducive to physical activity participation can be created and sustained.

Funding source: CIHR

**RS020 CHANGES IN SLEEP QUALITY AND ASSOCIATED PSYCHOLOGICAL WELL-BEING AND PHYSICAL HEALTH IN LATER LIFE**

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The associations of sleep quality with psychological well-being and physical health were examined among 500 independently living older adults (214 men and 286 women; mean age 70.41) via individual interviews. Results indicated that although respondents reported getting the recommended 8 hours of sleep and rated their overall sleep quality as “good” for the past year, their sleep quality (ranging from 1=poor through 5=excellent) had significantly decreased from when they were younger:  $M_s = 2.45$  vs.  $2.82$ ,  $t(496) = -7.98$ ,  $p=.000$ . Results also suggest that diminished sleep quality is due to frequent waking rather than an inability to fall asleep. Multivariate Analysis of Covariance (MANCOVA) results indicate that regardless of age, gender, income, or marital status, respondents whose sleep quality had improved or remained the same enjoyed better self-rated health, fewer chronic health conditions, and greater engagement in health-promoting behaviors: Wilks’ criterion = .96,  $F(4, 453) = 4.74$ ,  $p=.001$ . A second MANCOVA showed parallel psychological well-being benefits for those who reported better/same sleep quality: less stress, depression, and negative emotions: Wilks’ criterion = .92,  $F(4, 464) = 9.93$ ,  $p=.000$ . Suggestions for improving sleep quality and implications for health and well-being in later life are discussed.

**RS021 CHARACTERISTICS ASSOCIATED WITH DEHYDRATION AMONG HOME CARE CLIENTS IN ONTARIO**

*Stacey Stewart, MA, John Hirdes, PhD, 200 University Ave West, Waterloo ON N2L 3G1 Canada (s3stewar@ahsmaail.uwaterloo.ca) Tel: (519) 888-4567*

Presenting symptoms of dehydration in older adults can lead to a delay in diagnoses and proper treatment. Consequently, greater awareness is needed to prevent dehydration in older adults. This study identified the correlates of dehydration in 131,536 older adults receiving home care services in Ontario aged 50 years and older. The personal, clinical, social and environmental characteristics identified as associated with a risk of dehydration were examined using the RAI-HC. Bivariate and multivariate analyses found that the strongest correlates to dehydration among home care clients were related to oral health (problems swallowing and chewing/mouth pain). Acute flare up of recurrent medical conditions, memory problems, impairments with activities of daily living and instrumental activities of daily living, depression and older ages were significantly associated with dehydration. Prevention of dehydration in older adults has been identified as requiring a multidisciplinary approach. Promoting greater awareness on factors associated with dehydration will assist case managers in targeting and tailoring interventions and to develop prevention strategies to reduce the risk of negative outcomes associated with dehydration. While caution is necessary in interpretation of the results, this study adds to the literature to increase the awareness on the benefits of good oral health.

**RS022 CONTENT VALIDITY OF THE WHEELCHAIR MOBILITY CONFIDENCE SCALE**

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**Background and Purpose:** A new instrument designed to measure confidence with wheelchair use, the Wheelchair Mobility Confidence Scale (WMCS), was recently developed based on interviews with health care professionals and wheelchair users. The purpose of this ongoing study is to assess the content validity of this new instrument. **Participants:** A panel of 40 experts including therapists, psychiatrists, researchers, and wheelchair users were selected to review and provide feedback on the WMCS. **Methods:** A Delphi survey is being used to determine the content validity of the WMCS using both a postal and online version. Questions on the survey ask about whether the items are clearly worded, the relevance of the items to the construct of wheelchair mobility confidence, and whether the items are able to discriminate between individuals with high and low confidence related to wheelchair use. Questions on the survey will also obtain feedback about the instructions and response format. **Analysis:** Ranked data will be analyzed to identify convergence and change of participants’ opinions using statistical summaries. **Conclusion:** Determination of the content validity of the WMCS is the first step in the validation process of this new instrument with the hope that we can ultimately improve wheelchair mobility and use.

**RS023 CONTRASTING THREE FRAILTY CONCEPTUALIZATIONS IN THEIR ABILITY TO PREDICT NEGATIVE OUTCOMES FOR HOME CARE CLIENTS**

*Joshua Armstrong, MSc, Paul Stolee, PhD, 200 University Avenue West, Waterloo ON N2L 3G1 Canada (j8armstr@uwaterloo.ca) Tel: (226) 808-2237*

Frailty is a complex concept that has emerged as an important issue for both clinicians and public health researchers who work with older individuals. Despite its common use, the concept of frailty remains controversial as there are many definitions with no consensus currently reached. In general, it is agreed upon that frail individuals are at a greater risk of adverse outcomes. Some studies have compared the predictive ability of various measures of frailty in community samples of older persons; fewer studies have looked at frailty measures in older persons in a health care setting. We compared three conceptualizations of frailty in a sample of 32,398 home care clients in Ontario, using data collected using the MDS-HC assessment, combined with discharge information. The frailty measures included the Edmonton Frail Scale, the Accumulation of Deficits Frailty Index, and the Changes in Health, End-Stage Disease and Signs and Symptoms (MDS-CHESS) scale. Apart from the MDS-CHESS which is part of the MDS-HC instrument, the Edmonton Frail Scale and the Accumulation of Deficits Frailty Index were operationalized using available items found in the MDS-HC. Each frailty measure will be compared in its ability to predict institutionalization and death in home care clients.

**RS024 DRIVING RESTRICTIONS: USING SCORES ON COGNITIVE TESTS FROM A LONGITUDINAL STUDY TO IDENTIFY AT RISK DRIVERS**

*Janet Love, MSc, Stuart MacDonald, Holly Tuokko, David Hultsch, Esther Strauss,, #1203-835 View Street, Victoria BC V8W 3W8 Canada (janets@uvic.ca) Tel: (250) 818-3809*

Older adults with cognitive impairment may be at increased risk of unsafe driving. Since driving restriction and cessation in mild cognitive impairment (MCI) has received little research attention, this study's purpose was to examine the relations between cognitive test scores and driving restriction and cessation in individuals with MCI. In a 5-year longitudinal study and at five points in time, participant's scores on five cognitive tests: 1) Wechsler Adult Intelligence Scale-Revised – Vocabulary; 2) Letter series; 3) Word similarities; 4) Coding; and 5) Word recall. All were examined to see if scores varied at baseline and further to that, does rate of change of scores on cognitive tests over time predict driving restrictions. A 2-step analysis of participants scores (N=179) was used where; step 1 computed residuals scores of individual slopes estimating change for each cognitive measure and at step 2 these slopes were added as predictors of driving restrictive behaviour in a logistic regression model. Preliminary results indicate that certain cognitive tests are more predictive of those who are likely to restrict driving and that using more sophisticated methods of statistical analysis can more closely identify individual differences that may help better identify at-risk drivers.

**RS025 HEALTH AS A PREDICTOR OF INCOME FOR 55- TO 64-YEAR-OLD WIDOWED, SEPARATED, AND DIVORCED CANADIAN WOMEN**

*Dorothy Hasinoff, Ph.D. student, 105-375 Merton Street , Toronto ON M4S 1B4 Canada (dorothy.hasinoff@utoronto.ca) Tel: (416) 486-0406*

Does poor health cause poverty among all populations? Research indicates that, for most populations, poverty causes poor health but that the inverse relationship is weaker. My study, Health as a Predictor of Income, using path analysis with a cross-sectional Statistics Canada's 2005 Canadian Community Health Survey (130,000) sample (n=212) of 55- to 64-year-old widowed, separated, and divorced Canadian women who live alone demonstrated that:

1. Poor health affects income and vice versa.
2. Dwelling ownership, education, and hours worked affect income.
3. Hours worked mediates the effect of education on income.
4. Self-rated health mediates the effect of chronic health condition(s) on income.
5. One-quarter of the variance in income can be accounted for by health status, education, dwelling ownership, and hours worked per week.

**RS026 HEALTH-RELATED ATTRIBUTIONS: IMPLICATIONS FOR WELL-BEING AND SURVIVAL AMONG VERY OLD ADULTS**

*Tara Stewart, MA, Judith Chipperfield, PhD, Raymond Perry, PhD, 53 Imperial Ave, Winnipeg MB R2M 0K6 Canada (umhaynes@cc.umanitoba.ca) Tel: (204) 979-9008*

The objective of this study was to examine older adults' (N = 217, aged 80+) explanatory beliefs about the causes of poor health, and to assess the role of such beliefs to predict subsequent well-being and longevity. A descriptive analysis revealed that older adults were significantly more likely to endorse "old age" as the cause of poor health, as compared to other causes such as "unhealthy behaviors," "bad advice from doctor," and "bad luck" (t's = 10.43, 6.66, 5.67 respectively, p's < .001). A regression model controlling for participants' age, gender, education, income, and physical health status demonstrated a positive association between "old age" attributions and perceived stress (B = .13, p < .10). Furthermore, "old age" attributions were associated with mortality: Participants who agreed that "old age" was the cause of poor health were 36% more likely to be deceased at a three-year follow-up (B = .31, Wald = 4.11, AOR = 1.36, p < .05). Thus, attributing poor health to an uncontrollable factor such as "old age" has negative consequences for older adults' subsequent health and well-being. These findings serve as an important first step in the potential development of an Attributional Retraining intervention for very old adults.

**RS027 IMPROVING BALANCE IN OLDER ADULTS USING BLACK PEPPER AND LAVENDAR OIL**

*Shannon Freeman, MA, Satoru Ebihara, MD, PhD, Takae Ebihara, MD, PhD, Kaijun Niu, PhD, Masahiro Kohzuki, MD, PhD, Hiroyuki Arai, MD, PhD, 1-1 Seiryomachi Aoba-ku, Sendai-shi Miyagi-ken 981-0933 Japan (shanfreeman2@yahoo.ca) Tel: +81-22-717-7353*

Ameliorating postural instability is an important component of geriatric health care. The effect of olfactory stimuli (lavender and black pepper oils) on postural control in 17 older adults (78+/-6 years old) who had no apparent neurological deficits was studied. Measurements of center of pressure (CoP) trajectories were done with subjects standing quietly on a force plate. Control measurements were compared with olfactory interventions: brief exposure to sham (distilled water), lavender oil, and black pepper oil; experiments were repeated with eyes open and eyes closed. From the CoP data, the root mean square (RMS) displacement and velocity in mediolateral (ML) and antero-posterior (AP) directions, and the total trajectory length were computed. This study found that with eyes closed, olfactory stimulation with either lavender or black pepper oil significantly decreased both ML and AP RMS velocities and trajectory lengths compared with baseline. In contrast, little effect was observed under the eyes-open condition. Decreases in RMS displacements were small and mostly insignificant. The study suggests that olfactory stimulation may improve posture stability in older adults through decreasing the velocities of postural adjustments during normal sway.

**RS028 MENTAL HEALTH SERVICE USE AMONG CANADIAN OLDER ADULTS WITH ANXIETY DISORDERS AND HIGH LEVELS OF ANXIETY SYMPTOMS**

*Tiffany Scott, M.A., Corey Mackenzie, Ph.D., Jitender Sareen, M.D., Judith Chipperfield, Ph.D., Daniel Bailis, Ph.D., P404 Duff Roblin Bldg. 190 Dysart Road, Winnipeg MB R2M 0E6 Canada (umscot07@cc.umanitoba.ca) Tel: (204) 231-2532*

Despite growing evidence of a disproportionate underutilization of mental health services by older adults, little is known specifically about service use by older adults with anxiety. This study examines the prevalence of mental health service use among older adults with anxiety disorders and high levels of anxiety symptoms, as well as factors associated with service use. The authors used data from the Canadian Community Health Survey - Mental Health and Well-Being (CCHS-1.2), a nationally representative survey of community-dwelling Canadians. Logistic regression analyses examined predictors of service use among adults aged 55+ (N=12,792). Only 21% of older adults with an anxiety disorder and no comorbid mood disorder used professional mental health services in the past year, compared to 43% of those with a mood disorder and 73% of those with comorbid anxiety and mood disorders. Only mental health need variables (e.g., low self-rated mental health) were

significant predictors of service use. In conclusion, older adults with significant anxiety are especially unlikely to use mental health services. While demographic and social factors do not appear to impede service use, older adults and those they interact with may not be interpreting their anxiety problems as warranting mental health care services.

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**RS029 MODELING AGE-RELATED NEUROMUSCULAR CHANGES IN HUMANS**

*Sandra Webber, MSc, Michelle Porter, PhD, Phillip Gardiner, PhD, 307 Max Bell Centre, Winnipeg MB R3T 2N2 Canada (swebber@cc.umanitoba.ca) Tel: (204) 474-8795*

Motoneurons and muscle fibres undergo changes with aging which influence strength, mobility and function. Mathematical modeling may be used to predict neuromuscular functional changes related to aging. The objective of this study was to use the simulation originally described for cats by Heckman and Binder (1991) to model changes in human quadriceps motor units and determine relationships among current input, firing frequency, and force output of a motor pool for a younger and an older person. Reduced muscle contractile speed; reduced muscle fibre number, size and specific tension; reduced gain of the motoneuronal frequency-current relationship; decreased size of motoneurons; and altered motor unit remodeling were incorporated. Adjusting the model to reflect age-related changes resulted in a leftward shift of the force-frequency function, lower firing frequency for any given current input, and reduction in maximal force output. In the older model, force levels up to approximately 50% of those attained by younger individuals were reached with relatively similar or even slightly lower levels of current input. This could mean that the sense of effort, and the contribution of factors other than degree of effort from afferent inputs to the pool, including conscious supraspinal centres, might be different, in the older adult.

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**RS030 OLDER ADULTS' USE OF FORMAL CARE SERVICES: DOES ETHNICITY MATTER?**

*Satomi Yoshino, Msc, Janet Fast, PhD, 302 Human Ecology Building, University of Alberta, Edmonton AB T6G2N1 Canada (syoshino@ualberta.ca) Tel: (780) 492-2865*

The Canadian population is aging and becoming more ethnically diverse. Ethno-cultural differences are often believed to influence the way older adults who are in need of care and their family/friend caregivers organize caregiving. However, findings from the previous studies about the influence of ethnicity on the patterns of care of older adults and their utilization of formal care services are inconsistent. Understanding ethnic variations in the way older adults utilize formal care services, and the determinants of the utilization patterns, could help to identify who may be in need of support for linking them to formal care services as well as what barriers exist.

Using Statistics Canada's 2002 General Social Survey linked with the 2001 Canadian Community Health Survey, this study will explore older adults' patterns of formal care services utilization, with specific emphasis on the association between older adults' ethnicity, their family/friend care networks, and their utilization patterns. Types of older adults' care networks will be identified by cluster analysis, and will then be entered with demographic characteristics in multivariate analyses to identify predictors for older adults' formal care service utilization. Implications to inform policy and practice regarding community-based care for older adults will be discussed.

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**RS031 POSITIVE REINTERPRETATION AND SUCCESSFUL AGING**

*Audrey Swift, PhD (ABD), Judith Chipperfield,, Department of Community Health Sciences S110A-750 Bannatyne Ave., Winnipeg MB R3E 0W3 Canada (umswiffta@cc.umanitoba.ca) Tel: (204) 789-3831 Fax: (204)789-3905*

Successful aging has historically been defined as avoiding disease and disability, high levels of cognitive and physical functioning, and active engagement in life (Rowe & Kahn, 1987). A potential update to this definition includes positively reinterpreting the negative aspects of life to find meaning and purpose from them (Ouweland, de Ridder, & Bensing, 2007). This type of positive reinterpretation was originally coined "secondary control" in a groundbreaking theoretical article by Rothbaum, Weisz, and Snyder in 1982. The objective of the present study was to explore which types of secondary control were endorsed by a sample of community-dwelling par-

ticipants in the Successful Aging Study (SAS 2003; N = 105, M age = 85 years). An exploratory factor analysis with varimax rotation was performed on 26 items from the SAS 2003 questionnaire that conceptually reflected secondary control. An 8-factor solution was found that accounted for 67.5% of the variance. Three of the factors pertained to affiliation with powerful others, two represented beliefs in nature, luck and chance, two reflected downgrading importance, and one represented acceptance. Analyses of how older individuals endorse these types of positive reinterpretation, and how their endorsement relates to physical and psychological well-being are forthcoming.

**RS032\* PREDICTORS OF LIFE SATISFACTION AMONG LONG-TERM CARE RESIDENTS WHO USE WHEELCHAIRS AS A PRIMARY MEANS OF MOBILITY**

*William Mortenson, MSc, William Miller, PhD, Catherine Backman, PhD, John Oliffe, PhD, 5273 Prince Albert St, Vancouver BC V5W3C7 Canada (bmortens@interchange.ubc.ca) Tel: (604) 733-4471*

Background: The majority of residents use wheelchairs as their primary means of moving. However, most studies of predictors of life satisfaction in this population have not collected wheelchair-related data (like wheelchair comfort or satisfaction) that may represent confounding variables.

Objective: To identify predictors of life satisfaction among residents who use wheelchairs as their main means of mobility.

Method: A cross-sectional study with 268 subjects included 149 competent residents and 119 residents with cognitive impairment who required the use of proxy respondents from 11 residential-care facilities in British Columbia. Life satisfaction scores, measured using the Satisfaction with Life Scale, were regressed on personal, wheelchair-related, and environmental measures.

Results: The significant predictors of life satisfaction for competent subjects were depression and facility satisfaction. The significant predictors of life satisfaction for proxy subjects were depression, comorbidity, and satisfaction with performance of wheelchair-related activities. Conclusion: Wheelchair-related variables did not have a consistent association with life satisfaction between proxy and competent subjects, but depression was inversely associated with this outcome for both groups. Interventions that decrease depression or increase facility satisfaction and satisfaction with wheelchair-related activity may improve life satisfaction, but the efficacy of these treatments would need evaluation.

Funding source: CIHR seed grant.

\* Not participating in student competition

**RS033 THE IMPACT OF SELF REGULATED DENTAL HYGIENISTS ON LONG-TERM CARE HOMES IN ONTARIO.**

*Stacey Stewart, M.A., 200 University Ave West, Waterloo ON N2L 3G1 Canada (s3stewart@ahsmail.uwaterloo.ca) Tel: (519) 888-4567*

Recent legislative changes to the practice of dental hygiene in Ontario have arguably changed the provision of traditional dental care. Dental hygienists are now able to open independent dental hygiene centers without the supervision of a dentist, some offering mobile services. This self regulation is thought to improve access to services by providing dental care for individuals who cannot readily access services in the traditional dental office setting. These individuals include older adults residing in long-term care homes. This study examined the impact of the self regulation of dental hygienists on long-term care homes in Ontario. Surveys were mailed to registered dental hygienists in Ontario recognized as providing independent dental hygiene services. Practice characteristics, information on referral patterns and the experienced barriers to performing dental care were collected. The results will discuss the identified barriers to dental care by the dental hygienist, including financial concerns, previous contacts, transportation issues and personal health beliefs of the older adult. It is known that our aging population is generally in better oral health than previous generations. This presentation will conclude with a discussion on the current oral health practices in long-term care, and the future demands for dental care.

**RS034 THE URGENT NEED FOR ORAL HEALTH SERVICES FOR THE OLDER ADULT: THE MOUTH BODY CONNECTION**

*Salme Lavigne, MS, 780 Bannatyne Ave. Room D212, Winnipeg MB R3X 1T4 Canada (lavignes@cc.umanitoba.ca) Tel: (204) 789-3665*

With the near exponential increase in the older adult population, major challenges are predicted as disease patterns shift towards chronic diseases prevalent in old age such as cardiovascular disease, hypertension, cancer and diabetes. Oral health is now recognized as an important component of aging as evidence mounts towards a potential relationship between oral health and a number of chronic inflammatory diseases such as cardiovascular disease, respiratory diseases, stroke, and diabetes. Both the U.S. Surgeon General and the World Health Organization have recognized oral health as being integral to overall health as well as being a determinant for the quality of life. Oral disease has been reported to be as high as 87% in the older adult population, however older adults seek dental care less frequently than younger age groups. Disparities in access to oral health services for older adults have been reported for those less educated, have lower incomes, live in rural areas, have mobility issues and those who are institutionalized. Potential solutions are complex, ranging from education and behavior modification strategies, to universal publicly funded oral health services and federal programs targeted at improving surveillance systems and interventions targeting known risk factors.

**RS035 USING A LIFE COURSE PERSPECTIVE TO UNDERSTAND PATHWAYS INTO HOMELESSNESS**

*Abram Oudshoorn, RN, PhD(c), Catherine Ward-Griffin, RN, PhD, Room H004e, Health Science Addition The University of Western Ontario, London ON N6C 5A1 Canada (aoudshoo@uwo.ca) Tel: (519) 661-2111 ext 81511*

**Introduction:** Although much work has been done on pathways into homelessness, few studies have investigated age as a socio-cultural process. In this presentation, Elder's Life Course Perspective is used to help understand historical and systemic influences on homelessness.

**Methods:** This study involved a critical ethnography of a community health clinic for people who are experiencing homelessness in an urban centre in southwestern Ontario. Multiple, concurrent methods were used, including 10 in-depth interviews with 11 homeless clients of the centre. These interviews provided insight into the life histories of homeless persons.

**Findings:** Elder's Life Course Perspective involves three components: 'Institutionalized pathways and social aggregates', 'Personal life course', and 'Developmental or aging trajectory'. Although 'Personal life course' played a role in individuals' pathways into homelessness, the narratives that homeless participants told shed much more light on oppressive structures. Particularly, what Elder terms 'Institutionalized pathways and social aggregates' involved stagnant social assistance rates, elimination of a national housing program, a social service gap after the age of 25, and deinstitutionalization within the mental health care system.

**Conclusion:** A Life Course Perspective offers a means to conceptualize pathways into homelessness in a way that involves an understanding of oppressive social structures.

**RS036 'THEY CAN MAKE YOUR DAY'. PATIENTS' PERSPECTIVES ON NURSE-PATIENT RELATIONSHIPS IN CHRONIC CARE.**

*Veronique Boscart, RN, MScN, MEd, PhD(c), Dorothy Pringle, RN, PhD, Katherine McGilton, RN, PhD, Elizabeth Peter, RN, PhD, Francine Wynn, Rn, PhD, 130 Dunn Avenue, Toronto ON M6K2R7 Canada (boscart.veronique@torontorehab.on.ca) Tel: (416) 597-3422 ext 2246 Fax: (416)530-2470*

Nursing staff in chronic care facilities provide complex care to patients for extended periods of time, which create opportunities to develop close relationships. The overall purpose of this study was to examine the nature of interpersonal relationships between cognitively competent patients and nursing personnel in chronic care. A reliable and valid instrument to measure the interpersonal nurse-patient relationship in chronic care was developed based on concepts of the Humanistic Nursing Theory by Paterson and Zderad (1976). The scale was administered to 249 chronic care patients living in 5 facilities. This poster will present the qualities of the nurse-

patient relationship that are important to patients and the intensity of these relationships between patients and typical nursing staff, and between patients and the nursing staff they feel close to. Furthermore, the poster will describe with whom among the nursing personnel patients develop a relationship that is important to them. Findings of this study will lead to a greater understanding of the nurse-patient relationship in CC settings and will support clinical practice, research and education of nursing staff in these settings.

## SYMPOSIA SESSION I

**FRIDAY, OCTOBER 23, 07:15 - 08:45**

### S001 BUILT ENVIRONMENTS FOR AN AGING POPULATION: PLANNING AND DESIGN STRATEGIES FOR HEALTH AND WELL-BEING.

*Richard Milgrom, Lauren Lange, Vanessa Ilg, Jason Granger, Becky Raddatz,, University of Manitoba, Winnipeg MB R3L 2T9 Canada (milgrom@cc.umanitoba.ca) Tel: (204) 474-6868*

*Chair: Richard Milgrom*

*Room: York*

As the aging of North American populations increases, the need for built environments that accommodate the changing and diverse needs of older adults becomes more apparent. The provision of age-friendly environments, ranging in scale from individual buildings to neighbourhoods and entire towns and cities, is emerging as a significant concern in the fields of planning and design. This symposium at the Canadian Association on Gerontology conference is intended to build bridges between design research and other fields addressing aging.

The papers included here are drawn from work undertaken in the Faculty of Architecture at the University of Manitoba. They represent research by students (and some faculty) in the departments of City Planning and Interior Design and they address issues that include building and universal design, understandings of current and future housing needs, and the development of participatory planning processes that could engage, rather than marginalize, older adults.

The projects that are presented here are based in a range of qualitative research methods, including design-based case studies and a range of interviews and focus groups. They address a range of contexts, from small rural towns to urban settings, as well as issues related to the need for some adults to make late-life transitions from rural to urban settings.

### The Participation of Older Adults in the Design of the Built Environment

*Jason Granger, MCP, United Way of Winnipeg, Winnipeg, MB, p: 204.477.5367 e: jasongranger00@gmail.com*

Society is aging at an unprecedented rate. This paper responds to this demographic trend in relation to environmental design processes and practice. Today, and in the future, design and planning practitioners must strive for environments that are both suitable and appropriate for a growing older adult population and recognize the importance of including older adults in participatory design processes. In the past, older adults have generally been marginalized and excluded from many decisions that affect their lives. The decision-making processes in the fields of planning, landscape architecture, architecture, and interior design, are no exceptions.

This study explores the opportunity for older adults to contribute to the design of the built environment in a meaningful way by empowering them in the decision-making process while at the same time creating more livable and meaningful environments. This research approaches this issue from a practitioner point of view and aims to evaluate this emerging, but limited, practice and advance this concept in the future.

The findings and recommendations developed from this study provide tools and suggestions for advocating and furthering this practice in the future for older adults, design practitioners, and those with an interest in the field of environments for older adults.

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### Rural Canadian Prairie Intergenerational Cohousing: A place for integrating lives and sustaining culture

*Vanessa Ilg Master of Interior Design student, Faculty of Architecture, University of Manitoba, p: 04.275.6989 e: umilgvt@cc.umanitoba.ca*

This paper is based on a practicum in the Department of Interior Design. Research undertaken revealed a lack of suitable alternative housing that supports the current changing demographics found throughout rural Canada, and that this has contributed to a population decline in these historically significant regions. The single-family detached house is the dominant housing type found in rural areas, constituting seventy-five percent of the housing units. With the changing demographics in these regions, specifically the rise in the older adult population, single parent households and single young adults, this type is exclusive, introverted, inappropriately sized and costly.

The practicum develops a hypothetical design strategy for a multi-resident, age-integrated housing model located in small town rural Saskatchewan that would address the emerging issues and shortcoming of the current housing options. It examines subject matters related to ageism, role and implications of various age networks through the life course, universal design strategies in home building and cultural preservation.

The work compiles and connects existing research and theory in a design project to test the feasibility of such integrated living housing. It explores the possible compromises and opportunities that would arise and be fostered through this housing type in rural settings.

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### Supportive Housing for Aboriginal Seniors in Winnipeg, Manitoba

A study conducted by: Dr. Ian Skelton, Lauren Lange, Melba Laferine in collaboration with the Canadian Centre for Policy Alternatives. Presented by Lauren Lange. Master of City Planning student, Faculty of Architecture, University of Manitoba, p: 204.471.4548 e:laurenlange@hotmail.com

Many Canadian Aboriginal seniors find themselves displaced as they move from rural reserves into inadequate housing in unfamiliar urban settings. The majority are forced to relocate to cities for medical purposes and fall between the cracks of an already fragile support system. Responsibility for their needs, particularly in regards to housing, is not clearly assigned to band organizations or governments. They seek shelter wherever they can. Some move in with family members, into assisted living units or single-room occupancy hotels (SROs). In Winnipeg, and throughout Canada, specific numbers and individual circumstances of this demographic remain relatively unknown. Preliminary research indicates many are living in unhealthy and unsafe environments. This study will begin to explore current housing availability for these individuals throughout Winnipeg. It will also attempt to identify the forms of housing Aboriginal seniors both need and want in terms of structural form, services and assistance and provide recommendations for future development.

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### Towards an Age-Friendly City: Engagement Tools for Older Adults and Their Advocates

*Becky Raddatz, Master of City Planning student, Faculty of Architecture, University of Manitoba p. 204.803.7276 e: raddatz@hotmail.com*

North American populations are aging, yet the issues and challenges faced by older adults remain largely unaccounted for in planning processes. This research examines this invisibility in the specific case of Winnipeg, MB and through University of Manitoba's Centre on Aging Age-Friendly Communities Community University Research Alliance (CURA) that builds on the World Health Organization (WHO 2002; 2006). The research explores how people working towards a more age-friendly city can more effectively engage with planning processes, and how the profile of age-related issues might be raised in the coming years, particularly during the current review of Winnipeg's official plan. One of the outcomes of this research will be user-friendly materials groups can use to effectively engage with planning processes.

The research documents the relationship between aging issues, age-friendly cities and planning and suggests ways in awareness of issues of aging can be raised in planning processes. This is addressed first with a review of planning and aging-related literature. It then reports on a series of focus groups with community partners in

the CURA, a range of seniors' organizations, government departments and service providers. The focus groups addressed awareness of planning processes, what information about planning and aging issues is required, and what types of materials would be considered useful for older adults engaging in planning processes. It also addresses a series of semi-structured interviews with municipal planners who were asked about what citizens need to know, effective engagement strategies, and the accuracy and relevancy of material developed.

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**S002 CREATING AGE-FRIENDLY COMMUNITIES: AGE-FRIENDLY COMMUNITIES-UNIVERSITY RESEARCH ALLIANCE (CURA)**

*Verena Menec, PhD, Alexander Segall, PhD, Dawn Veselyuk, BSW, BA, Louise Hutton, MSA, BRS, Toni Morris-Oswald, PhD, Sheila Novek, BA, Judie Davies, PhD, Patti Chiappetta, BHec, BA, Centre on Aging, Room 338 Isbister Building, Winnipeg MB R3T 2N2 Canada (menec@cc.umanitoba.ca) Tel: (204) 474-9176 Fax: (204)474-7576*

*Chair: Alexander Segall*

*Room: Cambridge*

Given the aging population, it is becoming increasingly important to create environments that provide the supports and opportunities that allow individuals to age in place. The Age-Friendly Communities Alliance is designed to address this issue by focusing on making communities in Manitoba as "age-friendly" as possible. Consistent with the World Health Organization (WHO) definition, an age-friendly community is defined in terms of eight domains: outdoor spaces and buildings; transportation; housing; respect and inclusion; social participation; civic participation and employment; communication and information; and community supports and health services. Supports and opportunities in these domains should, according to the WHO optimize "active aging", that is health, continued participation in society, and a sense of security.

The Age-Friendly Communities Alliance creates a partnership between university researchers and governmental and community organizations, with activities in four interrelated areas: community development, research, evaluation, and capacity building. The diverse topics discussed in this symposium are designed to highlight the importance of approaching the notion of age-friendliness from these varying perspectives. The first presentation will provide a broad overview of the "Age-Friendly Manitoba Initiative", which has been launched by the Manitoba government. A key issue discussed is the partnerships that have been created, which are essential in initiating and maintaining momentum at the local and provincial level. The second presentation will describe the community consultations that have been held in several communities as part of the Alliance's community development activities, designed to help communities move toward becoming more age-friendly. In the third presentation, a research project will be described that provides an in-depth view of what older adults perceive as age-friendly and what aspects create challenges and barriers. The final presentation speaks to the capacity building component of the Age-Friendly Communities Alliance by focusing on how to incorporate the notion of age-friendliness into teaching.

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**Age-Friendly Manitoba: Community Consultations**

*Dawn Veselyuk & Louise Hutton, Centre on Aging, University of Manitoba*

In partnership with the Manitoba Seniors and Healthy Aging Secretariat, the Age-Friendly Communities Alliance team has been conducting community consultations in communities that are part of Age-Friendly Manitoba Initiative. The objectives of the community consultations are to assist communities to gather information on how age-friendly the community currently is and identify issues that will help communities form action plans to make them as age-friendly as possible. The consultations also provide a baseline of "age-friendliness" against which communities and the Alliance can see progress in the future, thus making it an important part of the evaluation aspect of Alliance activities.

Each community has formed an Age-Friendly Advisory Committee and Committees are offered facilitation assistance with the community consultation. The town hall-type meeting involves community leaders, service providers, seniors of all ages and abilities, and others. Participants are divided into small groups, and questions

on the eight age-friendly dimensions identified by the World Health Organization guide the conversation to determine community priorities that will help them form an action plan that addresses leadership, partnerships, resources, time commitments and outcomes. Participants also complete an age-friendly survey. This presentation will describe the process of the consultations, communication strategies, and expected outcomes.

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### **Photos And Focus Groups: Older Adults Tell Us About Age-Friendly Communities**

*Toni Morris Oswald & Sheila Novek, Centre on Aging, University of Manitoba*

As the world's population ages, cities and rural communities must adapt their built environment, social opportunities, services, and businesses to accommodate the needs of older adults. This research study sought to identify age-friendly features and barriers from the perspectives of older adults in several Manitoba communities. Photovoice technique was used with a group of community based seniors who took photographs to depict aspects of their communities that they perceived to be age-friendly or not age-friendly. Photographs and related commentary by participants were explored in focus groups to identify community strengths and weaknesses, negotiate priorities for change, and identify potential courses of action to address shortcomings. Findings from all communities highlighted the importance of ensuring older adults have a wide range of opportunities for social interaction and personal growth, an accessible and walkable built environment, available and accessible supportive services, a sense of security, a sense of place, and a welcoming business environment. Barriers to age-friendliness were at multiple scales and often linked to seniors' capacity to influence the provision and quality of essential services such as housing, transportation, health care, and traffic management.

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### **Multidisciplinary Course Modules for Creating Age-Friendly Communities**

*Judie Davies, Centre on Aging, University of Manitoba*

There is a critical need for infusing age-friendly community education in academic curriculum in preparation for the growing population of older adults. This presentation reports on multidisciplinary course modules to help meet that need. Modules focus on an interdisciplinary, participatory and multifaceted approach to understanding the planning, implementation and evaluation of age-friendly community initiatives. Understanding how physical structures and social factors contribute to environmental factors that impact the experience of health, participation and security act as a bridge connecting the fields of study. The modules remain within the active aging and life course perspective which requires the study of the life course on multiple levels through interdisciplinary research and education. Inclusion of university-based research in collaboration with community based partners and international learning approaches offer the opportunity for evidence-based practice interventions. Concepts such as smart growth, inclusive design, eco-towns, technology development, intergenerational activities and case studies related to community development are integrated into the modules.

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### **Age-Friendly Manitoba: Creating Partnerships in Order to Promote Age-Friendliness**

*Patti Chiappetta, Executive Director (Acting), Manitoba Seniors and Healthy Aging Secretariat*

The Age-Friendly Manitoba Initiative is a project that is currently being undertaken by the Government of Manitoba and led by the Manitoba Seniors and Healthy Aging Secretariat. The ultimate purpose of the project is to sustain the health and well-being of Manitobans by ensuring that all seniors have secure, barrier free physical and social environments in order to lead active, healthy lives in their communities. A step toward attaining this goal is to have all communities in Manitoba become part of the Age-Friendly Manitoba initiative and move toward becoming as age-friendly as possible. As of spring 2009, 29 communities were part of the initiative, with more expected to be engaged over the coming months and years. A key aspect of the initiative is the creation and fostering of partnerships, both within government, across levels of government, and with community and other organizations. This presentation will describe some of the different types of partnerships that have been developed in order to promote the notion of age-friendliness in Manitoba.

**S003 THE NEGLECT OF KATHLEEN GRANT: A VIEW OF ABUSE AND NEGLECT IN LATER LIFE FROM MULTIPLE PERSPECTIVES**

*Charmaine Spencer, LL.M., Kerstin Rogers, Ph.D., Susan Crichton, M.Sc., Paul Lamoureux,, 2800-515 West Hastings Street, Vancouver BC V6B 5K3 Canada (cspencer@shaw.ca) Tel: (778)782-5047*

*Chair: Charmaine Spencer*

*Room: Harrow*

In Spring 2009, considerable media attention focussed on the sentencing of a 48 year woman convicted of causing the death of her frail 78 year old mother through severe neglect (the Kathleen Grant case). This symposium weaves together four research, policy and practice presentations drawing elements from the case, including awareness, education, support and reporting, to highlight diverse perspectives and tensions in the area of abuse and neglect prevention and intervention.

Spencer introduces the topic of "hard cases", and the public's desire for what seem like easy solutions, such as mandatory reporting similar to child abuse. She explores screening and identification issues in socially isolated families. There are hard lessons to be learned from abuse reporting related to safety, support, thresholds and scarce resources.

Rogers describes the results of a survey conducted by RESOLVE- Manitoba investigating public views of mandatory reporting and knowledge of legislation in Manitoba. Among other things, the study found that older adults were often more knowledgeable about the law than younger persons; older adults were also less receptive to mandatory reporting than other age groups, except where mental capability was in question.

Crichton describes the rationale for the Province of Manitoba's work with RESOLVE and how RESOLVE's work has informed the overall provincial government strategy. She also describes some of the Public Health Agency of Canada's work around abuse and neglect. Lamoureux speaks to the rationale of and protections for reporting in the context of the Protection for Person in Care law which covers residents in care homes and patients in hospitals in Manitoba.

This is an opportunity for the audience to consider the many diverse aspects of the Kathleen Grant case. The audience will be encouraged to reflect on key questions in social policy, practice, and research.

**RESEARCH AND POLICY DEVELOPMENTS AT THE PROVINCIAL AND FEDERAL GOVERNMENT LEVEL**

*Susan Crichton, M.Sc. Senior Policy Analyst - Federal Elder Abuse Initiative Division of Aging and Seniors, Public Health Agency of Canada. Email: Susan\_Crichton@phac-aspc.gc.ca*

This presentation describes the rationale for the Province of Manitoba's work with RESOLVE and how RESOLVE's work has informed the overall provincial government strategy. It also describes some of the Public Health Agency of Canada's work around abuse and neglect.

This is discussed in the context of how these developments may help reduce the risk for some vulnerable families.

**PUBLIC VIEWS OF MANDATORY REPORTING OF OLDER ADULTS AT RISK OF ABUSE:REPORT ON A STUDY**

*Kerstin Stieber Roger, PhD. (Toronto) Assistant Professor, Department of Family Social Sciences. 209 Human Ecology, University of Manitoba Winnipeg, MB. R3T 2N2. Email: rogerk@cc.umanitoba.ca; Jane Ursel, PhD, Professor, Dept. of Sociology, Director, RESOLVE, University of Manitoba*

This presentation will discuss a recent peer reviewed paper published in the Journal of Elder Abuse and Neglect (2009). This paper describes the results of a survey administered as part of a study conducted through RESOLVE, titled, "Legislation and Service Provision Regarding Abuseand/or Neglect of Older Adults in Manitoba." Public views of mandatory reporting and knowledge of legislation were investigated in the case where an older adult is living at risk of abuse and/or neglect in Manitoba, Canada.

The survey data demonstrate that older respondents stated that mandatory reporting was not always preferable, except when an older adult was clearly diagnosed as incompetent and, even with no evidence, thought to be at risk. With less awareness of the topic in general, and with less contact with older adults, younger adults

had much stronger views in support of mandatory reporting in all cases. Little knowledge and awareness of legislation existed in all age groups, although older adults knew more about such abuse and/or neglect than younger adults. Given the projected increase of older adults in Canada in the next 20 years, it is critical that the prevention of abuse and/or neglect and protection of older adults be addressed.

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#### GIVE US A LAW! GIVE US AN ALGORITHM!

*Charmaine Spencer, LL.M. Gerontology Research Centre Simon Fraser University, 2800-515 West Hastings Street Vancouver, BC V6B 5K3. Email: cspencer@shaw.ca*

This presentation introduces the topic of hard cases, and the public's as well as service providers' desire for what seem like easy solutions, such as mandatory reporting similar to child abuse and algorithms or flow charts to guide their decisionmaking.

The author explores screening and identification issues in socially isolated families, and hard lessons learned from abuse reporting about safety, support and thresholds and scarce resources. The author draws on current research on helping and the hard lessons learned from mandatory reporting research on child abuse and abuse of older adults.

In terms of the Grant case, the author encourages the audience to reflect on key questions such as: What are the ramifications of social policies that place the responsibility of caring on family members irrespective of the willingness or ability to care.

What are the risks and benefits of mandatory reporting for the victim, the suspected abuser and the reporter. Does it lead to greater identification, and very importantly does it make older adults safer?

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#### PROTECTION FOR PERSONS IN CARE : REPORTING AND RELATED ISSUES

*Paul Lamoureux, Manager, Protection for Persons in Care Office, Room 4028 - 300 Carlton Street, Winnipeg. (204) 788-6347. Email: Paul.Lamoureux@gov.mb.ca*

Most Canadian jurisdictions with laws addressing abuse and neglect of persons in some manner are silent on reporting or rely on voluntary reporting if the harms happens to a person living in the community. However mandatory reporting is commonplace in certain long term care settings, such as personal care homes.

This presentation focusses on the role of the Protection for Persons in Care Office in responding to abuse reports for vulnerable persons in care homes and some hospital settings in Manitoba. It identifies the rationale behind mandatory reporting, who is required to report, protections for reporters, etc. This is discussed in the context of what would happen in the Kathleen Grant case if Mrs. Grant was receiving care in a care home or being assessed in hospital, and how the law leaves some grey areas.

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#### S004 "NECESSITY IS THE MOTHER OF INVENTION: INNOVATIVE PROGRAMS FOR VETERANS AND THEIR CONTRIBUTIONS TO SENIORS AND ALL CANADIANS"

*David Pedlar, PhD, Peter Neary, PhD, James Struthers, PhD, Darragh Mogan, Pierre Allard, MA, Carlos Lourenso,, PO Box 7700 , Charlottetown PEI CIA 8M9 Canada (Dave.Pedlar@vac-acc.gc.ca) Tel: (902) 626-2828 Fax: (902)368-0966*

**Chair: David Pedlar**

**Room: Essex/Canterbury**

The immense, often unique challenges of addressing recognition, health care, compensation, military-civilian transition and re-establishment needs of more than two million Canadian military Veterans since the First World War resulted in innovative programs for the support and care of Veterans and their families. In some cases, these innovations contributed to advancements in the health and well being of Canadians of all ages, including seniors. In this symposium, some important innovations are presented and their impact on policies affecting Canadians, Canada's seniors and future generations of military Veterans are discussed including: the War Veterans Allowance, The New Veterans Charter, The Veterans Independence Program, The Royal Canadian Legion Long Term Care Surveyor Program and Innovations in long Term Care.

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### Found to be permanently unemployable: The War Veterans' Allowance Act of 1930

*Peter Neary, Professor Emeritus, Department of History, University of Western Ontario, London, Ontario Department of History Social Science Centre, University of Western Ontario N6A 5C2 E-mail: neary@uwo.ca Telephone: 519-661-2111, extension 84972*

Canada's hastily constructed program of benefits for veterans of the 1914-18 war made a clear distinction between pensionable and non-pensionable ex-servicemen. The former group, a minority of the more than 600,000 who had gone into uniform, were covered by the Pension Act of 1919 and the programs of the Department of Soldiers' Civil Re-establishment. Able-bodied veterans – by definition non-pensionable - were paid a gratuity (an entitlement based on marital status and location and duration of service) and could qualify (according to various eligibility criteria) for land settlement, preference in civil service appointments, and a scheme of life insurance. From 1928 veterans' benefits were administered by the Department of Pensions and National Health. In 1930 a further discretionary benefit was added when Parliament passed The War Veterans' Allowance Act. The purpose of the new allowance was to assist certain aged and permanently unemployable veterans. Both pensioners and non-pensioners who had served in a theatre of war could qualify for payment, and the allowance was administered by the War Veterans' Allowance Committee (from 1936 the War Veterans' Allowance Board), which was chaired by Walter Sainsbury Woods (1884-1960). The allowance was dubbed "the burnt-out pension," and the board administering it operated until 1987.

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### The Veterans Independence Program: a Policy Model for Continuing Care?

*Professor James Struthers, Canadian Studies Department, Trent University, 1600 West Bank Drive, Peterborough ON K9J 2C9 jstruthers@trentu.ca (705) 748-1011 ex 6049*

The Veterans Independence Program was launched in 1981 as a cost effective home care alternative to putting far greater numbers of aging WW2 veterans into more expensive institutional care. Over its 28 year history it has demonstrated its effectiveness in meeting this objective. Veterans' organizations, skeptical of the VIP's merits in the early 1980s, soon became the program's strongest advocates. Money not spent on unnecessary bed-care has allowed tens of thousands of veterans and their caregivers to benefit from supportive home care services not generally available to the wider population. Much of the VIP's success rests on a foundation of unpaid caregiving provided by family members, primarily spouses. In the 1990s their contributions achieved growing recognition through initiatives such as the "Care for the Caregiver" pilot project. Beginning in 2004 spousal caregivers won a lifetime right to continue

receiving VIP housekeeping and groundskeeping services after their partner's death. The VIP supportive care model is now the focus of initiatives aimed at a much younger Canadian Forces veterans population and their families. The program thus continues to serve as a policy model for meeting the continuing care needs of a wider Canadian population.

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### The New Veterans Charter

*Darragh Mogan, Director General Programs and Policy Division Veterans Affairs Canada, Charlottetown darragh.mogan@vac-acc.gc.ca*

The New Veterans' Charter, passed by unanimous consent of the House and Senate in 2005, became law in April 2006. It represented the largest innovation in Veterans' legislation since the original Veterans Charter became law after the Second World War. While the goal of both Charters was the same; the successful reestablishment to civilian life of Veterans and their dependants, the social contexts were different. The original Charter was designed for a largely citizen military, returning to civilian life all at once from an absence of 3-5 years. The modern Charter targets a career military with much longer periods of services and increasingly more dangerous "missions". Missions involving unconventional warfare. The principles underlying the New Veterans Charter and its potential for life course impacts will be discussed.

### The Royal Canadian Legion, Long Term Care Surveyor Program

*Pierre Allard, MA Royal Canadian Legion 86 Aird Place Ottawa ON K2L 0A1 613-591-3335 Ext 234  
pallard@legion.ca*

The Royal Canadian Legion has been operating a Long Term Care Surveyor program since 2003 under the terms of a contract with Veterans Affairs Canada. Through this successful initiative of the Legion's Veterans, Service and Seniors Committee, trained Legion volunteer surveyors visit designated Veterans in care facilities across Canada and conduct satisfaction interviews on behalf of Veterans Affairs Canada (VAC), under the terms of a Public Works contract. The Program clearly serves the Veterans who are interviewed and have a chance to express their level of satisfaction or dissatisfaction with the care received.

Having first completed a security certification, Legion surveyors are trained by Legion and VAC staff during an intensive two-day training session. In its first year of operation, in 2003, six (6) training courses were conducted, in French and English, across the country to ensure that sufficient personnel were available to ensure national coverage. Since then, two or three training serials have been conducted every year to maintain a cadre of bilingual volunteers.

Client Satisfaction Questionnaires (CSQs), once completed, are returned to VAC. These CSQs provide feedback on the satisfaction of individual Veterans based on specific care outcomes and guidelines. The Surveyors also complete a Summary Report which provides feedback on facilities, including best practices and critical items.

Legion surveyors see the success of the program through the appreciation offered by Veterans' families and staff at care facilities. VAC reports allow significant issues to be identified and addressed while departmental files can be updated. Other systemic issues, addressed via the Summary Reports, are investigated and resolved by VAC residential care staff on an urgent basis.

### Innovations in Long Term Care - benefiting all Canadians

*Carlos Lourenso*

Since World War I Veterans Affairs has played a critical role in the supporting the care and reestablishment of those who have served in Canada's military in war and peacetime. This mandate has included providing for the care needs of aging veterans who require long term facility care. Since the 1960's VAC has fulfilled this mandate through a network of departmental and contract nursing care beds across Canada. In operating this network Veterans Affairs Canada (VAC) has led or supported a wide range of innovative initiatives to improve the quality of life of veterans in institutional care settings. This presentation will highlight noteworthy innovations in dementia, recreation programs, day care, falls prevention, quality assurance and food programs that have had wider impacts in senior's care

## SYMPOSIA SESSION II

**FRIDAY, OCTOBER 23, 13:30 - 14:30**

### S005 CONFLICT RESOLUTION - ISSUES IN LAW AND AGING

*Laura Watts, LLB, Judith Wahl, LLB, Joan Braun, LLB, MSW, Cert. Con. Res., University of British Columbia, 1822 East Mall, Vancouver BC V6T 1Z1 Canada (lwatts@bcli.org) Tel: (604) 822-0633 Fax: (604)822-0144*

*Chair: Laura Watts*

*Room: Cambridge*

Conflicts can arise in many situations with regard to older adults. This symposium will address increasingly important issues in conflict resolution with older adults in law, policy, caregiving and health care settings. Elder, substitute decision-making and guardianship mediation will be considered, within an interdisciplinary landscape. Key legal issues which the older adult may have, often overlooked or unaddressed by a variety of professionals or supporters, will also be addressed, particularly within the experience of the Advocacy Centre

for the Elderly. The role of lawyers and mediators will be reviewed, with specific focus on the inter-mingling and confusion of law, policy and ethical issues. Practice, conflict resolution, interviewing and mediation issues raised by working with older adults who have been abused or neglected will be explored, particularly from the experiences of the BC Centre for Elder Advocacy and Support. Early results from the ongoing study on Elder and Guardianship mediation by the Canadian Centre for Elder Law will also be presented at this symposium.

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#### Elder and Guardianship Mediation in Canada: Legal, Ethical and Practical Issues

*Laura Watts, National Director Canadian Centre for Elder Law*

The Canadian Centre for Elder Law is engaged in a 2 year study to consider laws, policies and ethics in elder and guardianship mediation in Canada. This presentation will report on work done, including a review of issues across the country, as well as in comparator jurisdictions such as Australia and the US. In some jurisdictions, mediation is being now used as part of a mandatory civil court procedure. In other cases, lawyers and mediators are beginning to market themselves as "elder mediators". Issues will be raised around mediating in cases of power imbalances, ethics and practice requirements. Study results so far will be reported and reviewed. Suggestions for law, policy and practice reforms will be given.

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#### Breaking Down the "Policy Barricade": Conflict Resolution in Institutional Settings

*Judith Wahl Executive Director, Advocacy Centre for the Elderly*

Conflicts can often arise between older adults (or if the adult is incapable the legally correct substitute decision-maker) and institutions which provide for their care. In many cases, conflicts can centre around institutional policies. Some policies are made fairly, and reflect the governing laws of that institution's jurisdiction. All too often, however, policies are made 'on their own' and can act as a 'barricade' or blockage to assisting the adult. When such conflicts emerge, mediation or negotiation is often employed, formally or informally. Issues about who the mediator is, the presumption of bias and the level of skill or understanding of law, policy and ethics all must be considered. This paper will raise issues and make suggestions based on case studies about how to break down the policy barricade and promote proper conflict resolution.

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#### Mediation and Conflict Resolution: Abuse, Neglect and the Older Adult

*Joan Braun, Executive Director, BC Centre for Elder Advocacy and Support*

Mediation in cases of violence, abuse or neglect can be highly problematic. However, often adult abuse and neglect are 'hidden issues' with regards to older adults. This presentation will focus on exploring issues raised by conflict resolution in cases of suspected or hidden abuse and neglect as well as key competencies required by a mediator in such instances. Focus will also be given to the issues of 'inter-disciplinarity' and various forms, philosophies and techniques of mediation, and their respective impacts on conflict resolution in cases of older adults.

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#### S006 SOCIAL EXCLUSION, SOCIAL CAPITAL, AND WELL BEING OF IMMIGRANT AND VISIBLE MINORITY OLDER ADULTS IN CANADA

*Daniel Lai, PhD, Shirley Chau, PhD, Habib Chaudhury, PhD, Atiya Mahmood, PhD, Yongjie Yon, Ann Sarte, Shireen Surood, PhD, 2500 University Drive NW, Calgary AB T2N1N4 Canada (dlai@ucalgary.ca)  
Tel: (403) 220-2208*

*Chair: Daniel Lai*

*Room: York*

The changes to the ethno-cultural background of the Canadian population are largely caused by the increase of the immigrant population in the past decade. Cultural diversity is a reality in the aging population of Canada as well. Research findings on immigrant and visible minority older adults have consistently pointed out the challenges and barriers these vulnerable aging subgroups face. The lack of research using national data has limited the generalization power of the community level studies. To better understand the national picture of the immigrant and visible minority older adults, coordinated efforts on issues of well being and adjustments of these population groups are needed.

This symposium presents findings of a series of research projects sponsored by the Human Resources and Skills Development Canada. It brings together researchers sharing common interests on immigrant and visible minority seniors to present research findings using national datasets. The first four research presentations cover major findings on well being issues including financial status, housing condition, general well being, discrimination experienced and social exclusion, social capital of immigrant and visible minority older adults, as well as sponsored older immigrants in Canada. The symposium's fifth presentation will be by a policy analyst, bringing the perspective of relevance and application of research in policy development.

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#### Well being of sponsored aging immigrants in Canada

*Shireen Surood, PhD, and Daniel Lai, PhD*

This study aimed to understand and identify the factors affecting the well-being and adjustment of sponsored aging immigrants. It also examined the changes in well-being and the adjustment of sponsored aging immigrants in Canada. Secondary data analysis was based upon the data from those 55 years and older in the Longitudinal Survey of Immigrants in Canada (LSIC) wave 1, 2, & 3. Panel regression or binary logistic panel regression was used to analyze the three-wave panel data. The findings identified that being a visible minority, female, and older in age were the most vulnerable subgroups. With time, decline in the general health status and adjustment was noted, but economic well-being improved. The findings indicated the importance of developing strategies and programs that focus on disease prevention, health promotion, and the well-being of sponsored aging immigrants. Effective strategies should be developed to facilitate aging sponsored immigrants' engagement in civic and social activities, helping them to develop a sense of belonging in their new country. There is an imperative need to develop a framework that could inform policies, programs, and services, in order to provide better support for aging immigrants in Canada, including sponsored aging immigrants.

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#### Effects of social capital on well-being of elderly immigrants in Canada

*Shirley Chau, PhD*

This study examined the effects of social capital on the well-being of immigrant and Canadian born seniors. Secondary data analysis using the General Social Survey Cycle 17 was conducted with a sample of 4,486 seniors. Ordinal logistic regression analyses were used to examine the effects of social capital factors (i.e. trust in public institutions, civic engagement, unpaid assistance, trust in business and major corporations, and trust in other people) on well-being, represented by life satisfaction, stress, happiness, and health status. The five social capital factors correlated significantly with the most of the well being variables in the elderly immigrants. However, elderly immigrants also reported a lower stock of social capital than the Canadian born elderly. The findings support existing evidence that social capital affects well-being. Initiatives aimed at expanding immigrant seniors' social networks could increase the accumulation of social capital that is beneficial to the well being of aging immigrants.

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#### Examining the effects of housing characteristics and living arrangements on the health and well being of immigrant older adults

*Habib Chaudhury, PhD, Atiya Mahmood, PhD, Yongjie Yon, and Ann Sarte*

This study explored the housing characteristics and living arrangements as they relate to the health and well-being of immigrant older adults. Multiple datasets from Statistics Canada were used to examine housing, living arrangements, and the health and well-being of older adult immigrants. The datasets that were used include the 2005 Canadian Community Health Survey (CCHS), the 2002 General Social Survey (GSS) and the 2005 Longitudinal Survey of Immigrants to Canada (LSIC). Parallel analyses were conducted across datasets using cross-tabulations and multiple logistic regression analysis. The results demonstrated that older adult immigrants are more likely to live in a dwelling owned by a member of their household and live in large households with young children than non-immigrant older adults. Homeownership was not a significant predictor for self-rated health. There were mixed findings for association between living arrangement and health. Policy implications include

a need for targeted housing for multi-generational families and affordable independent housing for older adult immigrants. Research needs in this area include mixed methods inquiry into the psycho-social aspects older immigrants living in multi-generational housing, potential family dynamics related to older immigrants not being the homeowner, and cultural aspects of function and the meaning of residential space.

### Perceived discrimination and social exclusion in elderly immigrant and visible minorities in Canada

*Daniel Lai, PhD*

This study examined the effects of perceived racial and ethnic discrimination of social exclusion in elderly immigrants and visible minorities. Secondary data analysis was used, based on the data from participants who were 65 years and older in the 2002 Ethnic Diversity Survey. Ordinal and binominal logistic regression were performed, using the weighted data. Racial or ethnic discrimination was measured by the question "do you feel that you have experienced discrimination or been treated unfairly by others in Canada because of your ethnicity, race, skin color, language, accent, or religion?" Social exclusion was represented by participation in voting and social groups, sense of trust, sense of belonging, feeling out of place, and worrying being the victim of a hate crime. The findings indicated that elderly immigrants and visible minorities reported having higher rates of discrimination when compared with Canadian born or Caucasian elderly people. Having experienced discrimination correlated significantly with lower levels of trust toward people in many settings, higher levels of feeling out of place, and higher levels of worry about hate crimes for most of above elderly subgroups. The findings call for policies and programs that support immigrant and visible minority elderly, in order to deal with discrimination and related challenges.

## SYMPOSIA SESSION III

**FRIDAY, OCTOBER 23, 14:45 - 15:45**

### S007 A GENDERED APPROACH TO STUDYING THE HEALTH AND HEALTH CARE ACCESS OF RACIALIZED OLDER ADULTS IN CANADA

*Sharon Koehn, Ph.D., Karen Kobayashi, Ph.D., Sepali Guruge, Ph.D., Steven Prus, Ph.D., Melanie Spence, B.A. (Hons), 4865 Heather St., Vancouver BC V5Z 0B3 Canada (skoehn@providencehealth.bc.ca) Tel: (604) 876-7112 x605 Fax: (604)806-8173*

*Chair: Sharon Koehn*

*Room: Essex/Canterbury*

The number of older immigrant women in Canada is growing, but research is not keeping pace. The largest proportion of women in this group comes from China and South Asia. Most are sponsored by their families, which renders them financially dependent for ten years. Many are widows. Often they provide much-needed child care services for their grandchildren. These factors alone can make access to health care very challenging. Such challenges need to be understood in the context of the considerable discrimination that many of these women have faced throughout their lives. Many of the women in this cohort have very limited social capital, seen in their limited access to education, paid work opportunities, and freedom outside of the home have left many without the skills they need to overcome such barriers. As older racialized women in an unfamiliar cultural environment they are additionally susceptible to discrimination based on their age, gender and skin colour. The complexity of Canada's health care system in combination with immigration regulations further complicates the picture.

In this symposium we identify key themes pertaining to the health and health care access of older racialized immigrant women in the Canadian and relevant international literature. Priorities for additional research identified by diverse stakeholders (the women themselves, clinicians, settlement workers, policy makers and academics) will also be shared. Two recent research projects, one qualitative, the other quantitative, will illustrate some key issues for consideration in the development of policy recommendations and practise guidelines. The audi-

ence is invited to contribute to this ongoing process of identification and prioritization of key themes for future research that is driven by the needs of the women themselves as well as practitioners and policy makers for information that will optimize their efforts to provide responsive and quality service to this growing immigrant subpopulation.

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#### OLDER IMMIGRANT WOMEN'S MENTAL HEALTH: A PRESSING NEED

*Sepali Guruge*

Of Canada's foreign-born population, approximately 3.5 million are older immigrants, and approximately half of this group is women. Even though the literature does not substantiate whether or not older immigrant women are more likely to experience mental health concerns, we know that they face a number of new challenges after they immigrate to Canada that have a negative impact on their mental health. Based on practice experience, the available literature and on-going research, I will discuss a number of challenges older Sri Lankan Tamil immigrant women face including multiple burdens within the family, language and communication barriers, financial stresses, social isolation, and abuse. These challenges along with limitations in various health and settlement services constrain older immigrant women's ability to maintain good health or to address their health and illness concerns in a timely manner. These concerns, however, are not unique to older women from this community. Using a social determinants of health approach and the idea of intersectionalities of influence, I will present a set of recommendations for health professionals and policymakers to address the challenges older immigrant women face, with the goal of improving care, support and services for them.

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#### EXPLORING THE GENDER, ETHNICITY, AND AGE DIMENSIONS OF THE "HEALTHY IMMIGRANT EFFECT."

*Karen M. Kobayashi, Steven G. Prus*

Recent studies show that a "healthy immigrant effect" (HIE) operates in Canada – immigrants are generally healthier than Canadian-born persons – but that this effect tends to diminish over time, as the health of immigrants converges to the Canadian norm. Yet relatively little is known about the influence of gender on HIE among the mid- to later life adult population, life course stages at which there is an increased likelihood of decline in physical and mental health status. Using data from the 2005 Canadian Community Health Survey, this study considers the effects of immigrant and visible minority status on health for males and females in mid- (45-64 years) and later life (65+). Findings indicate that the HIE applies to recent immigrant men in midlife and that the effect is particularly strong for visible minorities. The picture is similar for older women who have recently immigrated, however this advantage largely disappears when a number of socio-demographic, socio-economic, and lifestyle factors are controlled. For older men and middle-aged women of colour the reality is strikingly different: both groups report health disadvantages compared to their Canadian-born counterparts with both recent and longer-term women in this age category having poorer health.

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#### IMMIGRANT OLDER WOMEN - CARE ACCESSIBILITY RESEARCH AND EMPOWERMENT (ICARE) TEAM: DEVELOPING RESEARCH PRIORITIES

*Sharon Koehn, Karen Kobayashi, Melanie Spence*

The ICARE team is funded by an infrastructure team grant from the BC Women's Health Research Institute to develop research proposals on the health and health care access of racialized older immigrant women, specifically those from South Asia and China. The team has adopted a collaborative transdisciplinary approach to ensure that the research will yield the information that health and multicultural settlement practitioners and policy makers need to optimize their efforts to provide responsive and quality service to this immigrant subpopulation. Here we present the key themes that emerged from an extensive literature review on the topic. This review focused on Canadian studies as well as countries with immigrants from China and South Asia and with similar health care systems (e.g. the U.K., Sweden, New Zealand, etc.). Additionally, we describe the team's stakeholder engagement process and the research questions that we collectively identified and are currently developing into proposals for funding.

**S008 THIRTY FIVE YEARS OF AGING IN MANITOBA**

*Judith Chipperfield, PhD, Barbara Payne, PhD, Joelle Ruthig, PhD, Nancy Newall, MA, P435G Duff Roblin Building, Winnipeg MB R3T 2N2 Canada (chipper@ms.umanitoba.ca) Tel: (204) 474-6790 Fax: (204)261-4802*

*Chair: Judith Chipperfield*

*Room: Harrow*

This symposium will provide an overview of the Aging in Manitoba (AIM) Project, one of the largest and longest existing population-based studies of aging. Results of selected analyses will be presented to highlight how we have used data from the AIM and its satellite studies to address pressing questions about the lives of older Canadians. We will illustrate how these longitudinal data have been used to inform our understanding of what predicts change or stability in patterns of loneliness and health, including subjective and objective health. Results will also be presented to show how these patterns of change/stability relate to various quality of life outcomes. Some of these findings highlight the "added value" of linking the information gathered through interviews to accelerometer data that assessed everyday physical activity and Manitoba Health Records that assessed use of health services.

**AN OVERVIEW OF AGING IN MANITOBA: 1971 to 2006**

*Payne, B. J.*

This session features Betty Havens' legacy: the Aging in Manitoba (AIM) study. This overview of the complex and comprehensive AIM database that is comprised of nearly 9,000 respondents will include a discussion of the database structure (1971, 1976, 1983, 1996 and 2001, 2005 and 2006); details on selected measures; highlights of specific research projects; and selected policy relevant findings. Also to be discussed are knowledge translation strategies that have been used successfully; a recognition of funding sources that have sustained the AIM over the years; and the role of AIM in the past and future training of students. The future role of AIM will be considered, including the housing of the data at the Centre on Aging. Students and researchers are encouraged to continue accessing the AIM database to explore critical issues and questions that will promote our understanding of aging in Manitoba as well as Canada and beyond.

**HEALTH OPTIMISM AND PESSIMISM AMONG OLDER ADULTS**

*Ruthig, J. C., & Chipperfield, J. G.*

Some researchers contend that personal beliefs about health (subjective health: SH) are more meaningful than objective health (OH) measures (e.g., medical status). We have explored this issue using a health congruence framework (Chipperfield, 1993), which acknowledges that individuals' SH and OH can be congruent ( $SH = OH$ ) or incongruent in the form of health optimism ( $SH > OH$ ) or health pessimism ( $SH < OH$ ). Our longitudinal studies of community-dwelling older adults have examined stability in health congruence/incongruence and how this relates to multiple outcomes of health and well-being obtained 2-5 years later: self-report interview measures, mechanical devices assessing physical activity (actigraphs), hospital admissions obtained from a provincial health registry, and mortality. Results indicate that: 1) health optimism plays a compensatory role to enhance functional and psychological well-being among older adults in objectively poor health, whereas health pessimism may be maladaptive for those in objectively good health in terms of functioning, psychological well-being, and hospital admissions; 2) health congruence is more stable over time than incongruence; and 3) shifts in SH towards health optimism predict enhanced survival odds. Findings have implications for well-being and longevity in later life.

**CHANGES IN LONELINESS OVER TIME: A DESCRIPTION OF PATTERNS OF LONELINESS IN OLDER MANITOBANS**

*Newall, N. E., Chipperfield, J. G., Perry, R. P., Bailis, D. S., & Smith, M. C.*

The objective of this project is to examine patterns of loneliness over time. For example, what can we learn from people who are lonely but then become not lonely over time? And what characteristics differentiate this

group from people who are chronically lonely? To address these questions, we analysed data from participants who took part in the Aging in Manitoba Studies in 1996 (T1) and 2001 (T2) (N = 761; M age in 1996 = 79 yrs; 59% females). We identified four groups of older adults: those lonely at both times (15%); those who were lonely at T1 but not at T2 (16%); those who were not lonely at T1 and lonely at T2 (13%); and those who were not lonely at both times (57%). As a first step in examining what may differentiate these groups, we considered baseline sociodemographic characteristics and found significant group differences for gender, marital status, living arrangements, age, and education level. When comparing the group that was chronically lonely with the group that overcame loneliness (lonely at T1; not at T2) on these sociodemographic characteristics, no group differences were found, suggesting that other characteristics need to be examined to discriminate people who overcome loneliness.

## SYMPOSIUM SESSION IV

FRIDAY, OCTOBER 23, 16:00 - 17:00

### S009 HOME CARE SERVICES TO ELDERLY CLIENTS: THE LABOUR OF CAREWORK

*Joanie Sims-Gould, PhD, Anne Martin-Matthews, PhD, Kerry Byrne, PhD, Janice Keefe, PhD, Pamela Fancey, MA, Lucy Knight, MPA, Jacques Légaré, PhD, 2080 West Mall, Vancouver BC V6T1Z2 Canada (simsj@interchange.ubc.ca) Tel: (604) 822-2574*

*Chair: Joanie Sims-Gould*

*Room: Harrow*

Home Care – the delivery of health and social services to individuals living in the community – is the fastest growing sector within health services delivery in Canada. Care costs have doubled over the past decade, but still represent only 3.3 percent of total public health spending. Each province has its own home care program, with no national standards in place (Shapiro, 2002). Under provincial jurisdictions, the nature of service provision is determined more by where one lives in Canada than by need (Martin-Matthews and Phillips, 2003). Home care is unique in that it “straddles the medical care and social services sectors” (Flood and Choudhry, 2002). It includes a professional or medical component (e.g. nursing and rehabilitation), and a non-medical (sometimes called non-professional or unregulated) component (e.g. homemaking and personal support). These “homemaking” services involve cleaning, laundry, and meal preparation; personal support includes help with bathing, dressing, grooming and transferring. Drawing on data collected through the Nexus Home Care Research Project and a recent Health Canada funded policy consultation, this symposium will focus on the non professional component of home care, often referred to as home support. We will examine: client, family and home support worker perspectives on satisfaction in receiving and providing home support; the unpredictable nature of home support and the experience of adverse events in the delivery of home support services to elderly clients in British Columbia; key issues in the retention of home support workers in Nova Scotia; and, human resources strategies in the recruitment and retention of home support workers.

### Human resources strategies to address recruitment and retention issues in formal home support

*Lucy Knight, Janice Keefe, Jacques Légaré, Anne Martin-Matthews & Joanie Sims-Gould*

It is estimated that over a million Canadians use home care services annually (Carrière, 2006), the majority of which is provided by home support workers (HSWs) to persons 65 and older (Home Care Sector Study Corporation, 2008). As baby-boomers move towards older age and with fewer children to support them, the demand for formal home support is expected to increase (Keefe & Légaré, 2008). This has implications in terms of ensuring adequate human resources in the future.

Funding from Health Canada (Keefe, Légaré and Martin-Matthews 2009) enabled an exploration of key human resources issues for HSWs, recruitment and retention strategies to address demand, and a pilot consultation with one regional health authority in order to examine recruitment and retention issues in one provincial context.

Four broad issues with implications for human resources planning were identified: compensation, education and training, quality assurance, and working conditions. Our analyses have also identified various contextual issues influencing recruitment and retention, including immigration, restructuring and the role of technology. This paper discusses these findings and successful strategies employed by agencies and governments to address recruitment and retention of HSWs in selected national and international jurisdictions.

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#### **“I’m satisfied but...”: Client, Family and Home Support Worker Perspectives on Satisfaction Receiving and Providing Home Support**

*Kerry Byrne, Joanie Sims-Gould, Anne Martin-Matthews*

As part of the Nexus home care project, conducted in British Columbia, we explored satisfaction receiving and providing home support from the perspective of older adult clients, families and home support workers, respectively. A mixed methods study was conducted to develop a better understanding of the most and least liked aspects of receiving and providing home support. Semi-structured interviews were conducted with 83 clients, 55 family caregivers and 118 home support workers. Satisfaction receiving and providing home support was moderate to high based on quantitative results (ratings of satisfied or highly satisfied ranged from 77% to 94% amongst groups). However, qualitative results revealed both the complexity and multiple elements of care that contribute to (dis)satisfaction. Varying perspectives on satisfaction between management related aspects of care (e.g., service allotment) and the direct provision of care (e.g., personnel characteristics) were evident. Issues that influenced workers’ satisfaction were also relevant for family and client satisfaction; these included continuity of care provider, boundaries of worker tasks and relationships amongst participant groups. Findings highlight how common frustrations result from misunderstandings about expectations of what constitutes home support. Implications for the measurement of satisfaction in home support and quality assurance initiatives will be discussed.

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#### **Unpredictability and Adverse Events in the Delivery of Home Support Services to Elderly Clients**

*Joanie Sims-Gould, Kerry Byrne and Anne Martin-Matthews*

Adverse events in home care have been identified as a key research priority (Masotti, Green, McColl, 2009). As part of a larger mixed methods study, semi structured interviews were conducted to explore the nature of adverse events from the perspective of home support workers (N=118) of elderly persons in British Columbia. Results show that the delivery of home support services to elderly clients occurs within a context of unpredictability related to scheduling, time constraints, diversity of client need and changing work environments. In addition to an unpredictable work environment, there are adverse events that require extra time, energy and problem solving. These events were experienced by 91% of home support workers and ranged from a serious medical incident (fall, death) to an interpersonal dilemma (client refusal of service, argument between worker and family member). Home support workers used a variety of strategies to manage these incidents, and required quick problem solving skills and extra time. The analysis of adverse events enables us to better understand how agency and care policies may be more responsive to circumstances that challenge care work in home health settings. It also extends our understanding of what constitutes an adverse event in home care.

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#### **Increasing Need, Decreasing Supply: What we need to understand to retain Home Support Workers**

*Pamela Fancey, Anne Martin-Matthews, and Janice Keefe*

The availability of home support workers to meet the current and increasing community care demands is of significant concern in Nova Scotia and across the country. The personal care and social support provided by home support workers is a core component of most provincial home care programs and the basis of a growing industry. Using data from semi-structured interviews with 40 Nova Scotia home support workers, insights into the role and experiences of home support workers are obtained. Almost all respondents were women, on average 47 years of age, and, on average, they worked as a home support worker for 9 years. Preliminary findings suggest that relationships with clients, safety concerns, scheduling and compensation, and continual changes

in the work environment influence their experience and contribute to job stress and their level of job satisfaction. Employing bi-variate analysis, this presentation will examine further the factors contributing to their job stress and job satisfaction.

This research is part of a larger mixed-methods study underway at the University of British Columbia investigating home care in Canada. This presentation, while focused on the Nova Scotia experience, will provide information to inform human resource planning as well as recruitment and retention strategies for the industry.

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**S010    METHODOLOGICAL TOOLS TO FACILITATE AN OBSERVATIONAL EXAMINATION OF CONTEXT IN LONGTERM CARE AND ITS IMPACT ON KNOWLEDGE TRANSLATION AND PRACTICE**

*Lesley Degner, PhD, Linda Niehaus, PhD, Christine Kreklewetz, MA, Allison Cammer, MSc, 708 Walmer Rd, Saskatoon SK S7L0E4 Canada (allison.cammer@usask.ca) Tel: (306) 966-6075*

**Chair: Lesley Degner**

**Room: Essex/Canterbury**

The purpose of this symposium is to present methodological innovations that were developed for a major case study program of research nested within the "Translating Research in Elder Care" initiative funded by the Canadian Institutes of Health Research (P.I. Dr. Carole Estabrooks, University of Alberta Faculty of Nursing) ([www.trecresearch.ca](http://www.trecresearch.ca)). This initiative is a five-year multi-methods study of knowledge use in practice within longterm care (LTC) facilities in western Canada. A total of 38 LTC are involved in this study: 18 in Alberta, 12 in Saskatchewan, and 8 in Manitoba. Within each province, one LTC was selected to serve as a major case study based on its being a "modal" facility, most typical of LTC within that province. Each modal facility was selected from the LTC that had been randomly sampled from the frame of all nursing homes eligible to participate in the quantitative stream of TREC. In that stream, data collection occurs in three waves one year apart, and includes face-to-face interviews with nursing aides and internet based interviews with regulated staff. These quantitative data will also be linked to MDS-RAI data provided to the province to report on a wide range of variables related to resident functioning that are reported quarterly in a brief form and annually in a more extensive form. The qualitative data provided by our case study work will be meshed with this quantitative data to provide a better understanding of how the context within nursing homes influences knowledge use in practice. This multi-method study is guided by the Promoting Action on Research Implementation in Health Services framework, which posits that knowledge uptake in any particular setting is the product of the robustness of the available evidence, characteristics of the context into which the evidence will be integrated, and the facilitation processes used to accomplish knowledge uptake.

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**Care in Context: A Tool to Explore Critical Incidents or Key Events in Longterm Care**

*Linda Niehaus, PhD, University of Alberta*

The purpose of this presentation is to present an observation guide that was developed to enhance description of critical incidents or key events that occur unexpectedly in long-term care settings. These incidents or events are often powerful in nature with the expectation of eliciting strong emotional reactions in care providers and/or family members who are impacted by the incident or event. When writing field notes, this observation guide was used to focus and stimulate thinking for describing what the observer had seen and heard at these specific, most rich and revealing events that ran counter to expectations. This observation guide also proved to be useful for providing detailed descriptions of noteworthy care practices. It comprises of guidelines in accordance with Spradley's (1980) nine dimensions of a social situation which facilitated detailed description of specific dimensions of a critical incident, key event and/or noteworthy care practice. This observation tool also includes examples of pertinent questions that served as guides for reflecting on specific dimensions of what has been observed and for advancing an understanding of how it impacted on the use of knowledge in providing care to the elderly.

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### Knowledge use questions as a strategy to facilitate health care provider self-reflection and data collection in research

*Christine Kreklewetz, MA, University of Manitoba*

Data collection involving eliciting information on health care providers' knowledge use in daily decisions can be difficult for both the researcher as well as the health care provider. A series of questions were developed as a data collection tool in the field to elicit rich information, increase participant reflection, and to increase the variety of word use in describing care decisions. The questions were piloted in three long-term care home sites across Canada over the course of 6 months. We anticipate that the knowledge use questions will be useful in ensuring informal conversations and participant observations tap into the care provider's knowledge. The tool encourages self-reflection and critical thinking about how and why providers are delivering the service they are, whether they are physicians, nurse managers, licensed practical nurses, or healthcare aides. It is anticipated that several of the questions will also be useful in formal interviews with care providers at various levels in assuring that the conversations focus on knowledge use and translation. Examples of the questions will be provided in the presentation as well as how they were modified with increased observations and experience in the facility.

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### Assessing context in longterm care: A guiding framework for qualitative examination of context

*Allison Cammer, MSc, University of Saskatchewan*

Understanding the context in which longterm care (LTC) is provided is critical to determine how to better deliver care, enhance skills, and best use available resources. The general milieu, feeling or 'vibe' of a particular LTC facility is often described informally among staff and families but the concept lacks clarity and has been used inconsistently. Though broad, context in long-term care is not without some common, distinguishable parameters. A framework of these parameters and guiding questions was developed as an initial starting point to assist in data collection for the Translating Research in Elder Care (TREC) case study project, to elicit an in-depth understanding of context in LTC. The framework was developed based on Spradley's nine dimensions of observation (1980) and work of McCormack et al. (2002) on evaluating workplace culture. The tool was used to focus initial non-participant observation and conversational interviews, and as an reflection-aid for initial analysis to guide further data collection. The framework evolved over the course of data collection and is a useful tool for examining the context of a LTC facility. This presentation will address the utility of the framework in developing a robust explanation of how context mediates knowledge use in LTC.

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### S011 THE MANITOBA FOLLOW-UP STUDY: 1948 - 2009

*Robert Tate, PhD, T. Edward Cuddy, MD, Christina Lengyel, PhD, Dennis Bayomi, MSc, T148 - 770 Bannatyne Avenue, Winnipeg MB R3E 0W3 Canada (tate@ms.umanitoba.ca) Tel: (204) 789-3667*

*Chair: Robert Tate*

*Room: Cambridge*

During World War II, Dr. FAL Mathewson, a Winnipeg physician and ranking officer in the Canadian military, was responsible for the physical examinations of air crew recruits for the Royal Canadian Air Force. The records of these physical examinations, including body build measurements, blood pressure reading and an electrocardiogram (EKG), were stored during the War years, for some 7,000 young men from all across Canada. At the end of the War, between 1945 and 1948, an attempt was made to contact survivors to invite these men to join a new study. The study protocol would require routine medical examinations over time, and was designed primarily to explore the prognostic significance of electrocardiographic abnormalities for development of subsequent cardiovascular disease. Hence, the Manitoba Follow-up Study (MFUS) officially began on July 1, 1948 with a cohort of 3,983 men. MFUS continues today.

The purpose of this symposium presentation is to provide an overview of the design and conduct of MFUS and describe contributions to fields of cardiovascular research, nutrition and successful aging.

Four presentations will include:

- An Overview of the Manitoba Follow-up Study
- Contributions to Cardiovascular Research
- Nutrition and Older Men
- The Dynamic Process of Successful Aging

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### The Dynamic Process of Successful Aging

*Robert Tate PhD (Presenter), Dennis Bayomi MSc*

Over the past few decades there have been significant advances in understanding the natural aging process. It is now recognized that a broad model is warranted; one that includes older adults' views on aspects of aging with a provision that individual views might change with life circumstances over time. There is great heterogeneity in the health of MFUS members, some living with the consequences of debilitating chronic disease while others enjoy healthy, active and productive lives. We conceptualize successful aging, not just as an "endpoint" defined by physical or mental health, but as a life-long process. Through a series of "successful aging" surveys, we have developed a database to explore the roles of mental, physical and social functioning, living arrangements, personal interests, and limitations in activity with aging. In 1996, at a mean age of 78 years, 84% of MFUS members stated they had aged successfully. By 2000, this had dropped to 82%, and by 2007 to 79%. It is important to understand not just if an individual has aged successfully, but how and why he has or has not aged successfully. This presentation will highlight some of our contributions to the understanding of the dynamic process of successful aging.

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### Nutrition and Older Men

*Christina Lengyel PhD (Presenter), Robert Tate PhD*

Inadequate nutritional intake is shown to contribute to frailty complicating functional abilities, decreased quality of life and premature mortality among older adults. Given the aging population, increasing life expectancy of men and the increasing proportion of individuals aged 85 years and older, the nutritional health of older men is inadequately studied. In 2000 and 2005, a nutrition component was added to the ongoing MFUS annual questionnaire to examine associations between food group consumption, self-rated health and life satisfaction. These led to the development of a baseline questionnaire in Fall 2007 to assess nutritional risk in this cohort and study the consequences of changes in nutritional risk as reported in subsequent annual surveys. This presentation will describe our analyses of associations between food group consumption, self-rated health, life satisfaction, nutritional risk, and survival of older men.

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### Contributions to Cardiovascular Research

*T. Edward Cuddy MD (Presenter), Robert Tate PhD*

During each of the six decades since 1948, peer-reviewed publications from MFUS researchers have contributed to national and international journals of cardiology, general medicine and epidemiology. Early research focused on case series reports of men with specific EKG abnormalities, and the early morbidity and mortality experience of young men. As more men were documented with evidence of cardiovascular disease, analyses linking risk factors to disease were reported. A better understanding of the natural history of EKG abnormalities and of conditions such as atrial fibrillation and sudden cardiac death emerged. The relationship between body build, smoking and blood pressure to cardiovascular disease and stroke also became more evident, as did the effects of aging on risk factors and the stability over time or "tracking" of those risk factors. This presentation will chronologically review select contributions to cardiovascular epidemiology made by MFUS over the past 60 years.

### An Overview of the Manitoba Follow-up Study

*Robert Tate PhD (Presenter), T. Edward Cuddy MD, Christina Lengyel PhD, Dennis Bayomi MSc*

The Manitoba Follow-up Study (MFUS) has been housed since 1948 at the University of Manitoba. Originally designed to explore the natural history of cardiovascular disease, MFUS has become Canada's longest running investigation of health and aging. The medical profiles of 3,983 originally healthy young men have been prospectively documented via regular contact and routinely requested medical examinations completed by each member's personal physicians. MFUS members, living all across Canada and in countries around the world, also continue to contribute information through mailed questionnaires on smoking, occupation, physical activity, leisure-time activity, family history of disease, mental, physical and social functioning, nutrition and successful aging. On July 1, 2008, the sixtieth anniversary of MFUS, there remained 849 study members. The mean age of the cohort is now 87 years, with two thirds between age 85 and 90 years, 15% over 90 years, and only 5 men under age 80. Less than 2 per cent of the cohort has been lost to follow-up, attesting to the study members' ongoing support, dedication and interest. MFUS stands apart from other studies in terms of its scope and duration.

## SYMPOSIUM SESSION V

**SATURDAY, OCTOBER 24, 07:15 - 08:45**

### S012 ENVIRONMENTAL HEALTH: AN EMERGING NEED FOR OLDER ADULTS

*Sandra Hirst, PhD, Catherine Huang, Alan Abelsohn, MD, Jay Storfer, Gloria Gutman, PhD, 2500 University Dr. NW, Calgary AB T2N 1N4 Canada (shirst@ucalgary.ca) Tel: (403) 220-6270*

*Chair: Sandra Hirst*

*Room: Harrow*

It is widely accepted that the physical environment can have an effect on health status and that some populations within Canada are more vulnerable to environmental risks than others as a result of geographic location, physiological differences, cultural practices, behaviours, and/or control over their environment. While progress has been made in raising awareness of environmental health issues for children, for example, the protection of older adults from environmental hazards has received less attention. This means that service providers, policy makers, and seniors themselves, need a better understanding of the vulnerabilities and the needs of older adults in order to prevent and reduce their exposures to environmental risks.

The purpose of this symposium is to provide an overview of the relationship between the physical environment and the health of seniors as well as key federal initiatives designed to protect the health of seniors from environmental risks. Finally the role of researchers and gerontologists in raising awareness on how to protect the health of Canada's aging population from environmental hazards will be discussed.

### Building Capacity – Moving Ahead to Address Environmental Health and Seniors

*Sandi Hirst*

Collaboration and cooperation at all levels of government and across the continuum of non governmental organizations and professional associations need to ensure the timely and development and implementation of efforts designed to promote the environmental health of older adults. The complexity of the issues and cutting edge nature of the responses dictate that all participants must be involved. In addition, there is a need for better data collection, analysis, and research to support all efforts related to seniors and environmental health.

Discussed in this paper are some of the strategies currently underway in Canada and internationally to address awareness of this issue. Specific attention is paid to the need to build capacity within the gerontological community, from the perspective of researchers, educators, and clinicians, to identify their potential roles and responsibilities in protecting the health of seniors from environmental risks.

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## Heat-Health Messaging Project

*Jay Storfer*

Extreme heat events (EHEs) represent a potentially significant health risk, as illustrated by heat wave tragedies in Europe (2003) and Chicago (1995), which killed more than 70,000 and 800 people respectively. EHEs are becoming a growing issue in Canada as observed and projected trends indicate a high probability of increased minimum and maximum temperatures. For example, Winnipeg is expected to have over 70 days of minimum 30°C by the 2040s. Seniors are at a particularly high risk due to their diminished capacity to adapt to the duration and severity of an EHE. In addition, recent studies have shown that many people do not change their normal behaviour patterns in response to extreme heat alert advisories issued by communities. In 2008, Health Canada launched a 3 year initiative to develop the resiliency of individuals and communities in Canada to extreme heat. The project will identify, via a best practices guidebook, appropriate practices for health messaging to at-risk population groups (e.g. seniors) and protocols for the design, implementation and evaluation of heat alert and response systems through four pilot communities, including Winnipeg. This presentation will be based upon the results of these projects.

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## A Literature Scan: What is Known and Unknown

*Gloria Gutman*

Reported here is the data collection process, the method of data analysis, and the findings of an extensive and systematic literature review of the scientific research on seniors' health and the environment. The review was sponsored by Health Canada. Particular attention is paid to the Canadian context although data is drawn from a number of sources including international studies. The strengths and the gaps in the research on seniors' environmental health, as well as the role of academic researchers in highlighting seniors' environmental health and related health care issues are described. Such high quality reviews are crucial to evidence informed aging specific health legislation, policy, and practice.

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## Setting the Stage

*Catherine Huang*

Environmental health is an important issue for older Canadians. As we age, our body's ability to respond to environmental stresses decreases. Decreased efficiency in the immune systems, for example, heightens seniors' susceptibility to microbiological contaminants in food and water. Chronic health conditions, which are prevalent among some seniors, can be triggered or exacerbated by environmental risks. Exposures early in life, ranging from in utero and childhood exposures to occupational exposures in a workplace, may be accumulated and contribute to the development of particular health outcomes later in life. Medication, diet and living environment may also affect seniors' susceptibility to environmental risks. Although many gaps still exist in understanding how environmental factors influence the health of seniors, there is evidence that environmental exposures play a crucial role in affecting the quality of life of our aging population. There is a need to raise awareness and foster collaboration across all sectors of the communities on seniors' environmental health issues. This presentation will set the stage in discussing seniors' specific vulnerabilities to environmental risks and providing an overview of federal initiatives in protecting the health of Canadian seniors from environmental risks.

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## Air Quality Health Index

*Dr. Alan Abelson*

Every individual reacts differently to air pollution. Children, the elderly and those with heart or lung disease are most sensitive to the adverse health effects of air pollution, and people with diabetes are also at greater risk because they are more prone to heart disease. Analysis of data from eight Canadian cities shows that 5,900 deaths can be linked to air pollution every year while air pollution sends thousands more Canadians to hospital each year. This presentation will summarize the science behind the new Air Quality Health Index, and provide clinical skills for the health professional in counseling geriatric patients about the AQHI, so that they can protect their health from

the negative effects of air pollution by appropriately changing their behaviour to reduce exposure to air pollutants when air quality deteriorates. The index assesses the impact of air pollution on health, listing a number from 1 to 10+ to indicate the level of immediate health risk associated with local air quality and is being introduced across Canada in a phased approach.

### S013 PERSPECTIVES ON END-OF-LIFE CARE FOR OLDER PERSONS

*John Bond, PhD, Genevieve Thompson, PhD, Kerstin Stieber Roger, PhD, Shelly Cory, MA, Brenda Hearson, MN, Lisa Streeter, BN, One Morley Avenue, Winnipeg MB R3L 2P4 Canada (jbond@rhc.mb.ca) Tel: (204) 478-6215*

**Chair: John Bond**

**Room: Essex/Canterbury**

Many factors have acted to increase the life spans of Canadians, resulting in greater diversity in the senior population as they approach the end of their lives. Cognitive and physical capacities are more varied, and end-of-life trajectories are less predictable, creating complex challenges to family members and health care providers. There have been explosions of knowledge and advances in many aspects of health care provision including end-of-life care. Information regarding these matters is available in a rapidly expanding variety of resources, not all of which are trustworthy.

This symposium will address three disparate, yet overlapping, issues. 1) The lives of an increasing number of seniors end in personal care homes, usually living apart from their family members. 2) Older persons living with dementias (e.g. Alzheimer's and Huntington's) may pose significant challenges to family members and health care providers; yet there is a limited understanding of issues at the end of life for these individuals. 3) Technology and the internet allow easy access to information regarding end-of-life issues confronting seniors, their families and professional care providers; where does one go for trustworthy information and receive answers to specific questions not found in the common resources?

### ASSESSING THE DIMENSIONS OF FAMILY SATISFACTION WITH END-OF-LIFE CARE IN LONG-TERM CARE.

*Genevieve N. Thompson, RN, Ph.D. (Genevieve.Thompson@cancercare.mb.ca), Manitoba Palliative Care Research Unit, 3017-675 McDermot Avenue, Winnipeg, MB, R3E 0V9*

As an increased number of older adults make a long-term care (LTC) facility their home, these institutions will be faced with providing quality end-of-life care to an escalating number of dying persons. Though some people will face death alone, most individuals with a life-limiting illness will have the support of significant others around them. Accordingly, family members observe and evaluate the care delivered to their loved one and are often active participants in the care. Part of delivering patient-focused care and empowering patients and families is to include their voice in quality care evaluations.

### PERSONHOOD AND DEMENTIA: AN EMPIRICAL QUALITATIVE STUDY

*Kerstin Stieber Roger, PhD. (Toronto), Family Social Sciences, Faculty of Human Ecology, University of Manitoba, Winnipeg, MB, R3T 2N2 (rogerk@cc.umanitoba.ca) Tel: (204) 474-6354*

The voices of people living with dementia have not been well represented in research resulting in very little data describing their end of life experiences. This presentation will describe the literature search conducted to explore related themes, and, empirical qualitative data from a study that asked people with Alzheimer's and Huntington's about their experiences of memory loss. Four specific main themes emerged in the study identified as end of life experiences: heredity and family, disabling declines, social changes, and thinking to the future. The discussion frames these experiences with the intention of developing better end of life care for people living with dementia. When personhood is respected, then dignity at end of life can be part of the experience of dementia. Recommendations for improved care and future research are suggested.

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## WHAT CANADIANS WANT TO KNOW

*Shelly Cory, MA (shelly@virtualhospice.ca), Brenda Hearson, RN, MN, CHPCN (C) (brenda@virtualhospice.ca), Lisa Streeter RN, BN, (lisa@virtualhospice.ca), Canadian Virtual Hospice, One Morley Avenue, Administration Building – 4th floor, Winnipeg, MB, R3L 2P4, Fax: 475-1497*

Advances in communication technology have affected all areas of health care and provide an unprecedented way to connect people affected by life-threatening illness and loss. Increasingly seniors and their families are accessing the Internet to obtain health information, become a part of an online community, or connect with their health care providers. The Canadian Virtual Hospice (CVH) is a pioneer in e-health in Canada, being the first and so far the only online service to provide patients, families and health care providers with direct online access to palliative care physicians and clinical nurse specialists. CVH's information and support is accessible regardless of geography. The Ask a Professional area of the CVH website is an innovative way to address the palliative care concerns of Canadians. To date, over 900 questions have been received and answered by the CVH clinical team. Many of these inquiries represent Canadians seeking support in their struggle with difficult end-of-life issues. Find out more about the development of this Canadian resource, the types of questions Canadians are asking and the resources available on our website to assist seniors, their families and their health care providers.

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## S014 SENIORS' MOBILITY AND TRANSPORTATION IN CANADA: ACTION AND POLICY DIRECTION

*Catherine Drew, Jim Zamprelli, MA, Paul Boase, Louise Plouffe, Edrich Richards, 351 North River Road Room 097, 14 Floor, Tower B, Ottawa ON K1A 0L1 Canada (laurie.walker@hrsdc-rhdsc.gc.ca) Tel: (613) 946-1774*

**Chair: Catherine Drew**

**Room: York**

Personal mobility and access to transportation are at the root of many challenges faced by older Canadians who wish to remain active, independent and socially engaged. What can be done to address the question of mobility and transportation for an aging population? This symposium will provide an overview of current federal government activity related to seniors, mobility and transportation in Canada

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## National Blueprint for Injury Prevention in Older Drivers

*Edrich Richards, Division of Aging and Seniors, Centre for Health Promotion, Public Health Agency of Canada*

Seniors are the fastest growing segment of the driving population, roughly 2.7 million drivers on Canadian roads are over 65. By 2040 there will be almost double this number. Older driver mortality and morbidity is on the rise. Collisions are the leading cause of accidental deaths for persons 65 to 75 in Canada. Individuals over 75 have a 3.5 times higher crash rate compared to 35 to 44 year olds. There is a need to help older drivers sharpen their skills and recognize their changing abilities and adjust their driving as necessary.

This presentation will discuss an initiative funded by the Public Health Agency of Canada in collaboration with the Canadian Association of Occupational Therapists that is aimed at addressing the needs of older drivers. The presentation will discuss the study findings including: 1. the scientific evidence for what works and what doesn't work in terms of driver retraining; 2. existing Canadian programs, their content and structure, facilitators and barriers to implementing and maintaining these programs; 3. the focus group findings from older drivers

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## Addressing Aging Drivers and Limited Accessibility

*Paul Boase, Chief, Road Users, Transport Canada*

This presentation will provide an overview of Transport Canada's involvement with partners and research related to aging drivers. An overview and highlights of programs that Transport Canada is involved with will be presented, including: the Canadian Council of Motor Transport Administrators (CCMTA), which is actively addressing the issue of aging drivers through its Aging Driver Strategies and Road Safety Visions; CanDRIVE II and, as participants in the National Blueprint for Injury Prevention in Older Drivers. The discussion will also include Transport Canada's research related to accessibility and transportation.

## Supports to Seniors' Mobility

*Jim Zamprelli, Senior Researcher, Canada Mortgage and Housing Corporation*

CMHC will provide an overview of their research and best practice tools to assist communities —neighbourhoods, villages, towns and cities to give more thought to the implications of an aging population. The focus will be on accessibility to transportation and promoting community design to better address mobility barriers. Mobility in the community will focus on CMHC research on how senior friendly sustainable community planning can adapt housing and infrastructure to the needs of seniors. Mobility at home will focus on the application of universal design features to housing for seniors and define accessible housing by design. An overview of an assessment tool using a set of community indicators that local planners can use for setting goals related to the needs of an aging population and for tracking progress against those goals will be presented.

### S015 THE ATLANTIC SENIORS' HOUSING RESEARCH ALLIANCE: THE CHALLENGES AND REWARDS OF A PARTICIPATORY RESEARCH PROGRAM EXPLORING THE HOUSING NEEDS OF ATLANTIC CANADIANS

*Robin Stadnyk, PhD, Lori Weeks, PhD, Pamela Fancey, MA, Kathleen Cruttenden, Judy Lynn Richards, PhD, Room 215 Forrest Building, Halifax NS B3H 3J5 Canada (rstadnyk@dal.ca) Tel: (902) 494-8804 Fax: (902)494-1229*

*Chair: Kathleen Cruttenden*

*Room: Cambridge*

The Atlantic Seniors' Housing Research Alliance (ASHRA) is a community-university research alliance (funded by SSHRC) to study the housing needs and preferences of Atlantic Canadian older adults. The 5 year project included development of a census-based geodemographic model to predict housing needs, a survey of over 1700 Atlantic Canadian seniors, focus groups to learn more about housing issues faced by communities of interest, a scan of housing-related programs and services in Atlantic Canada, and international case studies of best practice in housing and community design. This project arose from the collective efforts of members encompassing all four Atlantic Provinces, and representing universities, seniors' organizations, housing developers, service providers, and government departments. ASHRA's team has grown significantly since the project's inception, and now includes over 140 stakeholders. The ASHRA project used a participatory research approach, emphasizing collaboration and capacity-building, to ensure that research findings are relevant to all stakeholders. The purpose of this symposium is to illustrate both the challenges and rewards when a participatory approach is employed to study a major social issue with multiple stakeholders.

In this symposium, we highlight both processes and findings of our research. Cruttenden and Shiner describe the participatory processes involved in designing a survey that was participant-friendly, culturally relevant and useful to diverse stakeholders. Weeks and Keefe show how the survey findings were used to explore complex factors involved in housing decisions. Stadnyk and Pottie show how focus group data and discussion with stakeholders broadened our understanding of the complex nature and policy implications of aging in place. Fancey addresses the processes involved in the dissemination of research findings to a broad audience, including consumers. Finally, Richards, Cruttenden, Boudreau, and Kilpatrick discuss the complexities of developing and implementing an evaluation of the research using participatory processes.

### Lessons learned using the process of participatory research to evaluate the complex 5-year Atlantic Seniors Housing Research Alliance (ASHRA) CURA Project

*Judy-Lynn Richards, PhD, Sociology and Anthropology Department, University of Prince Edward Island, Charlottetown, PEI, jlrichards@upe.ca, ASHRA co-investigator Kathleen Cruttenden, RN, PhD, Associate & Adjunct professor, Faculty of Nursing, University of New Brunswick, Fredericton, NB, ASHRA co-investigator Blair Boudreau, President, Regroupement des aînées et aînés de la Nouvelle Écosse, Lower Wedgeport, Yarmouth Co., NS, ASHRA member Sean Kilpatrick, Newfoundland and Labrador Housing, St. John's, NL, ASHRA member*

Atlantic Canada has a high proportion of rural and low-income seniors. ASHRA's 140- member team studied

housing options to best suit the housing needs/preferences of these seniors. The purpose of this paper is to examine how our team of evaluators (academics, a senior, community members, a policymaker, and a professional evaluator), representing diverse perspectives, came to a shared understanding, identified critical evaluation issues, and evaluated ASHRA's many parts.

**Method:** Participatory research requires a theoretical basis to guide implementation, analysis and evaluation. Following ASHRA's lead to rely on the social determinants of health, empowered community members (WHO, 2009), and a diversity of players/knowledge bases; the evaluation team incorporated collaboration, capacity building and respectful communications into its participatory research design to more fully understand its own process and the projects' content/process.

**Results:** Lessons learned include the value of identifying early on in the evaluation influential issues of aging/culture; understanding team members' perspectives; using evaluation results to guide researchers; and most important, responding to, respecting, and learning from stakeholders' voices/actions (contributing to raising the project's profile; training materials; and a culturally-sensitive, user-friendly survey and 75% response rate).

**Conclusion:** These values were embedded and integrated into the phase-specific evaluation frameworks to guide the evaluation team through the four phases of this participatory study.

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#### **Atlantic Seniors Housing Research Alliance: Transferring knowledge, resources and expertise**

*Pamela Fancey, Associate Director, Nova Scotia Centre on Aging, Mount Saint Vincent University, Halifax, NS (pamela.fancey@msvu.ca), Co-Chair, ASHRA Knowledge Transfer Working Group*

The Atlantic Seniors' Housing Alliance is a 5 year community-university initiative intended to generate knowledge about the living arrangement needs of aging Atlantic Canadians. The information generated through the research is expected to be used by seniors' organizations, government departments, housing developers, and service providers to assist with planning housing and support services. A key factor in the likelihood that information will be used by these stakeholders is ensuring that the information is transferred in timely and appropriate ways to the different users. The project's Knowledge Transfer Working Group, created in 2007 of representatives from universities, community organizations and government, was tasked with developing and implementing a Knowledge Transfer Plan to support getting the key messages out.

This presentation will demonstrate the process undertaken to communicate key messages, which included ongoing consultation and engagement of stakeholders. Specific products and vehicles through which knowledge transfer has occurred will be highlighted. Opportunities and challenges related to this group's work will be shared. Messages from this presentation will provide valuable insights for future collaborations of this kind interested in knowledge transfer.

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#### **Aging in place: What does it mean to older Atlantic Canadians?**

*Robin Stadnyk, Assistant Professor, School of Occupational Therapy, Dalhousie University, Halifax, NS (rstadnyk@dal.ca), ASHRA co-investigator Sue Pottie, MA Student, Mount St. Vincent University, Halifax, NS*

"Aging in place" is a value underlying the development of housing and support services for older adults in Canada. Typically, efforts to promote aging in place focus on developing supports that will help older adults to stay in their own homes despite declines in health or functional status that may occur with aging. In this paper, we challenge this notion of aging in place by exploring the narratives of older adults in discussion about their housing needs and preferences.

**Method:** In the ASHRA project, 22 focus groups were conducted with participants under-represented in the survey portion of the study (persons with disability, francophone, multicultural, rural, aboriginal). Together with input from ASHRA project partners, we analyzed focus group transcript theme content related to preferred present and future housing situations.

**Results:** Features of geography and nature, community, and social connectedness emerged as fundamental to

participants' visions of aging in place, whether they anticipated staying in their own dwellings or moving to new accommodations.

Conclusions: It is important for citizens and decision-makers to identify key features not only of housing and services, but of communities and social connections, when they make plans to foster aging in place.

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#### Factors influencing the future housing preferences of seniors

*Lori Weeks, Associate Professor, Department of Family and Nutritional Sciences, University of Prince Edward Island, Charlottetown, PE (lweeks@upei.ca), ASHRA co-investigator Janice Keefe, Mount St. Vincent University, ASHRA co-investigator*

It is currently understood that decision-making surrounding housing for older adults is influenced by a variety of factors. According to the theoretical model of "antecedents and sequelae of living arrangements in later life," older adults begin to consider future housing decisions based on a number of "push" factors and "pull" factors. The available research indicates that some factors that may influence housing preferences of seniors are socio-demographic characteristics, health status, support of family and friend caregivers, and the availability of formal care services. In this presentation, we will examine the influence of these factors on both the current housing situation, and

the future housing preferences of seniors through a Logistic Regression analysis of ASHRA survey data collected from 1,702 Atlantic Canadian seniors. Having a greater knowledge of the key factors that influence the preference that seniors have for housing can help to guide the development of policy that most effectively supports seniors, their caregivers, and developing formal supports to meet their specific housing needs.

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#### Redesigning the CMHC housing questionnaire, theory, and participatory research

*Kathleen Cruttenden, RN, PhD, Adjunct/Associate Professor, Faculty of Nursing, UNB, Fredericton, NB (kcrutten@unb.ca), ASHRA co-investigator and CAG Symposium Chair Donald Shiner, Associate Professor, Business Administration and Tourism, Mount St. Vincent University, Halifax, NS, ASHRA Principal Investigator*

Purpose: The Atlantic Seniors' Housing Research Alliance involved seniors in policy decision-making to project future housing and support needs in a region of Canada where there is a high proportion of seniors. This paper illustrates stakeholder participation in redesigning the CMHC interviewer-administered survey while maintaining the instrument's validity as a participant-friendly questionnaire.

Methodology: The CMHC survey is based on the social determinants of health, the indicators for equitable Health Promotion in Canada, and in the emerging WHO healthy aging-communities initiative (WHO Profiles, 2008). Health Promotion theory guided stakeholder participation to redesign of the questionnaire for data collection. Participation meant that stakeholders critiqued the original design, cultural meaning, and wording of the questionnaire. Researchers addressed their concerns and other stakeholder groups critiqued the changes, and tested the questionnaire as a user-friendly instrument.

Results: The revised CMHC survey was randomly sent to 2,260 seniors in the four Atlantic Province, 1702 participants responded for a 75 percent response rate.

Conclusion: The participatory process was both time-consuming and rewarding. The outcomes were significant.

## SYMPOSIA SESSION VI

**SATURDAY, OCTOBER 24, 10:15 - 11:15**

### S016 CAG INTERDISCIPLINARY EDUCATION COMMITTEE SYMPOSIUM: REFLECTIONS ON A AN INTERDISCIPLINARY CORE COURSE

*Kathleen Cruttenden, PhD, Lorraine Mercer, MA, Hildegard Brack, PhD, Andrea Charise, PhD, P.O. Box 4400, Fredericton NB E3B 5A3 Canada (kcrutten@unb.ca) Tel: (705) 523-1838*

*Chair: Kathleen Cruttenden*

*Room: Harrow*

The President invited the CAG Board to respond to the objectives found in the constitution section of the CAG policy and procedural manual. The objective for the Interdisciplinary Education Committee meeting is to examine basic knowledge and understanding that we can build upon as roles expand and disciplines prepare to meet the growing needs of an aging society. This is the beginning of a process for teaching and learning as we move toward Interdisciplinary Education. It is hoped that the following paper presentations will stimulate our discussion and lead us into the next phase of our Committee's work. Professor Lorraine Mercer is introducing the concepts of 'disciplinarity' and 'interdisciplinarity' to conceptualize approaches to teaching and learning. Disciplinary approaches are rigorous, in depth, and focused on an object while interdisciplinary approaches are organic, multi-layered, matrixes of connections related to an object. In the Cruttenden paper, Shulman's (2005) signature pedagogies of the professions is used as a framework including the three fundamental dimensions of professional work – to think, to perform, and to act with integrity. As a clinical Psychologist, Hildegard Brack, presents a person-centred approach to learning with people who have dementia, the emphasis is on maintaining personhood, identity and wellbeing of the individual despite the degenerative and progressive nature of the disease. She discusses the behavioural and communication skills professions and others require to support the capabilities of persons living with dementia.

### Reading Older People: Representations of Elder Care in Literature, Film, and Contemporary Media

*Andrea Charise BArs.Sc MA PhD (Cand., Dept. English), University of Toronto & Research Associate, Specialized Geriatric Services, Parkwood Hospital, London, ON andrea.charise@utoronto.ca;andrea.charise@gmail.com*

How we - as gerontological specialists, but also as laypersons - interpret "old age" is tightly bound up with specific practices, habits, and methods of representing older persons. This paper has two objectives: first, to discuss how older persons are portrayed in a range of literature, film, and contemporary media; second, to develop the capacity to "read" or interpret these representations and, correspondingly, consider how literature, film, and contemporary media comprise highly influential sites of public learning about aging. Recent books such as Meg Frederico's *Welcome to the Departure Lounge* (2008) provide informed, personal narrative experiences of caring for older persons, while more speculative examples of elder care are illustrated in texts ranging from Lewis Carroll's classic *Alice in Wonderland* (1865) to Ian McEwan's *Atonement* (2001). Popular films like *Away From Her* (2006), *The Curious Case of Benjamin Button* (2008), and *Up!* (2009) have appealed -for very different reasons- to wide audiences in their diverse and sometimes unsettling statements about the experience of aging. Literature, film, and media thus comprise a rich pedagogical resource for critically, imaginatively, and sensitively investigating the complex lived experience and demands of caring for the elderly. This paper aims to demonstrate that teaching students to think critically about elder care means providing the conceptual tools to assess how older persons are represented: not just in the classroom or the clinical setting, but in the news articles, advertisements, literature, films, and digital media we encounter daily.

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### A person-centred approach to dementia care

*Hildegard Brack, Ph.D., Psychologist, Program for Dementia with Psychiatric Comorbidity, Moe Levin Centre, Douglas University Mental Health Institute, Montreal, 6875, LaSalle Blvd., QC H4H 1R3 Tel. 514-761-6131, ext. 2188, Fax 514-888-4450*

Living with a diagnosis of dementia presents an existential threat to the individual whose coping strategies are compromised and who finds everyday life and social situations increasingly challenging. In a person-centred approach with people who have dementia, the emphasis is on maintaining personhood, identity and wellbeing of the individual despite the degenerative and progressive nature of the disease. Behavioural and psychological symptoms that are associated with dementia can be avoided when needs are met and the identity of the individual is preserved as much as possible. It is essential to establish a solid relationship and work on maximizing the person's functional capacities. Good communication skills are required to evaluate and meet the needs of the person. Meaningful activities and the adaptation of the physical environment are also important elements that contribute to the wellbeing of the individual with dementia.

The objectives of this paper are

- to learn about the needs of persons with dementia
- to integrate the basic principles of communication during the different stages of dementia
- to learn about positive interactions to promote relationship building
- to address interventions for behaviours that are associated with dementia.

Discussants to follow

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### Teaching and learning interdisciplinary communication as respect and dignity

*Kathleen Cruttenden, RN, PhD, Associate & Adjunct Professor, Faculty of Nursing University of New Brunswick, Fredericton, NB (kcrutten@unb.ca)*

The purpose of this paper is to stimulate critical thinking about teaching and learning the implications of communication with interdisciplinary students. Perceptive and discerning communication is foundational to respect and supports the dignity of older persons. As learning, Shulman (2005) has written about the signature pedagogies in the professions where novices are instructed in the critical aspects of the three fundamental dimensions of professional work – to think, to perform, and to act with integrity. The ability to effectively communicate with older persons calls upon all three dimensions. To think raises ones' awareness of cultural differences, changes in later life, social relations, beliefs about aging, and how the older person perceives his or her situation. To perform requires knowledge, awareness, skill, and willingness to recognize older adults as persons, to address preconceived views of Geriatric/ Gerontological care, and the wonder of the aging process and what it means to the person. To act with integrity is all encompassing. Integrity means providing evidence-informed practice, treating older adults as persons and not as objects, understanding what older people think about respect and dignity, and learning how to support the older person's self-respect, human rights and autonomy with dignity and thoughtful communication. Interdisciplinary teachers and learners gain understanding to communicate respect and dignity through practice with older persons and with each other as novice and advanced learners. Some call it knowledge exchange.

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### Teaching and learning in the borderlands: Interdisciplinary Gerontology as a discipline

*Lorraine Mercer, Assistant Professor in Gerontology Program, Huntington University, 945 Ramsey Lake Road, Sudbury, ON P3E 2C6 (Lmercer@laurentian.ca) (705-673-4126 ext 209)*

Discourse on disciplinarity and interdisciplinarity provides abundant vocabulary for conceptualizing both of these approaches to teaching and learning. Briefly however, disciplinary approaches tend to seek understanding of a topic while interdisciplinary approaches tend to problem solve. The results are that disciplinary approaches are rigorous, in depth, and focused on an object while interdisciplinary approaches are organic, multi-layered, matrixes of connections related to an object. Both require extensive work, but integral to disciplinarity is the work of main-

taining boundaries and, in contrast, integral to interdisciplinarity is the work of exploring the borderlands.

This presentation will discuss these two approaches by proposing definitions of disciplinarity and interdisciplinarity, relating concepts to the discipline of gerontology, and exploring key issues: disciplinary boundaries, boundary maintenance and interdisciplinary borderlands as well as the endogenous and exogenous pressures experienced in both mono and interdisciplinary approaches. A review of current research on interdisciplinarity in higher education, and specifically in gerontology, will form the basis for identifying gerontology as an interdisciplinary discipline and the exciting challenges of teaching and learning in the borderlands.

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**S017 EXPERIENCES IN INTERDISCIPLINARY RESEARCH: PERSPECTIVES FROM THE DISCIPLINES**

*Phil St. John, MD, Laurel Strain, PhD, Jo-Ann Lapointe McKenzie, RN, BScN, MN, Suzanne Tyas, PhD, GE 547 Health Sciences Centre 820 Sherbrook St, Winnipeg MB R3A 1R9 Canada (pstjohn@hsc.mb.ca) Tel: (204) 787-3365*

**Chair: Phil St. John**

**Room: Cambridge**

Gerontology has long been interdisciplinary, and the focus on interdisciplinary research has increased in recent years, with academic bodies and granting agencies encouraging interdisciplinary projects. Yet there is little research on how disciplines should interact. Different disciplines have different histories, research methodologies, theoretical models, and formats for presentation and publication. As well, different expectations for academic recognition are important. Moreover, the increasing focus on knowledge transfer has resulted in the inclusion of stakeholders, such as administrators and practitioners, on research teams. While this helps to add practical knowledge, it adds further complexity to interdisciplinary research teams. In order to work effectively in teams, researchers need to be aware of, and understand the perspective of other research team members. Specifically, researchers should understand and respect: 1. The historical development of other disciplines; 2. Research methodologies of other disciplines; 3. Theoretical models of other disciplines; 4. Differing formats for presentation; 5. Different writing styles and venues for academic papers and reports; 6. Differing expectations for authorship; 7. Differing approaches to conflict of interest; 8. Differing advocacy roles; 9. Differing methods of knowledge transfer; and 10. Differing expectations for promotion, tenure, and academic evaluation. Researchers must increasingly also understand the perspective of stakeholders, while providers and administrators must also understand issues important to academics, such as control and interpretation of data and research findings

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**Doctors on Teams**

*Phil St. John*

Geriatricians participate in interdisciplinary care, and increasingly in interdisciplinary education. Their roles and responsibilities in these capacities are reasonably clear. Physicians also participate in team research, as clinicians, administrators, or researchers. Their roles and responsibilities on teams vary, and are often unclear. Furthermore, different individual physicians, departments and institutions have different criteria for academic review and promotion. Protected time and salaries for academic activities also vary substantially. In addition, physicians are often unaware of the academic traditions of other disciplines. Some of these traditions, such as single-author papers, may compete with the interests of physicians. Physicians who conduct interdisciplinary research need to be aware of these differing perspectives. Other disciplines need to understand the motivations and expectations of physicians. Clearly articulating these expectations and the means of dealing with these potential conflicts are needed. As well, academic institutions need to consider physician participation on teams when reviewing academic performance.

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**Interdisciplinary Research: The Stakeholder's Perspective**

*Jo-Ann Lapointe McKenzie*

Increasingly, non-academic stakeholders are encouraged to participate in research programmes. This adds strength to the research team, encouraging a more practical and pragmatic approach to research. It also facilitates knowledge exchange to those who put research into practice. These stakeholders come from a vari-

ety of backgrounds: administration, government, and community and advocacy groups. The academic training, disciplinary background and research experience also vary considerably. In spite of the increasing inclusion of these stakeholders in research, their roles and expectations are often unclear. The interaction with academics may be further complicated by competing interests, particularly where demonstration projects or programme evaluation are part of the research programme. Indeed, the very term “key stakeholder” makes this competing interest fairly explicit. Interactions between key stakeholders and academic researchers are invaluable, but require understanding both on the part of researchers and key stakeholders. Specifically, agreements on work load expectations, grant writing, oral presentations, and authorship on academic papers is needed. As well, agreements on control of the design and conduct of studies, control of data, and control of interpretation of results are needed. Finally, the role of stakeholders in dissemination of results and transfer of knowledge needs clarification prior to starting the research programme.

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#### Interdisciplinary research: The Sociologist’s Perspective

*Laurel Strain*

Sociology has long been involved in gerontology. Sociologists often work in research teams with other disciplines. These research teams are increasingly encouraged by academic institutions and granting agencies. However, some traditions vary within sociology and between sociology and other disciplines. In particular, the use of contextual and theoretical frameworks of disciplines may differ, research methods may differ, and authorship traditions may differ. Research into these differing traditions is needed. Understanding the perspective and the interests of other disciplines may enhance the research team.

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#### S018 HEALTH, WORK AND FINANCES: NEW FEDERAL DATA ON OLDER CANADIANS

*Laurie Walker, Catherine Drew, Jennifer Ali, Tanya Noel, John Rietschlin,, 351 North River Road Room 097, 14 Floor, Tower B, Ottawa ON K1A 0L1 Canada (laurie.walker@hrsdsc-rhdsc.gc.ca) Tel: (613) 946-1774*

*Chair: Catherine Drew*

*Room: York*

We all know that the Canadian population is aging, but what factors contribute to the quality of life for older Canadians? Health status, participation in the workforce and financial decision making all impact the quality of life for older Canadians. For example, the recent global economic downturn has many Canadians rethinking retirement and their ability to manage financially when they retire. Surveys to provide key information on healthy aging, older workers and financial decision-making have been conducted by the Government of Canada and the results will soon be available to the public. This symposium will provide an opportunity to learn more about recent federal research and the development of an evidence base to inform policy decisions in these areas.

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#### Understanding healthy aging among older Canadians using Statistics Canada data

*Jennifer Ali, Survey Manager, Canadian Community Health Survey on Healthy Aging, Statistics Canada*  
 Canadians enjoy long and increasing life expectancies, but the resulting demographic shift has important implications for society and the health care system. Statistics Canada collects a range of data relevant to healthy aging and conducts a program of research which contributes to the understanding of healthy aging among the Canadian population. This session will provide an overview of Statistics Canada data sources and examples of policy relevant research in the area of healthy aging among Canadians. One focus will be a description of the Canadian Community Survey on Healthy Aging which is a cross-sectional survey of adults 45 and older residing in households. Data are being collected during 2008-2009 and expected in mid 2010. A second focus will be to highlight the results of several recent analyses on the health of older adults based on the National Population Health Survey, a longitudinal survey that has collected health data every two years since 1994/95.

### Canadian Financial Capability Survey

*Alexandre Genest, Policy Analyst, Strategic Policy & Research, HRSDC*

The Canadian Financial Capability Survey is sponsored by Human Resources and Skills Development Canada (HRSDC) and Finance Canada. It was in the field from February to May 2009 and results are expected in early 2010. The intention of the survey is to collect information that will illuminate the degree of knowledge that Canadians have concerning financial decision-making. The survey includes questions related to retirement planning, assets and debts, and financial choices around products such as credit cards. It also includes questions that will be used to measure objective and subjective financial capability. This presentation will provide an overview of the survey, in particular, as it relates to seniors.

### Survey of Older Workers 2008 and General Social Survey 2007

*John Rietschlin, A/Assistant Director, Social Research Division, HRSDC*

The Survey of Older Workers (SOW) is designed to assess the labour market intentions and work to retirement transitions of older Canadians. Survey questions pertain to factors that are likely to influence the decision to retire or remain working, such as pensions, personal finances, the role of dependents, the nature of work and health considerations. A section of the SOW examines the experiences of older workers who have been displaced.

Targeted at Canadians aged 45 or above, the 2007 General Social Survey (cycle 21 on Family, Social Support and Retirement) collected data on a broad range of topics. An interesting feature of the survey is that it allows examining how respondents' main activity, retirement planning, or retirement experience vary with employment history, job satisfaction and work arrangements, as well as with other characteristics like family background and care giving responsibilities.

The presentation will provide an overview of both surveys and will discuss some preliminary results from the 2007 GSS.

### S019 SENIORS' DISPROPORTIONATE VULNERABILITY IN DISASTERS: THE WAY FORWARD

*Maggie Gibson, PhD, John Lindsay, BA (hons), MCP, Gloria Gutman, PhD, Parkwood Hospital 801 Commissioners Road East, London ON N6C 5J1 Canada (maggie.gibson@sjhc.london.on.ca) Tel: (519) 685-4292 ext 42708 Fax: (519)685-4031*

**Chair: Catherine Drew**

**Room: Essex/Canterbury**

Natural and human-made disasters are increasing world-wide, secondary to factors including climate change, human pressures on the environment, infrastructure failure and armed conflict. Mounting evidence suggests that older people suffer disproportionately in disasters as a consequence of largely remediable factors that cross the four pillars of emergency management: preparedness, response, recovery, and mitigation. Preparedness involves planning prior to a disaster to create the capacity to respond after it occurs. Response refers to actions taken after a disaster, to save lives and minimize physical, psychological and situational damage. Recovery refers to activities designed to restore community life and services to "normal" or pre-disaster states. Mitigation activities shift the disaster threshold permanently so that a particular scale of event no longer presents the risk of causing a disaster.

This symposium addresses emergency management as a critical health and social issue for an aging population. John Lindsay, Chair of the Applied Disaster and Emergency Studies Department at Brandon University, will present a broad overview of disaster impact and the determinants of vulnerability. This framework will set the stage for presentation of two ongoing projects that target identified gaps in emergency management: personal emergency preparation among community-dwelling seniors, and care provider capacity to provide appropriate support for vulnerable seniors in emergency situations. On behalf of a SSHRC funded research team, Gloria Gutman will present a study that is using a peer-mentoring capacity-building approach to examine whether current emergency preparedness messaging from government sources and major NGOs take into consideration the unique needs of older adults. On behalf of a Public Health Agency of Canada working group, Maggie Gibson

will present findings from a knowledge synthesis project that examined emergency management roles and responsibilities of health care providers who work with frail and cognitively impaired seniors in congregate living settings such as nursing homes.

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### The Concept of Disaster Vulnerability and Older Adults

*John Lindsay, BA(hons), Master City Planning Assistant Professor and Chair Applied Disaster and Emergency Studies Department Brandon University 270-18th Street Brandon, MB R7A 6A9 lindsayj@brandonu.ca 204-571-8555*

Disasters impact on the whole community but not necessarily in equal or equitable ways. Some members of our community are more vulnerable during these events for a variety of social, physical and economic reasons. This vulnerability can be looked at several different ways: functional approaches highlight the impacts; population health approaches look at the contributing factors; demographic models identify groups in our population where these factors and impacts cluster. Understanding these factors is critical to helping reduce these risks, to preparing and responding effectively and to ensuring fast and successful recovery. Older adults are one group where vulnerability to disaster can be widely varied. Older adults represent a significant resource in our communities that is often underutilized by the emergency management system while, at the same time, having unique combinations of vulnerability factors that go unrecognized and poorly addressed. This presentation will highlight the factors that influence vulnerability and how these factors relate to supporting our older adults in making a contribution to keeping their communities safe. It lays out a common foundation for additional discussion of specific research projects.

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### Seniors and Emergency Preparedness: Applying a Senior-Friendly Lens to Emergency Planning in Canada

*Marita Kloseck, PhD, University of Western Ontario, London, ON Gloria Gutman, PhD, Simon Fraser University, Vancouver, BC Maggie Gibson, PhD, St. Joseph's Health Care, Lawson Health Research Institute, London, ON Lizabeth Cox, PhD(candidate), University of Western Ontario, London, ON Presenter: Gloria Gutman, PhD Gerontology Research Centre Simon Fraser University #2800-515 Hastings Street Vancouver, BC V6B 5K3 gutman@sfu.ca 778-782-5063*

Increasing seniors' participation in emergency planning has been identified as a priority nationally and internationally. While it is well recognized that seniors are a vulnerable population, it is also agreed that seniors are an untapped resource in planning and preparing for emergencies. We hypothesize that a capacity-building approach that actively engages community members in raising awareness around planning for emergencies will increase community resilience in the face of disaster situations. Aim: The aim of this study is to develop an innovative approach that involves senior volunteers as educators and mentors to raise awareness about emergency planning and to work with their peers to prepare optimally for emergencies. Methods: Participatory action research methodology was used to train seniors to become peer educators and mentors within their community. Ten seniors interested in emergency preparedness were recruited from a high density seniors' community and provided with emergency preparedness training. These ten mentors are assisting in conducting focus groups with their peers to facilitate understanding of seniors' perspectives regarding the unique factors they must consider in emergency situations. Ultimately, the goal is to enable seniors to become ambassadors for the knowledge related to emergency planning in their communities.

## What Do We Know About Caring for Frail Older Persons in Disasters (And What Should We Know?)

*Kelly Fitzgerald, PhD, Swansea University, Wales Maggie Gibson, PhD, St. Joseph's Health Care, Lawson Health Research Institute, London, ON Rory Fisher, MD, Sunnybrook Health Science Centre, Toronto, ON Robert Roush, EdD, MPH, Baylor College of Medicine, Houston, TX Simone Powell, MPA, Division of Aging and Seniors, Public Health Agency of Canada, Ottawa, ON Presenter: Maggie Gibson, PhD St. Joseph's Health Care, Lawson Health Research Institute Parkwood Hospital 801 Commissioners Road East London, ON N6C 5J1 Maggie.gibson@sjhc.london.on.ca 519-685-4292 ext. 42708*

Since 2006, the Public Health Agency of Canada's Division of Aging and Seniors and Centre for Emergency Preparedness and Response have spearheaded efforts to bring together experts from gerontology and emergency management to raise awareness of key issues and create new partnerships with a mandate for advocacy and action. One working group represents an international collaboration focused on health providers and the continuity of health services as these relate to older adults in all phases of emergency management. A significant amount of emergency preparedness literature focuses on the health practitioner's role in emergency preparedness and response. However, frail older adults who live in congregate settings have unique vulnerabilities in emergencies and disasters such as hurricanes, floods, pandemics, and terrorism. A comprehensive review was commissioned to synthesize what is known about the emergency-related roles and responsibilities of health care practitioners who provide services to this population. The conclusion was that the knowledge base and its dissemination currently is insufficient to effectively guide practice, education and policy development. At the same time, there are promising practices and real life success stories. In this presentation we present an overview of the knowledge synthesis, including critical gaps, promising practices, research targets and next steps.

## SYMPOSIUM SESSION VII

**SATURDAY, OCTOBER 24, 14:15 - 15:15**

### S020 EMERGING, PRESSING ISSUES IN RESEARCH AND PRACTICE FOR ABUSE AND NEGLECT OF OLDER ADULTS

*Charmaine Spencer, LLM, Jean Kozak, PhD, Christine Walsh, PhD, Atsuko Matsuoka, PhD, 2800-515 West Hastings Street, Vancouver BC V6B 5K3 Canada (cspencer@shaw.ca) Tel: (778)782-5047*

*Chair: Charmaine Spencer*

*Room: Wellington*

Abuse of older adults: . . . "A single or repeated act (or lack of appropriate action) occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person." (WHO)

This simple definition of abuse and neglect continues to challenge many researchers and practitioners working with abuse and neglect issues in later life, affecting our ability to "speak the same language" and "find the right answers" in research, policy and practice.

This symposium looks at the broad of area of definition and measurement issues related to abuse and neglect of older adults, considering where things currently stand and how to build consensus. The field of abuse and neglect of older adults has borrowed heavily from diverse fields of inquiry in gerontology including family violence, caregiving, health promotion, ethnicity and culture, as well as dementia.

Matsuoka draws on critical gerontology to look at the intersection of ageism, sexism, ableism and racism in how abuse or neglect is assessed. Kozak explores the roles that cognitive impairment and cross cultural caring might play in creating the perceptions of abuse and neglect from a residents' and staffs' perspective.

Walsh and Spencer each consider "How do we measure what we have defined", looking at domestic and international research. While abuse definitions (and whose interpretation will trump) can be problematic, there are also difficulties in how related concepts are constructed and measured such as "neglect", "caregiver", and "isolation", which affect interpretation of research findings.

The audience will have an opportunity to consider (a) whether current definitions and measurements reflect an overly narrow view that silences the voices of some and (b) how these might be improved to better capture the heterogeneity of seniors and the complexity of the situations.

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#### TWO CRITICAL REVIEWS: DEFINING AND MEASURING ABUSE AND NEGLECT IN LATER LIFE

*Charmaine Spencer, LL.M. Gerontology Research Centre, Simon Fraser University. Email: cspencer@shaw.ca*

This presentation builds on two recent papers prepared for the federal government based on literature reviews and stakeholder interviews: a) a critical analysis conducted in 2008 of domestic and international research on prevalence and incidence, as well as associated risk factors; and b) a critical analysis conducted in 2009 of existing domestic and international screening and assessment tools used for abuse and neglect in later life.

The presentation points out that in our efforts to achieve comparability across research by using the same tools to measure abuse, neglect and related concepts, researchers run the risk of promoting consistency over striving for higher quality and conceptually more robust information. While abuse definitions can be problematic, there are also difficulties in how related concepts are constructed and measured, such as "neglect", "caregiver", and "isolation", which can affect subsequent interpretation of research findings and the tools that are developed based on those findings. Gender based analysis remains superficial and ethnocultural considerations are often noticeably absent in definitions, measurements and screening tools.

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#### AN EXAMINATION OF ELDER ABUSE AND NEGLECT FROM CRITICAL GERONTOLOGY

*Atsuko Matsuoka, Ph.D. School of Social Work Atkinson Liberal and Professional Studies, York University. Email: atsukom@yorku.ca*

Elder abuse and neglect are complex phenomena which involve numerous value judgments and beliefs. In the past 20 years or so, researchers and practitioners made a great effort to combat the "hidden crime" and substantial numbers of handbooks and resources have been published. Elder abuse and neglect are socially constructed and maintained and, as we finish the first decade of the new century, it is useful to reflect on values, beliefs and assumptions behind how we define them and how we intervene in these complex phenomena. In this presentation, the results of an examination of elder abuse and neglect from a critical gerontological perspective that considers intersectionality of ageism, sexism, ableism and racism in elder abuse and neglect will be shared. The paper questions heavy reliance on functional age and chronological age and opens up a discussion for alternative ways of looking at elder abuse.

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#### ELDER ABUSE AND NEGLECT: 'THE DIFFICULTY LIES IN FINDING OUT AN EXACT MEASURE'

*Christine Walsh PhD., R.S.W. Associate Professor, Faculty of Social Work, University of Calgary. Email: cwalsh@ucalgary.ca*

In Canada, similar to other Western countries, adults aged 65 years and older represent one of the fastest-growing segments of the population. It has been suggested that with the increasing population of older adults, enhanced dependency and care giving responsibilities and reduced family size there will likely occur a concomitant rise in all forms of violence against older adults. In Canada however, data on the prevalence or incidence of elder abuse is severely limited. This lack of data profoundly hinders the ability to design and determine the effectiveness of policies and programs aimed at reducing elder abuse. Developing an accurate estimate of elder abuse is further hampered by the lack of a universally accepted definition. First described in 1975 as "granny battering", the terms elder abuse and neglect have evolved to encompass a variety of forms of maltreatment. This presentation will review current issues regarding the measurement of elder abuse in Canada.

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#### THROUGH THE EYES OF OTHERS: EXPLORING ABUSE AND NEGLECT AS DEFINED BY SENIORS IN LTC

*Jean Kozak PhD, Centre for Healthy Aging at Providence and School of Population and Public Health, UBC. Email: jkozak@providencehealth.bc.ca*

A major problem in defining abuse and neglect is who decides what constitutes an abusive or neglectful act. This presentation will explore how seniors residing in LTC define abuse and neglect and how such definitions

are related to the concept of a supportive and respectful environment. The presentation will also explore the roles that cognitive impairment and cross cultural caring might play in creating the perceptions of abuse and neglect from a residents' and staffs' perspective.

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**S021 MERGING PERSPECTIVES ON AGING AND DISCIPLINARY FIELDS: A PROMISING WAY FORWARD IN RESEARCH AND PRACTICE IN VETERANS CARE**

*Briana Zur, B.Sc.OT., Anne-Marie Bostrom, Ph.D., Maggie Gibson, Ph.D, 318 Shakespeare Place, Waterloo ON N2L 2V2 Canada (bzur@sympatico.ca) Tel: (519) 884-4132 Fax: (519)884-8311*

**Chair: Briana Zur**

**Room: Cambridge**

Veterans care in Canada has a legacy of contributing to gerontological research, practice and policy. The tradition continues. This symposium will highlight ongoing projects being conducted by inter-professional research teams in two major health care organizations that provide long term care services to aging Canadian war veterans. In both organizations, innovative partnerships with CIHR to support Fellows make a substantive contribution to the growth and sustainability of research capacity. Developing and established scholars are crossing disciplinary boundaries to address key issues related to aging.

The projects that will be presented illustrate our commitment to merging disciplinary perspectives to address complex issues that impact the health and well-being of aging Canadian veterans and related cohorts. Given the population, gerontology is the cornerstone underlying our research that brings together insights from other health and social science disciplines.

Briana Zur, CIHR-Veterans Care Program Fellow at St. Joseph's Health Care, London, Ontario, is examining the use of perspectives from occupational science and environmental gerontology to address the meaning of housing, home and place as the framework for confronting the conundrums associated with the "aging at home" policy ideal as it is evolving in Canada. In this work, she is collaborating with colleagues who bring perspectives from epidemiology and geroethics. Also at St. Joseph's, Dr. Maggie Gibson, is addressing an increasingly-salient mental health issue: the risk of late life mental health problems for present and future cohorts of aging veterans. This work includes a synthesis of perspectives from geropsychology, health psychology and trauma research and practice. Dr. Anne-Marie Bostrom, CIHR-Veterans Care Program Fellow with the CapitalCare Edmonton Area, Alberta, is studying nutritional status among frail older persons who live in residential care settings, in a collaboration representing nutrition, nursing, environmental psychology and knowledge translation.

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**Conundrums in the Aging at Home Discourse**

*Briana Zur, Ph.D. Candidate, Health and Rehabilitation Sciences (Occupational Science), The University of Western Ontario, CIHR Fellow Aging, Veterans and Dementia, Parkwood Hospital, St. Joseph's Health Care, London, Ontario; Krista Bray Jenkyn, Ph.D. Candidate, Department of Epidemiology & Biostatistics, The University of Western Ontario, Research and Evaluation Department, Parkwood Hospital, St. Joseph's Health Care, London, Ontario; Iris Gutmanis, Ph.D., Director, Research and Evaluation, Specialized Geriatric Services, Parkwood Hospital, St. Joseph's Health Care London, Ontario; Maggie Gibson, Ph.D., C.Psych., Psychologist, Veterans Care Program, Parkwood Hospital, St. Joseph's Health Care London, Ontario; Debbie Laliberte Rudman, Ph.D., OT Reg. (Ont.), Assistant Professor, School of Occupational Therapy & Occupational Science Field, Graduate Program in Health and Rehabilitation Sciences, The University of Western Ontario*

In almost every country, the proportion of people over 60 years of age is growing faster than any other age group. Aging at home is often implied to mean supporting seniors to stay in their current living situation, but strategies aim to provide necessary support services whether this is in a private home, senior apartment complex or assisted living situation. Housing that is considered optimal for the performance of everyday activities is likely to support health and social participation among older people, yet current budget restrictions and limited resources put those elderly individuals who are in need of such support at risk.

There is increasing recognition in the occupational science literature for the need to enrich traditional occupational therapy perspectives on independence and function as the primary determinants of well-being, borrowing theories from environmental gerontology and developmental life course to highlight the meaning of housing, home and place. In this presentation, these perspectives are merged as the framework for an exploration of the conundrums associated with the "aging at home" policy ideal as it is evolving in Canada, reframing this to a model that focuses on place versus the objective home environment considering adaptiveness, gains, maintenance and prevention of losses.

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#### Survey of nutrition status among elders living at Kipnes Centre for Veterans.

*Anne-Marie Bostrom, Ph.D., Post Doctoral Dementia and Veterans Fellow, KUSP, Faculty of Nursing, University of Alberta; Deanna Van Soest, BScHEc, RD, Clinical Dietitian, Kipnes Centre for Veterans, CapitalCare Edmonton Area; Betty Kolewaski, RN, BSc, Administrator, Kipnes Centre for Veterans, CapitalCare Edmonton Area; Doris L Milke, Ph.D., Senior Researcher, CapitalCare Edmonton Area and Adjunct Associate Professor, Faculty of Nursing, Faculty of Rehabilitation Medicine, and Department of Psychology, University of Alberta; Carole A Estabrooks, RN, PhD., Professor, KUSP, Faculty of Nursing, University of Alberta*

International studies show that many older persons living in nursing homes are at risk for malnutrition, in particular older persons with dementia. Malnourishment is associated with adverse effects such as higher risk for falls, pressure sores and impaired wound healing.

In this study we used the Mini Nutritional Assessment (MNA); we substituted 10 of the 18 MNA items with comparable items from the MDS-RAI 2.0 tool. We were interested both in the nutritional status of residents and in our ability to use MDS-RAI for assessing nutritional status. The sample consisted of 55 residents (m= 87 years), most with severe dementia.

The results indicated that the majority of the residents were at risk for malnutrition or were malnourished, despite 67% of the residents having a BMI >23 or eating three meals each day. In this sample the MNA tool seemed to capture frailty in general more than nutrition status. To enhance residents' nutritional status, we will target the modifiable MNA items. Findings will be examined closely and changes to the scale may be suggested. Understanding malnutrition in these care settings requires a merging of perspectives across the fields of nutrition, nursing, gerontology, and health services.

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#### Mitigating the Risk of Late Life Mental Health Problems for Veterans

*Maggie Gibson, Ph.D., C.Psych., Psychologist, Veterans Care Program, Parkwood Hospital, St. Joseph's Health Care, London, Ontario; Shannon Gifford, Ph.D., C.Psych., Psychologist, Operational Stress Injury Clinic, Parkwood Hospital, St. Joseph's Health Care, London, Ontario; James Hutchinson, Ph.D. Candidate, London Clinical Psychology Internship Consortium London, Ontario*

Veterans are neither an insignificant proportion of the world population nor becoming extinct as a cohort. As of 2006, an estimated 234,000 of Canada's WWII and Korean war service veterans were still alive. Since the Korean war, members of the Canadian Forces (CF) have served in operations in Europe, Asia, Africa, South America and the Middle East. Awareness of the mental health risks associated with war-zone trauma has greatly increased in the last decade. It is now recognized that veterans use many strategies to cope with memories of traumatic experiences throughout their lifespan. It is also known that processes of aging can compromise the effectiveness of these strategies.

Implicated factors include threats to personal control, more time for reflection and reminiscence, age-related changes in habits and health, social network losses and cognitive changes. Recently, there have been calls from the field of trauma research and treatment for increased attention to relapse prevention (an intervention well established in clinical psychology) from a life course perspective (a gerontological framework for understanding aging). In this presentation, we merge these two perspectives to identify factors that may mitigate the risk of late life mental health problems for present and future cohorts of aging veterans.

## WORKSHOPS

**SATURDAY, OCTOBER 24, 15:30 - 16:30**

**W001 FROM MANUSCRIPT TO PUBLICATION: SHINING LIGHT ON THE REFEREEING AND PUBLISHING PROCESS**

*Room: Wellington*

*Stacey Stewart, M.A., Mark Rosenberg, PhD, Lucie Richard, PhD, Anthony Kupferschmidt, MA, 200 University Ave West, Waterloo ON N2L 3G1 Canada (s3stewar@ahsmaail.uwaterloo.ca) Tel: (519) 888-4567*

The CAG-ACG Student Connection – Connexion Étudiante (SC-CÉ) presents an interactive workshop on publishing and refereeing manuscripts, featuring representatives from the Canadian Journal on Aging – Revue canadienne du vieillissement (CJA-RCV) and student members of the CAG-ACG. The purpose of this workshop is to enable further student research capacity, broaden student understanding of the referee process, and help attendees develop skills to enhance the possibility of being published in peer-reviewed journals. This workshop is geared toward current students and recent graduates with and without publishing and reviewing experience. Attendees will leave with practical tips for publishing and refereeing.

Representatives from the CJA-RCV will discuss the publishing and refereeing process. Dr. Mark Rosenberg, Editor-in-Chief, will share his insights on the rewards and challenges of refereeing. Dr. Lucie Richard, Associate Editor-in-Chief, will discuss the stages of reviewing a submitted manuscript. Both speakers will combine their experiences with the CJA-RCV and as established researchers to discuss publishing from manuscript preparation through the referee process, including targeting appropriate journals for your research and addressing editorial reviews.

Two CAG-ACG student members will also share their own experiences with publishing and refereeing. The process of preparing and submitting for publication one's first manuscript as primary author will be discussed. The refereeing process will also be explored from a student perspective, including serving as an editorial board member of a peer-reviewed research journal created and operated by graduate students, reviewing abstracts for conferences, and other opportunities for students and recent graduates to serve as a peer reviewer.

This workshop will include a discussion period with opportunity for additional information exchange. Attendees are encouraged to bring questions and to share their experiences with publishing or the peer review process.

**W002 LET'S TALK: OLDER ADULTS, MEDICATIONS AND ALCOHOL**

*Room: Harrow*

*Sheri Fandrey, BSP, PhD, Jill Overwater, RN, 806-533 Greenwood Place, Winnipeg MB R3G 3M1 Canada (linway@mts.net) Tel: (204) 786-2306*

Research indicates that the issue of substance misuse and abuse among older adults is complex and frequently misunderstood. It is an issue that can negatively affect an older adult's vitality, health and quality of life. Today's best practice guidelines for prevention and treatment clearly support an integrated, interprofessional team approach to addressing this issue.

Partners Seeking Solutions with Seniors (PSSS) is a Manitoba coalition dedicated to working collaboratively to encourage responsible substance use and to foster health and wellness among older adults. Through the PSSS network there is an integration of services and sharing of knowledge related to substance use and misuse among older adults. This knowledge exchange builds awareness and facilitates the development of on-going educational opportunities, tools and resources to assist older adults, family members, health care professionals and service providers address this tough issue.

PSSS' "Let's Talk" video and facilitator manual encourages older adults and their health professionals to begin a dialogue about the issues and problems related to substance use and misuse. The video features problematic scenarios that may be encountered by older adults demonstrating the possible hazards of medication use and driving, the potential dangers of sharing medication and the compounded effects that result when medication and alcohol interact.

This workshop will provide participants with an opportunity to learn more about the issue of substance use and misuse among older adults and how to best use the "Let's Talk" video to share this information in their own communities. The video and manual will be available for all participants.

**W003 NO PARTICULAR PLACE TO GO: INTERDISCIPLINARY RESEARCH ON OLDER DRIVER SAFETY.**

*Room: West Ballroom*

*Holly Tuokko, PhD, Phyllis McGee, EdD, Trudy Pauluth-Penner, MEd, Janet Love, MSc, Ryan Rhodes, PhD, Warwick Dobson, PhD, Sedgewick Bldg A 104 PO Box 1700 STN CSC, Victoria BC V8W 2Y2 Canada (htuokko@uvic.ca) Tel: (250) 721-6576 Fax: (250)721-6499*

Driving, for many older adults, is associated with independence, personal identify and self-esteem; driving cessation, whether voluntary or involuntary, may result in reduced mobility, increased isolation, and declines in physical and mental health. The social issues involved in older driver safety are highly complex and exploration of these issues can be a very delicate and emotionally-charged matter. Seniors and their families may avoid addressing driving issues as they view the loss of a driver's license as profound in the context of many other losses in later life. Others, with a different vested interest in older driver safety (e.g., health care providers, policy makers), may be unsure how to identify unfit drivers or be apprehensive about raising the issue. Sharing the perspectives of these different groups may serve to increase understanding and decrease the level of discomfort felt by many, thereby creating a space for dialogue and facilitating the emergence of practical strategies to optimize safety for older drivers.

In this workshop, we will view, from DVD, excerpts from No Particular Place To Go, a play developed as part of an interdisciplinary research project on older driver safety supported by funds from SSHRC and CIHR. The panel members will discuss the three phases of the overall research process: 1) knowledge development and issue identification; 2) play devising; and 3) audience reaction. In addition, this workshop will examine applied theatre as a medium that offers an innovative approach to prompting dialogue that is well suited to addressing complex topics. Lessons learned will be shared as will strategies for using No Particular Place to Go and its associated resources materials as educational tools for older adults and other groups with a vested interest in older driver safety issues.

**W004 WHEN EYES MUST HEAR - UNDERSTANDING HEARING LOSS**

*Room: York*

*Rosalyn Sutley, B.A., Judi Bauer, Elsie Edwards, Jennifer Perron,, 825 Sherbrook Street, Winnipeg MB R3A 1M5 Canada (rsutley2@hotmail.com) Tel: (204) 897-4422*

The Society for Manitobans with Disabilities (SMD) is a family of organizations that are working together to improve the lives of persons with disabilities in Manitoba. Persons with disabilities have diverse talents and abilities, just like anyone else. At SMD, we support people with disabilities trying to become full participants in their communities. We also work with community partners to help them build accessible and inclusive environments so that persons with disabilities encounter fewer barriers to community participation and personal independence.

SMD delivers programs designed to meet the needs of adults and seniors who are hard of hearing, late-deafened and/or scheduled for cochlear implant surgery. One of those programs is Living with Hearing Loss. In recent years SMD has been experiencing an increasing demand for help and resources from hard of hearing seniors, their families and those that provide services to them. Such requests include the need for financial assistance for hearing aids, family/personal counseling, vocational rehabilitation and coping and speech reading skills.

This interactive workshop explores the issues, challenges and psychosocial impact a hearing loss presents to seniors, their families and the community. Participants will be provided with the opportunity to experience a hearing loss and to participate in a speech reading lesson from the Living with Hearing Loss Program. Other foci will include an analysis of the needs and gaps in services available to hard of hearing adults in Manitoba, identifying the barriers to providing these services and an opportunity to discourse together on ways to remediate these barriers.

**W005 YOU'RE NOT MY MOTHER! (WITH APOLOGIES TO DR. SEUSS): CHALLENGES AND OPPORTUNITIES WITH THE "IT'S FOR YOUR OWN GOOD" SITUATIONS IN LONG TERM CARE** *Room: Cambridge*

*Henry Kielley, MSW, RSW, Elizabeth Currie, RN, BScN, 146 Elizabeth Ave. , St. John's NL A1B 1S5 Canada (henry.kielley@easternhealth.ca) Tel: (709) 570-2719 ext Fax: (709)757-2660*

There is a lesser known quote which says, "Without equality for all, there is no equality at all." A bold statement that flies in the face of the countless "isms" we encounter in our lives. One such "ism" is ageism, which passively or overtly erodes individual freedom and autonomy. More frequently we find ourselves and other caregivers working with clients who are 'competent' but display 'bad judgement' or just 'bad behaviour' and we feel compelled to intervene, figuring we know what is best. The presenters will look at the concept of autonomy, particularly the autonomy of individuals who are older and institutionalized. Is autonomy celebrated or even recognized in institutional care settings? How do we balance each individual's rights with the rights of others in an institutional, communal setting, and balance all of that with the duty to care? Through case examples and discussion, they will look at the concept of autonomy and ageism in light of the notion that we all have a right to chose to live at risk, as well as how we deal with such situations from a professional, ethical, and team perspective.



## AUTHORS/AUTEURS

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