Abstracts / Résumés

2. Poster Session I – Student Poster Competition/Séance d'affiches I – Concours d'étudiants

001

DEPRESSION AS A BARRIER TO OLDER ADULT PARTICIPATION IN PHYSICAL ACTIVITY

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As part of a one-year federally-funded study on exercise self-talk, 9 respondents of the 32 striving to be more physically active, unexpectedly related stories about their ongoing experiences with depression and its role as a barrier to their physical activity (PA)participation. By six months, the research team developed targeted questions for this subgroup of 2 males and 7 females aged 49-71. In-depth interviews were used to explore the extent to which these individuals felt that depression hampers their ability to lead a physically active lifestyle, and whether they incorporated strategies that helped them include PA in their daily routines despite being depressed. Biographical sketches in combination with a demographic table enabled content reduction. The interpretive paradigm included constant thematic comparison to discern common themes as well as underscore unique life experiences. Informants provided compelling accounts that during times of pronounced depression, the debilitation affected not only their PA participation, but participation in life itself. While respondents acknowledged the benefits of PA on mood, they indicated that medication was an essential element of treatment and frequently a required precursor to active living. The findings suggest that depression has been overlooked as a key barrier to older adult physical activity.

002

L'INFLUENCE DES CROYANCES À L'ÉGARD DE LA SANTÉ SUR L'UTILISATION DES SERVICES DE SANTÉ POUR UN PROBLÈME DE DÉTRESSE PSYCHOLOGIQUE CHEZ LES PERSONNES ÂGÉES

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L'objectif de cette recherche est de documenter l'influence des croyances des personnes âgées à l'égard de leur santé sur leur propension à utiliser les services de santé pour un problème de santé mentale. En employant le modèle d'Anderson et Newman (1973), nous testerons l'hypothèse selon laquelle les croyances des personnes âgées à l'égard de la santé et la perception de l'efficacité des services de santé ont un effet significatif sur la décision de consulter les ressources médicales, même lorsque l'effet de la sévérité des symptômes, des caractéristiques socio-démographiques et des facteurs facilitants est contrôlé. Les données tirées de l'étude-pilote ESA (Enquête sur la santé des aînés(es)), réalisée par les chercheurs de l'axe santé mentale du Réseau de gérontologie du Québec, seront utilisées pour vérifier nos hypothèses de recherche. Nous utiliserons le logiciel LISREL qui nous permettra de mettre à l'épreuve plusieurs modèles statistiques. Nos résultats permettront de mieux définir le cadre conceptuel de l'étude principale ESA sur l'utilisation des services de santé par les personnes âgées souffrant de détresse psychologique.

003

L'ÉVALUATION DU STATUT FONCTIONNEL DES PERSONNES AGÉES EN VISITE À L'URGENCE : UNE RECENSION DES ÉCRITS

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Le milieu de la santé a vécu des changements structurels majeurs dans les dernières années, dont le virage ambulatoire, qui visait entre autre la réduction de la durée de séjour hospitalier. Dans ce contexte, lors de la visite à l'urgence d'une personne âgée, l'équipe traitante doit statuer rapidement sur la pertinence d'une admission. A l'heure actuelle, il n'existe pas d'outil d'évaluation spécifique à l'urgence qui soit valide et fiable pour déterminer le niveau d'autonomie des patients, en particulier lorsque l'équipe traitante envisage un retour à domicile à court terme. Les différents établissements ont recours à des évaluations non-standardisées, dont les qualités psychométriques ne sont pas établies.

Cette affiche décrira la pratique actuelle en salle d'urgence au Québec et présentera certains des instruments d'évaluation du statut fonctionnel des patients âgés, en détaillant les forces et les lacunes de chacun. Ces informations constituent la première phase de recension des écrits, devant mener à l'élaboration d'un nouvel outil d'évaluation du statut fonctionnel de patients âgés en perte d'autonomie vus en salle d'urgence.

004

WHEELCHAIR USE IN CANADIAN SENIORS

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Older adults are the largest group of consumers of wheelchairs. There are however no published data on the national profile of older wheelchair users in Canada to date. We investigated the factors influencing wheelchair use in a national sample of community dwelling seniors from the Canadian Study of Health and Aging (CSHA-2). Questions on the use of assistive technology were asked of 5,395 Canadian seniors and 4.6% reported using a wheelchair. We examined sociodemographic, health and other moderating variables. Multiple logistic regressions modelled the factors influencing the probability of wheelchair use. Controlling for age and gender, seniors with greater dependence in self care activities of daily living (ADL) and instrumental activities of daily living (IADL) were more likely to use a wheelchair to get around ($p<.0001$). The odds of wheelchair use increased by 2.35 for each additional increase on the ADL scale, and each increase on the IADL scale increases the odds of wheelchair use by 1.32. Chronic health conditions also increased the odds of wheelchair use ($p<.001$) by 1.12 for each additional health condition reported by respondents. Compared to seniors who are married, unmarried seniors are at greater risk of wheelchair use ($p<0.01$), with an adjusted odds of 174. This paper quantifies the risk of wheelchair use according to critical factors which can be used to project use and plan for services.

2. Poster Session I – Student Poster Competition/Séance d'affiches I – Concours d'étudiants

005

IMPROVING THE QUALITY OF LIFE AMONG COMMUNITY-DWELLING OLDER ADULTS WITH DEPRESSION: THE ROLE OF THE COMMUNITY PHARMACIST

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Depression is the most common psychiatric disorder among older adults, resulting in increased rates of morbidity and mortality, and a lower quality of life. Past research has noted a significant association between depressive symptoms and the presence of specific chronic diseases prevalent among older persons, such as stroke, cardiac disease, arthritis and Parkinson's disease. The diagnosis and treatment of depression among older adults presents numerous challenges, among which is the need for collaboration among formal health care providers, the older person's social network and the individual him or herself. The community based pharmacist is often the most accessible healthcare professional in the community placing, so is in an excellent position to assist other health care team members to detect and treat depression among older persons. A pharmacist possesses a unique blend of knowledge about the patient, their illness conditions, and the variety of medication that may have been prescribed to treat those conditions. This poster explores several ways in which the community pharmacist can contribute to the well-being of the elderly, by monitoring for signs and symptoms of untreated depression, evaluating medication regimes that may be contributing to depression, and by ensuring appropriate use of medicines appropriate for its treatment.

006

COMPARISON OF THE BODY IMAGE PERCEPTIONS AND WEIGHT CONTROL PRACTICES OF YOUNGER AND OLDER WOMEN

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Dissatisfaction with body image may have negative consequences on women's health and well-being. The purpose of this study was to compare the body image concerns and weight control practices between younger and older women, both currently and retrospectively, including the effect of social pressure to be thin and concern for appropriateness. A sample of 49 younger women and 51 older women completed questionnaires assessing body image perceptions, the media's influence on body image, concern for appropriateness and weight control practices. Findings revealed no significant difference in the level of body image dissatisfaction between groups. Dieting, exercise and herbal supplement were the most frequently reported weight control practices. The number of weight control practices utilized appears to be related to body image dissatisfaction. Societal pressure to be thin and concern for appropriateness were moderately correlated to body image dissatisfaction for both younger and older participants, currently. Regression analysis showed that pressure from the media to be thin is the most significant predicator of body image dissatisfaction in both age groups. The results of the present study highlight the need to develop evidence-based educational resources to promote optimal health behaviours for women across age groups.

007

CANCELLED

ANNULÉ

008

ADDRESSING THE NEEDS OF OLDER HEALTH CARE WORKERS: CONTINUING PROFESSIONAL EDUCATION FOR REGISTERED NURSES

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Registered Nurses play a vital and integral role in the delivery of health care services in Canada. In order to ensure that appropriate and quality care is provided on an on-going basis, nurses have an obligation to pursue continuing professional education courses throughout their careers. This not only ensures maintenance and enhancement of existing knowledge and skills, but also allows for the acquisition of new knowledge and development of new skills. As a greying workforce, nurses are a unique group of adult learners predominantly because of the ever-changing health care environment in which they work. The current cohort of nurses, who incidentally, make up the majority of the health care workforce, are on average 44 years of age and are older than most other health care professionals. The purpose of this paper is to identify challenges, learning styles and needs faced by adult learners, in this case Registered Nurses. In doing so, key areas to be addressed include the impact of healthcare reform, challenges in the current and future nursing workforce, the role of information technology, theories of adult learning, and potential barriers to learning. Examples of strategies which could be implemented to facilitate learning for Registered Nurses, including e-learning, will be presented.

2. Poster Session I – Student Poster Competition/Séance d'affiches I – Concours d'étudiants

009

"WHAT BRINGS YOU HERE TODAY?" THE ROLE OF SELF-ASSESSMENT IN HELP-SEEKING FOR AGE-RELATED HEARING LOSS

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Persons with age-related hearing problems typically wait many years from the time hearing difficulties are noticed until an appointment is made for an audiologic assessment. This suggests the need for more research into the nature of help-seeking for hearing loss.

This poster presents findings of a grounded theory study exploring perspectives of older women on their hearing, hearing problems, and help-seeking for hearing problems. These participants were interviewed in-depth from the time they booked their first audiology appointment up to six weeks following the appointment. Data included interviews with family members, the assessing audiologist, and journal-writing by participants.

Findings indicate that participants engaged in protracted self-assessment of their hearing before, during, and after seeking help for hearing problems. Many factors influence this self-assessing process to facilitate or delay help-seeking; some factors may do both at different times. These factors combine to produce a push-pull effect that moves persons iteratively toward and away from help-seeking. A preliminary model of self-assessing is presented including three themes: contrasting/comparing, cost vs. benefit, and control, identified as significant in self-assessing. The findings of this study are discussed in terms of their relevance to the more general study of help-seeking for chronic health conditions in aging.

010

REMEMBERING AND REDEFINING: EXPERIENCES OF ANTICIPATORY GRIEF IN SPOUSAL CAREGIVERS OF PERSONS WITH ALZHEIMER DISEASE

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An increasing number of spouses provide care for persons with Alzheimer Disease. While many issues faced by spousal caregivers of persons with Alzheimer Disease are discussed in the literature, issues of grief and loss in this population are under-represented. Using an interpretive framework, this poster presents the results of a study that considers the experience of anticipatory grief and loss in spousal caregivers of persons with Alzheimer Disease.

Purposive sampling in two rural Nova Scotia towns identified participants for semi-structured interviews conducted to gain insight into the experience of anticipatory grief and loss in spousal caregivers of persons with Alzheimer Disease. Preliminary analysis suggests that feelings of anticipatory grief and loss are experienced as a result of changes in social interactions, lack of confidence in the future, loss of common memories and experiences and the inevitable uncertainty of the progression of Alzheimer Disease. All participants reflected the emotional challenges of planning an uncertain future. Findings indicate the need for a greater understanding of the effect of anticipatory grief on the caregivers' sense of self, identity and the changing nature of their roles and relationships in order to improve the well being of spouses during their caregiving experience.

011

IMPLEMENTATION AND USE OF HOME ENVIRONMENTAL MODIFICATIONS IN DEMENTIA CARE: A LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

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Most individuals with dementia are cared for at home, typically by their elderly spouses. Considerable research has focused on the development and testing of interventions that support the efforts of family caregivers and reduce the burden associated with maintaining individuals at home. The use of home environmental modifications as a means of enhancing safety and reducing dementia-related behavioural and functional difficulties has received increasing attention from researchers and service providers alike. However, a review of research indicates that families are selective in their implementation and use of environmental strategies. A conceptual framework that highlights the dynamic interplay among the family caregiver, the person with dementia, the service provider and socio-physical barriers will be presented. The framework conceptualizes the caregiver, the care recipient and the surrounding environment as interacting with the service provider and the type of modification prescribed. Issues of cost, social stigma, severity of the cognitive/behavioural impairment, and the perceived effectiveness and necessity of the modification, influence the decision-making process. The goals of this framework are to delineate the decision-making process for implementation and use of home environmental modifications, to identify barriers in implementing home environmental modifications and to improve the efficacy of service provision.

012

CARING OVER TIME: A COMPARATIVE ANALYSIS OF SONS' INVOLVEMENT IN FILIAL CARE

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In research on sons involvement in filial care, Campbell and Martin-Matthews (2000a, 2000b) adapted Finch and Mason's concept of legitimate excuses to examine the care roles of 773 men interviewed as part of the CARNET (Canadian Aging Research Network) Work and Family Study. The present study builds upon those analyses of legitimate excuses (geographic proximity, competing family demands and employment characteristics) in explaining men's involvement in three types of gendered care tasks (traditionally female care, traditionally male care, and gender neutral care). A follow-up study of 108 of these 773 men enables the analysis not only of Time 1 Time 2 comparisons of the nature and type of men's caring roles, but includes additional information on such potentially mediating factors as gender of the care recipient(s) and their health status. The research findings support the relevance of the legitimate excuses typology in advancing understanding of men's filial care roles over time.

2. Poster Session I – Student Poster Competition/Séance d'affiches I – Concours d'étudiants

013

HOW DO THE POLICE IN THE PROVINCE OF ONTARIO DEFINE THE TERM ELDER ABUSE? A PRELIMINARY INVESTIGATION

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To date there has been no consensus about how to define the term elder abuse. Although researchers, educators, police officers and health and social service practitioners use similar definitions, many variations exist. The purpose of this fourth year Honours B.A. in Gerontology Thesis was to discover how the police in the province of Ontario define the term elder abuse and learn about the number and types of cases being reported. Police officers were asked to: define and label the term (e.g. elder abuse versus abuse against older persons); identify the parameters of the definition (for example, is the definition limited to an abuser who is in a position of trust or authority?); identify how different types of abuse are categorized within the police service (e.g. a physical/sexual elder abuse case versus a domestic violence case); and discuss the relationship between elder abuse definitions and the Criminal Code. This preliminary investigation clearly illustrates that a diversity of definitions are being used by the police in the province of Ontario, which can have implications for determining incidence and prevalence. A positive response on the part of the police in the province of Ontario is evident as witnessed in the creation of many new positions that have been, and are being, created in the province to continue to address the issue of abuse of older adults.

014

QUALITY OF LIFE OF YOUNG CONTINUING CARE RESIDENTS

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Young adults (aged 65 and younger) with chronic disabilities (e.g., Multiple Sclerosis) make up a significant proportion of continuing care residents. As medical advances continue to prolong the lives of people with physical disabilities, the number of younger adults residing in continuing care facilities will likely increase. Ensuring that these individuals experience a good quality of life is critical. Despite this, a comprehensive study of this population's quality of life has not been previously conducted. As there is currently no instrument specifically designed to assess the quality of life of young continuing care residents, the content validity of the Quality of Life Profile: People with Physical and Sensory Disabilities (QOLP:PD; Renwick, Rudman, Raphael, & Brown, 1996), was first examined. Based on item ratings from six experts and six younger residents, the QOLP:PD instrument was revised. Using the QOLP:PD, the study was able to determine what is most important to a younger resident's quality of life and the differences and similarities in the way staff and younger residents view quality of life. This information can be used to ensure that the most appropriate programs are in place and that resources are allocated effectively.

015

A QUESTIONNAIRE TO ASSESS GENERAL KNOWLEDGE ABOUT CAREGIVING AND NURSING HOMES: DEVELOPMENT AND PSYCHOMETRIC ANALYSIS

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With a growing number of older adults and their families confronted with decisions about care, it becomes increasingly important to understand what individuals of all ages know and believe about caregiving and nursing home life. While past research has revealed much about the current state of daily life in a nursing home and the demands of caregiving, very little has been conducted to examine public knowledge about these issues.

This research examines the development, reliability, and validity of a questionnaire designed to assess public knowledge about caregiving and nursing homes. In the first stage of the study, questionnaire items were generated and assessed for accuracy, clarity, and relevance. In the second stage, 150 undergraduate students were administered the questionnaire. Knowledge about caregiving and nursing homes will be examined in relation to demographic variables, number of gerontology courses taken, experience with and attitudes towards caregiving and nursing homes. The next step will be to pilot the instrument in community-based settings.

This instrument has a variety of applications as: (1) a research tool, (2) a teaching tool in both academic and community based-educational programs, and (3) a method of increasing public awareness and effective use of long-term care and support services.

016

SUCCESSFUL AGING: THE EYE OF THE BEHOLDER

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Social and psychological variables underlying 277 elderly adults' ratings were examined to determine the factors underlying perception of self and others. Men and women, aged 65 and over, completed the Tri-Scales rating themselves currently and at their best level of functioning, and other people their same age on 11 attributes concerned with functioning and life satisfaction. Participants also completed a battery of standardized psychological measures and laboratory tasks assessing adjustment, personality and verbal memory. Results showed that participants rated themselves higher than others and lower than their best levels, but all three ratings correlated significantly and positively. Participants who were younger, of higher socioeconomic status and functioning more highly on psychosocial and cognitive variables rated themselves significantly more highly currently and in the past. Men tended to rate themselves more highly than did women. Perception of others was not predicted by study variables. The data will be discussed with relevance to the factors maintaining favorable and realistic perception of self and others.

2. Poster Session I – Student Poster Competition/Séance d'affiches I – Concours d'étudiants

017

PRERETIREMENT TRAINING AND THE EARLY RETIREE

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The study will examine the early retirees' satisfaction with preretirement training and the applicability of preretirement training compared to the actual experience in retirement. The focus will be interviews of early retirees in the Chicago metropolitan area that have retired from various organizations within the area. The study will further investigate the strategies the early retirees used to plan for retirement and explore the current activities of the early retirees. The results of this study could potentially assist organizations and human resource departments plan for the upcoming increase in retirements of the baby boomer generation and guide the early retirees' transition into retirement.

018

STRUCTURE OF MAJOR DEPRESSIVE DISORDER IN THE ELDERLY: A LATENT CLASS ANALYSIS

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This research aimed to assess the construct validity of DSM-IV criteria for major depressive disorder and their ability to detect depression in an elderly population by using latent class analysis. Two hundred sixteen elderly (65 years of age and older) living in the community were randomly selected using a stratified method in accordance to 3 areas (urban, rural and metropolitan) from the database of the Régie de l'Assurance-Maladie du Québec (RAMQ). The prevalence of depression was measured by using an adaptation of a computerized version of the Diagnostic Interview Schedule-Version IV (DIS-IV). Latent class analyse were conducted on seven variables representing the symptoms of major depression according to the DSM-IV. Two models were analysed. Results partially validated the criteria of major depression in the elderly. The best fitting model (M1) had two latent classes and 77.6% of individuals were successfully classified according to the results of the DIS-IV classification. Results showed that the symptom that discriminated best between elderly subjects that met criteria for depression and those that did not was psychomotor agitation or retardation.

019

EXPLORING UNIVERSITY STUDENT'S ANXIETY ABOUT AGING

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There is a considerable body of research on people's attitudes toward aging. In contrast, little research has been designed to explore people's attitudes toward their personal aging. As the North American population ages it is important to understand how people perceive personal aging and how different events might influence their perceptions. In the present research 86 undergraduate university students were surveyed concerning their anxiety about physical, cognitive, and social aspects of aging. Principal components analysis revealed a stable three factor structure of aging concerns: Physical and cognitive (e.g., physical mobility), Social and emotional (e.g., social contacts), and Maintenance (e.g., financial stability). Participants also rated the valence of several life events related to aging on a 5-point scale. Based on a median splits, students classified with less anxiety on the Physical/cognitive factor rated attending funerals and visiting nursing homes more positively than students classified with more anxiety and students with less anxiety on the Social factor rated volunteering in a nursing home more positively than students with more anxiety. These findings are generally consistent with the anxiety structure found in previous research and extend those findings to include a relationship between anxiety factors and significant life experiences.

020

IS AUTOBIOGRAPHICAL MEMORY RELATED TO SOCIAL PROBLEM SOLVING IN OLDER ADULTS?

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Research with young depressed adults suggests that inability to retrieve specific autobiographical memories for use as analogues, possibly arising from working memory problems, is related to poor social problem solving ability. These relationships are examined in 80 healthy older and younger adults to determine whether working memory declines associated with aging are related to poor social problem solving. Subsequent to three cognitive tests, participants' specific memories have been tested using a cued recall task and a social problem solving task. The order of the cued recall task is varied to determine whether primed memories improve problem solving performance. Preliminary results reveal that older adults are more likely to use memories while solving social problems than are younger adults. Final data analyses will be presented including an examination of the role of working memory in the retrieval of specific autobiographical memories and social problem solving.

021

CONTRIBUTION OF MEASURES OF EXECUTIVE FUNCTIONING TO THE DIAGNOSIS OF DEMENTIA

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Executive functioning (EF) has received a substantial amount of attention in neuropsychological research literature. In particular, there has been a recent surge of research examining the presence of impairments in EF in those with dementia. Along with memory decline, impaired EF has been identified across varying levels of impairment (i.e., mild cognitive impairment (MCI) to dementia) and can reliably predict those that will convert from MCI to dementia. Although EF plays a significant role in predicting the progression of a dementia, clinical research has yet to address the influence on diagnosis and pattern of impairment in those with and without dementia. The results of this research indicate that adding measures of EF (e.g., WCST, Trails B) to memory tests increases a clinician's diagnostic accuracy, particularly when making a distinction between prodromal dementia and more severe levels of a dementia diagnosis. The significance of this research project is: (1) a better understanding of the construct of executive functioning in older persons with dementia; and (2) further contribution to a growing body of clinical literature on the accurate identification of persons with dementia. This research also examines the underlying factor structures of neuropsychological performance across different levels of impairment.

022

PREDICTING PSYCHOLOGICAL SERVICES NEEDS FOR NEW ADMISSIONS (MALE) IN A LONG TERM CARE FACILITY

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A preventive approach to serving the psychological needs of residents of a 175-bed long term care facility (mostly male in population) has been undertaken in order to eliminate the need for more lengthy intervention begun only when a problem has evolved to a more severe level or has escalated to the point of requiring a lengthier period of contact with psychology staff. This presentation reports on the efforts to develop and implement an "at-risk" screening process and the evaluation of its effectiveness. Screening at or prior-to admission is considered one of the optimal times to assess for psychological service need, as relocation trauma has been well documented. It is suggested that inadequately addressing this fails to meet the resident's need. The literature shows that positive transition to a long term care facility is facilitated by placement factors (from where to where?), control factors (voluntary vs. involuntary), health status, and the existence of a "relocation program" (preparation issues). This report includes retrospective data on consecutive admissions over a five year period, to identify relevant transition factors for each resident and examining outcome variables at 6 months and 12 months. Psychological well-being is the factor of major concern in this study but physical health, activity and mobility levels, and social support are also examined.

023

PSYCHIATRIC INPATIENT PROFILES: USING THE MINIMUM DATA SET FOR MENTAL HEALTH (MDS-MH) TO COMPARE SENIORS AND OLDER ADULTS WITH AN INTELLECTUAL DISABILITY

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PURPOSE: The Minimum Data Set for Mental Health (MDS-MH) was designed to assess the needs of all adults in in-patient mental health beds. The current study seeks to profile both geriatric patients (65+) and older adults with an intellectual disability (ID) (50+) in these facilities. Adults with an ID are up to five times more likely to experience a psychiatric illness in their lifetime than is the general population, and are at increased risk for maladaptive behaviour, which may or may not be symptomatic of psychopathology. In addition, close to 100% of adults with Down syndrome show the physiological signs of Alzheimer's disease by the age of 40 years.

METHODS: The data used in this study was collected in 2000-2001, and represents a broad sample of psychiatric hospitals in Ontario, with a small number of facilities included located in Alberta. Using the various scales embedded in the MDS-MH, comparisons will be made with regards to scores for cognitive performance, ADLs and IADLs, health status, depression, aggressive behaviour, and drug side effects. In addition, diagnoses, psychiatric symptoms, and treatment methods will be compared.

IMPLICATIONS: The paper hopes to both highlight discrepancies identified in the way the groups are diagnosed and treated, in addition to verifying whether the items in the MDS-MH are accurately able to capture the full range of symptoms of psychopathology exhibited by adults with an ID.

024

RECRUITMENT AND RETENTION OF CONTINUING CARE ASSISTANTS IN NOVA SCOTIA

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A key component of health human resource planning is recruitment and retention of direct care providers. Research on health human resource issues predominantly focus on nurses and physicians overshadowing the issues affecting direct care providers. The goal of this poster is to understand why continuing care assistants, positions mostly held by women, are leaving their current employment. Questionnaires, structured as an Exit Tool, were sent to 72 long term care facilities and 17 home support agencies in Nova Scotia to be disseminated to individuals who provided employers with a letter of separation from their current position. Preliminary analysis suggests the primary reason individuals are leaving jobs as continuing care assistants is for new positions and insufficient hours and wages. Other reasons include family obligations, stress and physical demands of the job. These results mirror a qualitative study conducted by Marsh and Boone (2002) which concluded fair wages and benefits are the key issue in recruitment and retention of workers in continuing care. Recommendations to improve recruitment and retention will be considered. This study is funded by the Health Care Human Resource Sector Council in Nova Scotia.

025

COMPARISONS OF CONTINUING CARE POLICY IN THE ATLANTIC PROVINCES

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As part of a larger research project on continuing care funded by CIHR and NSHRF, this presentation strives to (1) highlight the unique features of the Atlantic region's continuing care policies in contrast to their Canadian counterparts, and (2) compare the policies of the four Atlantic provinces with each other. Demographic and economic details are presented as context. The Atlantic region population is the poorest, sickest, and one of the most elderly in the country, and it is characterized by high unemployment rates, rural settlement and out-migration. Together, these factors provide complex challenges for policy-makers.

Similarities and variances of both home care and facility-based care are analyzed according to descriptors including government regulation and administration, expenditures, utilization rates, service comprehensiveness, user fees and public/private roles in service delivery.

The analysis highlights the diversity of continuing care sector policies across Canada; historically and economically locates the Atlantic provinces within the P/T jurisdictions. The results reemphasize jurisdictional specificities and regional differences in Canada's continuing care sector. Alarmingly, in the Atlantic Region nursing home residents bear the full costs if they can, up to $72,000/annum.

The results of our analysis highlight the distinctiveness of regional policies in continuing care and should be considered in strategic planning at national and provincial levels.

026

THE JOYS AND CHALLENGES OF CAREGIVING FOR PEOPLE DUALLY DIAGNOSED WITH DOWN SYNDROME AND ALZHEIMER'S TYPE DEMENTIA: A SUPPORT WORKER PERSPECTIVE

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Abstract: The objectives of my research study were to identify the central concerns, joyful experiences and concepts within the role of Support Workers caring for people with Down Syndrome and Alzheimer's type dementia.

Methods: In-depth interviews using a semi-structured schedule were conducted face-to-face with four Support Workers. The interviews ranged from 1.5 to 2.5 hours in length. A qualitative methodology was used with grounded theory generated from analysis of the data.

Results: Some emerging themes showed (a) how the Support Workers attempt to clarify the difficulty of assessing what is Alzheimer's and what is Down Syndrome, (b) the emotional burden of caregiving, (c) factors that lessen the emotional burden on caregivers, (d) the desired qualities of a Support Worker, and (e) the joys of caregiving for people with Down Syndrome and Alzheimer's type dementia.

Conclusions: Having a core group of people involved in the caregiving role helps to clarify the uncertainty of diagnosing dementia. Having a "family" of Support Workers reduces the emotional burden of caregiving. The care model creates a supportive and healing environment for both Support Worker and care receiver. Joys are found in small and different ways and even in the privilege of helping one through the end of life.

027

FRAILTY AND POST-OPERATIVE COMPLICATIONS IN OLDER SURGICAL PATIENTS

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Abstract: We investigated whether markers of frailty were associated with poor post-operative outcomes in older surgical patients.

Methods: Eligible subjects included patients at least 70 years of age undergoing elective non-cardiac, in-patient surgery [mainly lower limb orthopaedic procedures], who required a medical pre-operative assessment for chronic medical conditions. Study patients [n=90; Mean age: 77 (range 70-92); 54% female] underwent a standard medical assessment. We also administered the Frail Scale (FS), a brief, 17-point measure capturing major clinical indicators of frailty in older persons. A poor outcome was defined as the occurrence of either a post-operative cardiac or pulmonary complication or suspected delirium (DSM criteria) and was elicited by a chart auditor blinded to the FS.

Results: In multiple logistic analyses, poor outcomes were associated with age (p=0.008) and total FS score (P=0.018). ROC curve analyses of the total frail score as a predictor of poor outcomes revealed an area under the curve of 0.709 (SE= 0.063), exceeding the performance of previously validated scales (e.g., the Detsky criteria).

Conclusions: Age and frailty are independently associated with post-operative complications in older patients undergoing non-cardiac elective in-patient surgical procedures. A measure of frailty was more predictive of complications than conventionally used measures of pre-operative risk assessment.

028

GENETICS OF AGING: THE NEXT GENERATION OF BIOMEDICAL DISCOVERY

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In the early 1960's, Hayflick demonstrated that primary cells in culture show a spontaneous decline in growth rate, eventually terminating in a quiescent but viable state termed replicative senescence. Interestingly, it was later reported that the number of divisions a cell can undergo before it senesces is inversely proportional to donor age, suggesting a linear relationship between cellular and organismal aging as well as a predetermined mechanism in control of cellular senescence. These seminal findings have blossomed into a field of study that identifies biochemical changes that occur within the cellular context that affect organismal aging, disease and possibly lifespan.

Our laboratory is evaluating how a dynamic network of genes is regulated during cell aging and immortalization. We are identifying novel genetic/biochemical mechanisms responsible for the age-associated alteration in gene expression in normal human cells. We hypothesize that epigenetic control of the human genome by chromatin remodelling during cellular aging induces a cascade of events resulting in the differential expression of growth regulatory genes. This culminates in permanent growth arrest as a consequence of telomere attrition. Therefore, we plan to elucidate normal gene function during aging and help to identify how variation in gene structure and expression can modify lifespan and disease risk.

2. Poster Session I – Student Poster Competition/Séance d'affiches I – Concours d'étudiants

029

FACTORS AFFECTING THE NEUROPSYCHOLOGICAL DIAGNOSIS OF COGNITIVE IMPAIRMENT

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This study examined the consistency and reliability with which Cognitive Impairment (CI) is identified in older adults by neuropsychologists, and the factors influencing the diagnostic decision making process. Participants from the third wave of the Canadian Study of Health and Aging (CSHA-3) were administered the Modified Mini-Mental State Examination (3MS); community dwelling participants scoring below 90 on the 3MS, and all institutionalized participants underwent a neuropsychological evaluation. Neuropsychologists, provided with suggested guidelines for identifying CI, reviewed the materials, and assigned a diagnosis of no cognitive impairment (NCI) or CI to each case. Reliability of the neuropsychological diagnoses was assessed in 2 ways: 1) blind-reassessment of the diagnosis of 117 randomly selected cases by a second group of psychologists, 2) comparison of the diagnoses by both groups of psychologists against computer algorithms computed to reflect the suggested guidelines. For concordant and discordant cases, the notes recorded by the psychologists were analyzed in order to identify factors that may have influenced the diagnostic decision making process. Inter-rater reliability and the agreement between the raters and the algorithms fell within the moderate range (kappa = .48–.61). Patient characteristics (e.g., education level, sensory impairments) were identified as significantly influencing the diagnostic decision making process.

4. Special Joint CAG/CGS/CGNA/CIHR Symposium/ Symposium conjoint spécial ACG/SCG/CGNA/IRSC

030

RESPIRATORY INFECTIONS IN OLDER ADULTS: A CHALLENGE TO HEALTH CARE PROVIDERS/LES INFECTIONS RESPIRATOIRES CHEZ LES PERSONNES AGÉES: UN DÉFI POUR LES FOURNISSEURS DE SOINS

Convenor and Chair:	**Mark Loeb**, MD, MSc, McMaster University
Speakers:	**Mark Loeb**, MD: Community-acquired Pneumonia in Older Adults: A Broader Determinants of Health Perspective **Allison McGeer**, MD: Influenza in the Elderly: A Challenge for Healthcare Providers **Susan Poutanen**, MD: SARS: What are the Implications for Older Adults?

Respiratory infections are an important threat to the health of older Canadians. Each year, thousands of older Canadians are hospitalized because of lower respiratory tract infections. The emergence of new respiratory infections, such as SARS, increases the risk to older adults. In this symposium, the specific challenges healthcare providers face due to these infections will be outlined. Innovative strategies for provision of care will be introduced to the audience. The symposium will focus on community acquired pneumonia, influenza, and emerging respiratory infections such as SARS. Speakers will provide the audience with an overview of the biology and epidemiology of these infections. Both traditional risk factors as well as broader determinants of these infections (e.g. role of air pollution, nutrition, socioeconomic status) will be discussed. The latest research findings in the prevention and treatment of these infections will be summarized. Management strategies across settings, including acute care, long-term care, and homecare will be emphasized. Research evidence from an on-going CIHR Interdisciplinary Health Research Team on respiratory infections in older adults will be presented.

5. Aging, Disability and Work/Vieillissement, handicap et travail

031

AGING, DISABILITY AND WORK

Julie McMullin, Monique A.M. Gignac, Angela Colantonio, Helen He, Victor W. Marshall, Elizabeth M. Badley, Cheryl A. Cott, R. Devitt, G. Ratcliff, S. Chase, University of Toronto, Dept. of Physical Therapy, 500 University Ave., 8th Floor, Toronto, ON, M5G 1V7, (*cheryl.cott@utoronto.ca*), Tel: (416) 978-0301, Fax: (416) 946-8562

The interrelationships between aging, disability and work are known by gerontologists to have considerable impact on the experience of aging and old age through their effects on health, functional status, social support, and retirement income. This symposium will feature recent research initiatives in the area of aging, disability and work that highlight the importance of understanding these relationships. The papers in this symposium will examine the ways in which age and disability structure access to and performance at paid work; the nature and extent of work adaptations that older and younger individuals make to manage their arthritis and employment; patterns of employment and long term productivity by age and gender of persons with traumatic brain injury; and the association between career instability and long-term health conditions in older Canadian workers.

The Social Construction of Age and Disability in Paid Work.
Julie McMullin, Department of Sociology, University of Western Ontario, N6A 5C2

Paid work is highly valued in most Western nations. Yet, access to paid work varies on the basis of gender, ethnicity, class, age, and disability. Although a lot of research has focused on the barriers to paid employment that exist for women, members of ethnic and racial minority groups, and the working class, less attention has been paid to issues of disability and especially age. Further, although age and disability are in some ways related, government policy and legislation has focused much more on employment equity for disabled adults than for older workers. Through a critical review of government and human resource policy, this paper considers how age and disability status are socially constructed. It also examines the ways in which age and disability structure access to and performance at paid work. This paper concludes with policy suggestions that, if implemented, might reduce barriers to paid employment for older workers and disabled adults.

Managing Arthritis and Employment: A Comparison of Workplace Adaptations Made by Older and Younger Workers

Monique A. M. Gignac, Ph.D.1,2, *Elizabeth M. Badley*, Ph.D.1,2, & *Cheryl A. Cott*, Ph.D.1,3. 1Division of Outcomes & Population Health, The University Health Network, Toronto; 2Department of Public Health Sciences, The University of Toronto; 3Department of Rehabilitation Sciences, The University of Toronto.

This study examines the nature and extent of work adaptations that older and younger individuals make to manage their arthritis and employment. Data were drawn from the first phase of a four-year longitudinal study. Participants were 492 employed individuals with RA and OA who completed an interview-administered questionnaire assessing demographic, workplace, and psychosocial variables, including behavioural coping efforts to manage specific job limitations and more macro job changes like changing the hours of work or type of job performed. The results revealed no differences in the behavioural coping efforts of younger and older adults to manage specific work limitations due to arthritis. However, younger adults reported a greater number of macro job changes related to their chronic illness such as absenteeism, permanent changes to job hours, and changes to the type and nature of their job. The results are discussed in terms of differences in the perceptions that younger and older workers have about arthritis, as well as differences in their perceptions about the workplace.

Aging with Traumatic Brain Injury

Colantonio, A., Devitt, R, Ratcliff, G. Chase, S.* University of Toronto and Healthsouth Harmarville Rehabilitation Hospital, Pittsburgh, PA.

Traumatic Brain Injury (TBI) is the leading cause of death and disability for Canadians under the age of 35 and increases in prevalence in older adulthood. Technological advances have increased the survival rate after TBI such that an increasing number of persons survive with disabilities. Studies have shown that even mild TBI can result in long term disabling consequences. From a life course perspective, the issue of aging with disability therefore is of great relevance to this population. This paper presents a life course perspective of aging with TBI with a particular focus on long term productivity issues. Findings are presented from a retrospective cohort study with 306 participants who were interviewed up to 24 years post moderate to severe TBI. Overall 29% of participants were employed. We present patterns of employment by age group and gender in comparison to the general population. Unemployment was higher among older adults. These findings are compared to other studies of long term productivity outcomes of TBI survivors. Implications for program planning and future research are discussed.

Career Instability and Long-term Health Condition in Old Worker: An Analysis of the Survey of Labor and Income Dynamics (SLID)

He, Y.H, M.D., M.Sc.*, Colantonio, A.,* Ph.D., *Marshall, V.W.,* Ph.D.*,* University of Toronto and University of North Carolina

Objectives – To explore the association between career instability and long-term (health) condition in older Canadian workers.

Methods – The study used a sample of 8567 subjects aged 45-64 selected from a research data base drawn from a large national longitudinal data file, the Survey of Labor and Income Dynamics (SLID), over four waves (1994, 1995, 1996 and 1997). Both Cox proportional hazards and Generalized Estimating Equation (GEE) models were used to model the relationship between career instability and long-term condition.

Main Results – It was found that over the four-year period, approximately 40% of subjects experienced at least one jobless spell, with increasing trend over the four-year period. Cox models and GEE models yielded consistent results in that, after controlling for age, sex, marital status, education and income, Cox models showed that the hazard of long-term condition increased 21.3% for each increase of jobless period (RR=1.213, p=0.0005) while GEE models showed that the adjusted odds of having a long-term condition were 1.233 times higher for each increase of jobless spell ($p = 0.0001$).

Discussion – The study confirms that many older workers in Canada have experienced career instability, that instability being significantly associated with long-term condition. However, hypothesized causal relationship between career instability and long-term health conditions could not be well resolved in this study.

6. Ontario’s Strategy to Combat Elder Abuse/ Stratégie ontarienne de lutte contre les mauvais traitements à l’égard des personnes âgées

032

ONTARIO’S STRATEGY TO COMBAT ELDER ABUSE

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Ontario’s Strategy to Combat Elder Abuse (The Strategy), announced on March 28, 2002, is a group of initiatives addressing three priority areas: co-ordination of community services, training for front line staff including the police and other professionals in the justice system who relate to seniors on a daily basis, and raising public awareness of this growing problem. The Strategy includes the hiring of 10 staff to enhance communities’ capacity to detect and respond to abused seniors or those at risk of abuse. The Ontario Government has dedicated $4.3 million for this 5-year initiative. The Ontario Government’s vision for the province includes safe communities, respect for citizens and a shared sense of responsibility. The Strategy is consistent with the Government’s vision, promotes “respect” for individual seniors and reinforces a sense of “shared responsibility” among the private, broader public sectors and academia working together on solutions at the community and provincial level.

The Strategy is the result of a government/community partnership and extensive community consultations led by the Round Table on Elder Abuse. The Ontario Network for the Prevention of Elder Abuse-a non-profit organization dedicated to the prevention of elder abuse and neglect – will work closely with the Ministries of the Attorney General and Citizenship (Ontario Seniors’ Secretariat) on its implementation. It is estimated that between four to ten percent (60,000 – 150,000) of Ontario’s 1.5 million seniors have experienced or are experiencing abuse of some kind. Elder abuse occurs in the community, and in institutions, and may take different forms: physical, psychological, emotional, financial and neglect. Abusers may be family, caregivers, and persons in positions of authority or strangers. Steps are being taken now to address this growing problem. This symposium will provide an overview of the Strategy and the opportunity for participants to respond to this initiative.

7. Intergenerational Collaboration in Performing Life Stories

033

INTERGENERATIONAL COLLABORATION IN PERFORMING LIFE STORIES

Ellen B. Ryan, Hannah Blevins, Gary Kenyon, McMaster Centre for Gerontological Studies, KTH 231 McMaster University,
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The context for this workshop is set in terms of strategies for recording elders’ life stories and the multiple benefits of sharing these stories across generations. Through drama, dance, poetry, and video, selections will be presented from the featured speaker’s critical performance ethnography (Coming Home: Memories from the Heart of Appalachia) based on shared storytelling with her grandfather. The narrator will interweave commentary concerning the performance approach to communicating life stories to intergenerational audiences as well as the opportunity to involve elders in developing such performances. The discussant will respond in terms of the literature on life stories and passing on their wisdom across the generations.

8. Seniors Living on the Margins

034

SENIORS LIVING ON THE MARGINS

Kathy McKnight, Sucy Eapen, Doris Rajan, Sandy Keshen, Donna Rubin, c/o Marie-Lynne Foucault, Health Canada, Div. of Aging & Seniors, Jeanne Mance Bldg., Room D878, Tunney’s Pasture, Ottawa, ON, K1A 1B4, (*marie-lynne_foucault@hc-sc.gc.ca*), Tel: (613) 952-1732, Fax: (613) 957-7627

Many seniors live on the margins of society as a result of social, economic and health factors. This workshop will focus on older persons of ethnocultural minorities and those with a developmental disability. It will explore the causes of their marginalization, discuss key issues and trends and possible solutions in terms of strategies, approaches and policy directions for meeting their needs. Current initiatives undertaken by advocacy groups will be presented. These will include: culturally appropriate best practice models for healthy aging; issues and barriers to services faced by aging people with intellectual disabilities; and, the creation of linkages between the long-term care and developmental disability networks as a means to address current gaps and future planning for available services.

Chair: *Pat Raymaker*, Chairperson, National Advisory Council on Aging (NACA)
Participants:
Kathy McKnight, Centre for Applied Social Research, University of Toronto, Overview and Evidence among Older Adults with a Developmental Disability
Sucy Eapen, Canadian Ethnocultural Council, Culturally Appropriate Best Practice Models for Healthy Aging
Doris Rajan, Roeher Institute, Aging People with Intellectual Disabilities: Issues and Barriers to Services
Sandy Keshen, Reena/Ontario Forum on Aging and Developmental Disabilities
Donna Rubin, Ontario Association of Non-Profit Homes and Services for Seniors/Ontario Forum on Aging and Developmental Disabilities, Linkages Between the Long Term Care and Developmental Disabilities Sector

9. Seniors and Technology

035

SENIOR AND TECHNOLOGY

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Computer and Seniors- Learning has opened up their minds.

Computers have provided seniors with a new lease on the world. In the process of sharing information and knowledge on teaching seniors to use computer a sense of pride, knowledge understand and respect for them and their grandchildren develops. The workshop will focus on members of the Wagman Center of Baycrest, the many challenges; the teaching tools, the outcomes of the classes with reference to individual cases. A demographic outline of the clients will be provided. A question and answer period will help all in the profession to learn about others' experiences and knowledge. Finally, results of a mini study being conducted will be shared with the conference delegates. As with computers in a changing world the presentation will be evolving until the time of the conference.

10. CANCELLED/ANNULÉ

036

CANCELLED

ANNULÉ

11. Meet the Principal Investigators: Canadian Longitudinal Study on Aging

037

THE CANADIAN LONGITUDINAL STUDY ON AGING

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In the fall of 2001, the Institute of Aging of the Canadian Institutes of Health Research issued a request for applications for the development of a protocol for a new initiative, The Canadian Longitudinal Study on Aging (CLSA). The RFA was officially launched at a planning workshop CLSA held in November 2001 in Aylmer Quebec. As a result of that workshop 3 researchers (Drs. S. Kirkland, Dalhousie University, Dr. P. Raina, McMaster University and Dr. C. Wolfson, McGill University) submitted a joint application, and were awarded funding to undertake this initiative over an 18-month period, beginning October 1, 2002.

The goal of the CLSA is to assemble a cohort of Canadian men and women to be followed as they enter into the senior population over the next two decades. An integrative approach that examines healthy aging through a number of different disciplinary lenses, which can be arrayed along a continuum from micro to macro levels of organization and analyses is needed.

The protocol preparation phase of the CLSA is the beginning of a long term, transdisciplinary initiative to explore the dynamics and complexities of healthy aging. Given the magnitude and scope of this initiative, the development of the protocol must be an inclusive process, with the involvement and commitment of as many Canadian researchers and policy makers in the field of aging as possible.

The purpose of this round table session is to solicit input and feedback on the draft CLSA protocol.

12. Physical Activity I/Activité physique I

038

BABY BOOMER AGING AND LIFESTYLE DYNAMICS: THE EXERCISE-OBESITY PARADOX

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This paper addresses the paradox of decreasing levels of unhealthy exercise levels and a dramatic rise in the prevalence of obesity among adult Canadians with a focus on the aging experience of Baby Boomers. Age, period, cohort analyses of unhealthy exercise and obesity patterns are conducted on six major national Canadian health surveys between 1978/79 and 2000/2001 — a 23-year period. The findings from these analyses support the presence of an exercise-obesity paradox. In order to explain these disconnecting health trajectories in exercise and obesity, changes in leisure-time physical activity, work-related activity, eating habits, fast-food super-sizing, and environmental factors influencing healthy lifestyles are investigated. The conclusion is made that the quantity and quality of food consumed by the Baby Boomers is a major factor influencing the rise in obesity, and that the more modest improvements in exercise are not significant enough to counterbalance this alarming health pattern. Implications for population aging and population health are discussed with a focus on health care issues.

039

EFFECTIVENESS OF COMMUNITY-BASED, MULTICULTURAL EXERCISE CLASSES FOR SENIORS

Beatrise Poroger-Edelstein, Sue Gowans, Toronto Western Hospital, Dept. of Rehab. Services, Med West Bldg., 750 Dundas Street West, PO Box #33, Toronto, ON, M6J 3S3, (*beatrise.poroger-edelstein@uhn.on.ca*), Tel: (416) 603-5761, Fax: (416) 603-4482

Exercise is promoted as an important lifestyle modification for the elderly. Less is known about promoting exercise in multicultural populations. The Seniors Wellness Clinic offers elderly, community-dwelling, individuals from multiple cultures, 45 min exercise classes (aerobic + strengthening), educational sessions, individual counseling and referrals to other services, following an interdisciplinary assessment. Exercise classes are offered once a week for 10 weeks. The effectiveness of exercise classes was evaluated with a 6 min walk test and self-reports of exercise activity (min/week, type of exercise), using an uncontrolled pre/post test design. 104 patients attended the exercise classes between Jan 02 and Feb 03. 83 patients were tested at the start of classes (mean age: 69.1 yrs, female: 86%, 1st language not English: 83%). 61/83 patients completed the classes and returned for testing post classes. Both 6 min walk distances and exercise activity/week (min) were significantly increased ($p < 0.05$) following the classes (398 m ± 10 m vs. 425 m ± 10m; 162 min ± 23 min vs. 281 min ± 25 min). Clinically, the gains in 6 min walk distances were modest but the gains in self-reported exercise activity were substantial and suggest that the exercise classes successfully promoted behavioral change in a multicultural sample.

040

NATIONAL LEADERSHIP TRAINING INITIATIVE – IMPROVING THE QUALITY OF PHYSICAL ACTIVITY PROGRAMS FOR CANADA'S OLDER ADULTS

Stephanie Luxton, Bruce Taylor, Gareth R. Jones, Canadian Centre for Activity and Aging, 1490 Richmond Street, London, ON, N6G 2M3, (*sluxton@uwo.ca*), Tel: (519) 661-1648, Fax: (519) 661-1612

With the population of Canadians over age 65 growing rapidly there is an increasing need for physical activity programs that are challenging enough to elicit functional benefits. Qualified instructors are needed to deliver safe and effective physical activity programs to older adults at all stages of life. The Canadian Centre for Activity and Aging, with funding from Health Canada, led a project to develop national guidelines for leaders of physical activity programs for older adults. Leaders were divided into three sectors: those leading group exercise programs in the community, those leading programs for homebound older adults and those working in a long-term care environment. Prior to this project there were no guidelines for leaders in home care or long-term care. In the community sector, organizations expressed a need for up to date information and guidance in developing training modules. Representatives from health and fitness organizations across Canada contributed to the development of these guidelines. At this time they are guidelines and recommendations, it is our hope that they will lead to the development of national standards for certification. Highlights from the guidelines will be presented along with a description of the steps involved in their development and dissemination.

041

COMMUNITY PARTNERSHIPS – NEXT STEP TO ACTIVE LIVING PROGRAM

Lynn McFerran, Fran Mortiboys, Credit Valley Hospital, Rehabilitation Day Hospital, Mississauga, ON, L5M 2N1, (*lmcferran@cvh.on.ca*), Tel: (905) 813-4481, Fax: (905) 813-4229

Partnerships and collaboration have become essential in providing the services and programs in our communities. The Credit Valley Hospital and the City of Mississauga Recreation and Parks have partnered to develop a unique program that promotes independence through recreational activities in a community setting. The Next Step to Active Living Program opened its doors in October 1999 after more than 18 months of meetings and proposals to obtain funding. At Credit Valley Hospital the outpatient day hospital provides rehabilitation therapies for many older adults. The Next Step to Active Living program was the result of an identified need for a supervised therapeutic recreation program for older adults who need additional support to maintain the progress made during their rehabilitation. It has been a great success from both the participants' and the partner's perspective.

The purpose of this presentation is to share the challenges and successes of this program. Participants, staff, volunteers and the community partners support this as a viable model for other communities as a means of maintaining independence and functional abilities through leisure and recreation. Ontario Ministry of Health & Long Term Care funds the Next Step to Active Living Program.

12. Physical Activity I/Activité physique I

042

A CLIENT-CENTRED STREAMLINED SERVICE STRATEGY

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This presentation will provide an overview of an interdisciplinary study designed to evaluate an innovative service delivery model for clients, post-hip surgery. The project was funded by the Ministry of Health and Long Term Care in Ontario, as part of a Rehabilitation Reform Pilot Strategy, testing a model of rehabilitation service delivery. The focus of this particular pilot project was to test the feasibility of a streamlined approach to pre-rehabilitation assessment that would amalgamate two existing assessment teams: a rehabilitation team and seniors care team. The new consolidated team assessed patients post hip surgery, in the acute orthopedic unit, to determine rehabilitation needs and recommend suitable rehabilitation locations (e.g. home, specialized rehab, slow-paced rehab). Issues of system change, improved approach to workload, client satisfaction and comparative data with an historical cohort will be discussed with overall study results provided.

13. Long Term Care I/Soins de longue durée I

043

LONG-TERM CARE STAFF: PERCEPTIONS OF THEIR TEACHING ROLE

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There is strong recognition that well trained "front-line" staff are essential to the implementation of individualized care of older residents within long-term care facilities. This group of staff may include licensed practical nurses, personal care aides, and nursing assistants; their multiple roles include that of care provider, communicator, and teacher. To fulfill these roles, staff require effective teaching skills. Despite attention devoted to the teaching role of registered nurses, empirical research exploring the teaching role of "front-line" staff is not evident in the health care literature.

The purpose of this study was to explore the teaching perceptions and experiences of "front-line" staff working in several urban long-term care facilities through a brief survey, individual interviews, and focus groups. The one page survey contained questions specific to their current teaching perceptions. For the interviews and focus groups, the research team developed a semi-structured list of questions. Participants were asked to describe a teaching experience(s). Data collection is occurring simultaneously with data analysis. Findings will provide insight into the teaching role of "front-line" staff, and the administrative and related support resources that might need to be in place to support their teaching role.

044

FACTORS INFLUENCING KNOWLEDGE EXCHANGE IN REHABILITATION AND COMPLEX CONTINUING CARE ENVIRONMENTS

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There is increasing evidence that knowledge is translated differently depending on the context and on the organization (Rich, 2001). Because knowledge accumulates and builds in organizational memories, there is a need to understand the processes affecting knowledge exchange in organizations. This project is phase 1 of a two-phase study to elaborate a theoretical model of knowledge exchange in rehabilitation and continuing care facilities. The aim of this phase was to investigate organizational leaders' perspectives of factors that influence knowledge exchange in one such organization.

Four focus groups were conducted with different staff groups: program/medical directors and program managers; professional practice leaders; researchers; and research co-ordinators. Six to 12 informants per focus group participated in the study for a total of 30. These groups were selected to represent different viewpoints, experiences and motivations relating to knowledge exchange in the organization.

Qualitative analysis of focus group transcripts and field notes revealed the following factors as important to knowledge exchange: time for reflection; resources; communication; mentoring; buy in, follow through and support for front-line staff; and collaboration. These factors that foster knowledge exchange in a health care organization will be described and a knowledge exchange model which includes these constructs will be presented.

045

FACTORS INFLUENCING NURSING STAFFS ABILITY TO DEVELOP SUPPORTIVE RELATIONSHIPS WITH FAMILY MEMBERS LIVING IN COMPLEX CONTINUING CARE

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The relationship between staff and family members can be a source of conflict which may lead to staff stress (Cohen-Mansfield, 1995) and family stress (Gladstone & Wexler, 2000). The aim of this study was to investigate nursing staffs' perceptions of factors that influence their ability to establish supportive relationships with family members.

Eight individual interviews were conducted within each staff category (Unit Managers, Advanced Practice Nurses, Registered Nurses, Registered Practical Nurses, and Health Care Aides) in three complex continuing care facilities. Additionally, five focus groups (one of each category type) across the three facilities were conducted to validate themes.

13. Long Term Care I/Soins de longue durée I

Preliminary qualitative analysis of individual UMs and APNs interview transcripts reveal the following factors as important to staffs' ability to develop supportive relationships with family members: clarifying expectations; establishing supportive entry; listening and responding; and negotiating uncertainty. The result of this study will be used to inform administration in complex continuing care facilities of some of the institutional constraints and potential opportunities to building better staff-family partnerships in care.

046

BEHAVIOURAL CONCERNS IN LONG TERM CARE: TURNING "WHAT WE KNOW" INTO "HOW WE THINK"

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Research has shown that 2-3% of people between the ages of 65 and 75 have some form of dementia. The incidence increases thereafter, reaching 40% by the tenth decade. Long Term Care facilities are seeing an increasingly frail and higher intensity clientele being admitted for on-going care. As institutions undergo reassessments of their culture and prescribed methods of providing care, staff are challenged to learn new ways of assisting both residents and their families to understand the complex needs of this client grouping. This project sought to develop an educational base for staff, families and indeed other residents of facilities that would assist them in their everyday interactions within the home.

047

LEARNING CAPACITY IN LONG TERM CARE (LTC): PREVALENCE OF THE USE OF PRACTICE GUIDELINES IN ONTARIO LTC FACILITIES

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An organization's learning capacity is described in terms of its ability to recognize the value of new knowledge and information, assimilate it, and apply it to make high quality decisions. Clinical Practice Guidelines (CPG) are discrete packages of synthesized knowledge with explicit, formalized components (recommendations) that are readily detectable in structures and processes of organizations that have adopted them. We describe our ongoing study to identify and contrast the relative importance of factors, acting at the environmental, organizational, individual and knowledge-specific levels, that impact LTC facilities learning capacity as reflected in uptake and use of CPGs. This research is a three-phase mixed-methods study: case-finding survey (quantitative), multiple case study (qualitative), and case-control study (quantitative). The case-finding survey involved a mail questionnaire of Directors of Nursing (DON) and selected registered nurses (RN) at all 546 LTC facilities in Ontario. The main goal was to identify facilities who have used CPGs to aid clinical decision-making processes in any of several key clinical issues (ulcer/wound care, incontinence care, etc). We report findings on the prevalence of facilities' adoption of CPGs, DON's perceptions of their facility's effectiveness in implementing the CPGs, and front-line RNs reports of the extent of their use of CPGs in practice.

14. Falls Prevention I/Prévention des chutes I

048

FEAR OF FALLING IN NURSING HOME VERSUS COMMUNITY-DWELLING OLDER ADULTS

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While fear of falling has been well documented in community-dwelling older adults, few studies have examined this phenomenon in nursing home (NH) residents. Similarly, tools to measure this construct such as Tinetti et al.'s (1990) Falls Efficacy Scale (FES) and Powell & Myers' (1995) Activities-specific Balance Confidence (ABC) Scale were designed for community seniors. To date, fear of falling in NH populations has been assessed via a single item (Are you afraid of falling?) or modified versions of the FES, without further psychometric testing. This study examined the relevance of fear of falling for NH residents. Six focus groups were conducted with staff (n = 25) and residents (n = 14). Thematic analysis verified construct relevance, but also revealed differences in staff versus resident perceptions. Situational analysis further supported the need for a new tool for this population. 21 items potentially relevant to the NH context were identified and subjected to ratings by 26 staff (via survey) and 26 residents (via interview) from 5 facilities. Based on these rankings, a new 13-item tool was developed, with a color visual analogue scale (analogous to a traffic light) using the residents' terminology. Initial psychometric evidence supports this new measure.

049

PARTNERSHIPS, NETWORKS AND CONTACTS BETWEEN SENIORS: PROJECT UPRIGHT, A PROVINCIAL COMMUNITY BASED FALLS PREVENTION PROGRAM

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The project objective was to increase the capacity of senior and veteran organizations to prevent falls and injuries due to falls. This project adopted a grass roots community development approach. Volunteer and project staff activities were directed and supported by a provincial advisory committee, provincial working group and regional working groups composed of a coalition of community partners, emphasizing senior and veteran involvement and leadership.

Workshops, media coverage, exercise programs, presentations to seniors groups, advocating for falls prevention policies, and

14. Falls Prevention I/Prévention des chutes I

partnering with existing home visiting programs have developed as strategies to reach diverse communities across a wide geographic area. A participatory evaluation approach was adopted. The structure originally anticipated has changed. The reach has been wider than originally expected. Challenges such as balancing input and direction from senior and veteran organizations and professional representation have been overcome by emphasizing ownership of the project by seniors, veterans and their organizations.

The project illustrates a valuable model for engaging senior and veteran organizations in leading and planning activities across remote and rural communities.

050

RELATIONSHIP BETWEEN FEAR OF FALLING AND PERCEIVED DIFFICULTY WITH GROCERY SHOPPING

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Falls are a major threat to the health of older adults. Researchers suggest that fear of falling can also be equally debilitating. The purpose of the present study was to examine the relationship between fear of falling and difficulty with grocery shopping among older adults. Ninety eight home care recipients over the age of 65 were involved. Measures included demographic profile, eating problems, physical fitness (mobility, balance, functional endurance, leg strength) and fear of falling (activity specific balance confidence, falls efficacy). The sample had a mean age of 82 years of age (range = 65 to 98) and was 83% females. Fifty six percent reported difficulty with grocery shopping. Independent t-test was used to compare the physical fitness and fear of falling measures among those who had difficulty grocery shopping versus others who did not report shopping difficulty. Compared to those with difficulty shopping, others had significantly higher level of falls efficacy (74 vs 84), activity specific balance confidence (58 vs 70), and balance (20 vs 23). There was no statistically significant difference in mobility, leg strength, or functional endurance across the groups. The study revealed a relationship between fear of falling and perceived difficulty with grocery shopping. Interventions should address fear of falling among frail older adults.

051

REDUCING FALL HAZARDS IN PUBLIC PLACES – A RURAL / URBAN COMMUNITY RESPONSE

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In British Columbia (BC), falls are the leading cause of hospitalization and death due to injury for persons aged 65 years and over. Funded by Health Canada and Veterans Affairs Canada the Northern Health Authority of British Columbia, Canada in partnership with the Royal Canadian Legion B.C. Central Zone, the Prince George Council of Seniors, the University of Northern British Columbia and action committees from Valemount, McBride, Prince George, Vanderhoof, Fraser Lake and Burns Lake, implemented strategies to reduce those areas of risk in the outdoor and public environment that contribute to falls and related injuries among seniors. The interventions reflect an inclusive and collaborative process involving both urban, and small rural, communities. As a result even the smallest communities can demonstrate success in reducing falls. The challenges of working collectively in six communities across a 600 km. span will be presented. The role of community partners and the differences between urban and rural community action processes will be highlighted. A report on sustainable community risk reduction activities, including pedestrian fall hazard hotlines, will be shared. Data gathered from eighty-eight senior volunteers from both urban and rural communities will provide new insights into fall prevention interventions.

15. Rural Environments/Milieux ruraux

052

IS RURAL CANADA A GOOD PLACE TO GROW OLD? DISTINGUISHING CHARACTERISTICS AMONG RURAL COMMUNITIES

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More than 20% of Canada's older adults live in rural areas. Policy initiatives in rural Canada often are based on urban models that mask the diversity of rural communities and overestimate the availability of family/friends to provide support. Our research, funded by Veterans Affairs Canada, challenges the assumption that all rural communities are alike. Based on the 2001 Census of Canada, we developed a sample of 2,755 communities using Census Subdivisions with populations of 250 to less than 10,000 persons. Nine classifications of rural communities were constructed based on proportions of seniors, and of the population who gave support to seniors (from communities with high presence/high support to those with low presence/low support).

Previous analysis of the 1996 Census demonstrated that the most distinctive community type was rural communities that had a low presence of seniors and high levels of support. These communities had highest average hours of unpaid work, highest labour force participation, low mobility patterns and a predominance of agricultural. This presentation will update these findings using the 2001 Census and will use discriminant function analysis to determine which key community variables (e.g., mobility patterns, employment rate, average income) differentiated among the community types.

15. Rural Environments/Milieux ruraux

053

FRAILTY IN RURAL CANADA: THE CANADIAN STUDY OF HEALTH AND AGING AND NATIONAL POPULATION HEALTH SURVEYS COMPARED

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Introduction: Our rural communities are aging at rates faster than the national average. We have investigated the influence of rural and urban location on the characteristics and prevalence of frailty (age-related vulnerability to adverse outcomes) using a 4-point frailty scale based on measures of function, continence, mobility and cognition.

Methods: Two national datasets (Canadian Study of Health and Aging (CSHA1) and National Population Health Survey (NPHS, 1996)) were examined to determine the prevalence and characteristics of frailty. Weighted data are reported.

Results: Frailty prevalence for CSHA rural seniors was level 0 76.8%, level 1 1.1%, level 2 15.1%, and level 3 6.8%. For urban seniors the prevalence was level 0 77.9%, level 1 0.9%, level 2 15.88% and level 3 5.3%. The prevalence of frailty for NPHS rural seniors was 61.82%, level 1 2.28%, level 2 24.69% and level 3 11.21%. For urban seniors the prevalence rates are level 0 62.87%, level 1 2.64%, level 2 22.76% and level 3 11.74%.

Conclusion: Frailty is slightly more common in rural communities. Differences were observed in prevalence of frailty between the CSHA and NPHS. These may relate to differences in data collection methods and definitions used in the two surveys.

Supported by the Canadian Institutes of Health Research.

054

CONSÉQUENCES D'UN SINISTRE CHEZ LES PERSONNES AGÉES DE 50 ANS ET PLUS VIVANT EN MILIEU RURAL : RÉSULTATS D'UNE RECHERCHE QUALITATIVE ET QUANTITATIVE

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En 1999, soit trois ans après des inondations majeures, des personnes âgées vivant en milieu rural ont participé à une recherche combinant les approches qualitative et quantitative afin d'identifier les difficultés vécues à la suite de l'exposition à un sinistre et les conséquences à long terme d'un tel événement sur les conditions de vie et la santé biopsychosociale des personnes âgées de 50 ans et plus. Pour l'atteinte de ces objectifs, une vingtaine de personnes ayant subi des dommages à leur résidence ont rencontré un intervieweur pour répondre à un ensemble de questions ouvertes permettant d'échanger sur les difficultés et les problèmes rencontrés, sur les sentiments vécus et sur les répercussions de l'exposition aux inondations sur leur qualité de vie. Ces mêmes personnes tout comme une cinquantaine d'autres sinistrés et non-sinistrés ont aussi complété un questionnaire comprenant des questions fermées visant à comparer l'état de santé physique et psychologique des sinistrés avec celui de non-sinistrés. Les données tant qualitatives que quantitatives démontrent que les personnes âgées ont été fortement perturbées par les inondations et ce dans plusieurs aspects de leur vie. Les données révèlent aussi des différences significatives entre les sinistrés et les non-sinistrés plus de trois ans après les inondations. C'est ainsi que les personnes âgées sinistrées obtiennent des scores plus élevées dans presque toutes les échelles de mesures utilisées (le Beck, l'Impact of Event Scale, le Bien-être psychologique de Bradburn, perception de l'état de santé physique, etc) démontrant une santé psychologique et physique plus précaire. Cette recherche démontre l'importance d'accorder une attention particulière au processus de rétablissement des personnes âgées sinistrées à la suite de leur exposition à un sinistre et permet de constater que l'aide apportée doit être non seulement immédiate mais elle doit également être offerte sur une très longue période.

055

EXPERIENCES OF ELDERLY RURAL COUPLES IN ACCESSING HEALTH SERVICES AND MANAGING THEIR INTERDEPENDENT LIVES

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Six elderly couples residing in their homes in rural communities, of less than 3000 people in south western Manitoba, participated in conversations over 7 months to describe and give meaning to their experiences in accessing health services. During this phenomenological study, the couple was the unit of inquiry, the couple-experience the focus of interest and the conjoint interview the method of research. Couples provided insight into their experiences in accessing health services and other resources, their long-term dyadic relationships, the issues of daily living that they encountered, and their adaptability, decision-making and problem-solving capacities as they managed challenge and change. A couple-environment reciprocity framework for adaptation to change and a table depicting their decision-making and problem-solving processes were generated. Refocusing from individual spousal care givers or care receivers to the couple as a unit has implications for health care provision, program planning and policy development.

16. Family and Informal Care/Soignants familiaux et soignants naturels

056

NORMS AND VALUES CONCERNING FAMILY CARE OF THE ELDERLY

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Research on caregiving has dispelled the myth of family abandonment of the elderly. However, many researchers have begun to raise the spectre of demographic changes which will result in fewer family members available to care for more and more elderly persons. This perspective ignores, however, the norms and values which under-ride family solidarities. The aim of the study which this paper is based on is to analyse the distribution and the effect of the norms and values associated with support to disabled elderly relatives, in particular those dealing with the sharing of responsibility between different social actors, among three cohorts of Quebecois. A telephone survey (value scales and scenarios) was conducted with over 1310 people living in Quebec and members of the following three cohorts: 70 plus, 45-59, 18-30. The results indicate the distribution of the principal values and norms with regard to family care. This paper identifies and analyses the principal variables associated with these norms and values (age, sex, English or French-speaking, family structure, relation to the labor market, income, experience with caregiving, etc.). Implications for future policy and practice with regard to care for disabled elderly persons will be discussed.

057

"IF ONLY I'D HAD RESPITE CARE FOR MY MOM": THE ROLE OF FORMAL CARE SERVICES IN MEN'S FILIAL CAREGIVING

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This paper examines access to and quality of formal care services from the perspective of adult sons providing filial care. Findings are based on data from intensive interviews with 62 adult son caregivers from Hamilton and London, Ontario. Overall, sons tended to feel frustrated by the process involved in accessing services, and limited in the amount of care available to their parent. Many sons identified budget constraints and cutbacks as responsible for their parent not receiving the number of hours of care they needed. For many with a parent living in a long-term care facility, having more formal support available, particularly affordable respite care, would have allowed them to keep their parent out of a facility and more independent for a longer period of time. These and other finding discussed in this paper speak to the need to reexamine the formal care services available to families providing care, the process involved in accessing services, the quality of services, and what other formal supports are needed to better assist caring families.

058

FAMILY CAREGIVERS WAITING PLACEMENT OF COGNITIVELY IMPAIRED PERSONS

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There is continuing concern that community-based services are inadequate to support family caregivers as they await long-term institutional placement of their cognitively impaired family member. Selected findings from a descriptive longitudinal study of caregivers (n=35) waiting placement of their CI family member will be presented. Questionnaire data were collected at admission to waitlist and at four-month intervals thereafter until entry into long-term institutional care. The presentation will focus on the interactions among sleep patterns, fatigue, health and caregiver burden and how they change over time. The evidence that caregivers experienced significant sleep deprivation and were fatigued and that their health interfered with their caregiving will be linked to caregiver burden. Implications for practice and research will conclude the presentation.

059

UNCOVERING THE SYSTEMIC STRESSORS ASSOCIATED WITH FAMILIAL CAREGIVING OF COMMUNITY RESIDING OLDER PERSONS

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While it is clear from the literature that caring for a family member in the community is socially, financially, psychologically and physically stressful, it is also clear that familial caregivers experience these costs to varying degrees with some caregivers suffering more severe mental health consequences than others. Many researchers and theoreticians have responded to these different outcomes by exploring mediators of stress, such as social support and individual coping abilities. The assumption is that individuals are exposed to similar stressors but respond to these stressors very differently. While individual differences likely play a role in caregiver mental health, this investigation is only meaningful if all stressors impacting upon caregivers are uncovered. However, the stress of interacting with the formal care system has been strikingly absent from models of stress for community residing caregivers. Out of step with the realities of providing care in the community, these models overlook the strains created by a formal care system with limited resources. Addressing this gap, this paper looks to develop a model of caregiver stress that accounts for the stress-generating effects of the long-term community care system. Specifically, findings from Canadian studies on home care service delivery will be used to inform a model of stress that identifies the strain associated with accessing and negotiating the formal care system in a rapidly changing health care environment.

16. Family and Informal Care/Soignants familiaux et soignants naturels

060

UNDERSTANDING THE EXPERIENCE OF MOVING A LOVED ONE TO A LONG-TERM CARE FACILITY: FAMILY MEMBER'S PERSPECTIVES

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While recent health care initiatives support a shift from institutionalization to community-based care, many families reach a point where they are no longer able to provide care for their aged loved ones and are faced with having to move their relatives into a long-term care setting. The move from community to long-term care can be extremely challenging and stressful for family members, especially for those already experiencing severe burden from their caregiving roles. Nonetheless, little research has examined the experience of the transition process for family caregivers. This paper examines the family member's experience of moving a loved one to a long-term care facility and identifies ways in which facilities might help ease this process. Twenty-one semi-structured interviews were conducted with family members who had recently (i.e., within 6-8 weeks of placement) moved a relative into one of three long-term care settings in southern Ontario. Results show that several important factors contribute to the overall experience of the move to long-term care: knowledge of procedures, ability of loved one to adjust, caregiver emotions, instrumental and/or emotional support from other family members, community services and facilities, and smoothness of the actual move. Some recommendations to ease the transition made by family members themselves include the need to strengthen connections with community services and to better prepare family members for the move.

061

GOOD GRIEF: ISSUES OF DEATH AND DYING IN SURVIVOR FAMILIES

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The last of the Survivors of Nazi Germany are reaching the end of their lifespans. Loss of a parent can be traumatic for individuals of all ages and backgrounds. Our experience at a large Geriatric facility has been that offspring of Holocaust survivors face unique challenges and are psychologically vulnerable in the face of parental death and dying (alternate: parental loss and illness). This presentation will demonstrate how research can influence practice and improve understanding of loss and mourning in survivor families.

The paper will examine bereavement issues in adult children mourning the death of a parent, discussing aspects of normal and abnormal grief. Potential physical and psychological outcomes of bereavement will be explored. The paper will also consider bereavement-related issues that may be unique to adult children of Holocaust survivors. Qualitative and quantitative data from a survey comparing the experience of loss in adult children of survivors to a non-survivor population will be discussed. As has been the case with much of the research concerning social issues related to Holocaust survivor families, there is potential extrapolative information for survivors of subsequent genocide.

17. Slaying the Geriatric Giants with Evidence-Based Best Practice

062

SLAYING THE GERIATRIC GIANTS WITH EVIDENCE-BASED BEST PRACTICE

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The care of the acutely ill older adult within our acute and sub-acute care settings is a major cause for concern as knowledgeable/timely geriatric care is critical to whether elders regain their independence following an acute illness. The elder-friendly hospital is a strategy that has been implemented in a few acute care hospitals. However, the vast majority of acute and sub-acute care settings have had neither the personnel nor the financial resources to take on this conversion. With the great majority of acute care patients being 70 years plus, there is a dire need to assure best clinical practice is delivered by all health care providers; especially nurses as they are the 24-hour front-line caregivers. Furthermore, the need for improved provider education and care of the older patients has been specifically identified as a priority by the American Congress's Nurse Renewal Program and our own Federal and BC Provincial Health Ministries.

The BC Ministry of Health Planning and Nursing Directorate provided funds to initiate nursing strategies to address this need. A group of British Columbia Clinical Nurse Specialists (BC CNS) in Acute Gerontological/Geriatric/Geriatric Psychiatry and Continence Care were asked to share their expertise by educating nurses in rural and remote areas of BC. Their assignment was to initiate a major teaching strategy that included a train-the-local trainer model and geriatric nurse network program. The collaborative, unprecedented support by their employers, Fraser Health Authority and Providence Health Care Society, demonstrated how sharing scarce resources can improve global outcomes for the acutely ill elders throughout the province. The CNSs consolidated their expertise to develop teaching/learning materials and evidence-based clinical practice guidelines that can be adapted to the individual care settings.

Two teams of CNSs taught over 300 professional nurses in the Interior and Northern Health Authorities in one and two day workshops. The CNSs will continue to educate in their own health authorities so that a core group of nurse facilitators who were educated as local trainers, will have established the BC Geriatric Nurse Network for Acutely Ill Older Adult. This information and support model offers a front-line connection for all nurses who have received the education and allows for ongoing education to continue.

In this time of fiscal restraints/cutbacks and professional health care provider shortage, the BC CNS group offers a viable and sustainable approach to improve the care of the acutely ill older adult.

18. TAFETA: The Development of Smart Apartments for Seniors

063

TAFETA: THE DEVELOPMENT OF SMART APARTMENTS FOR SENIORS

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Debbie McGregor, Project Co-ordinator, TAFETA,
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At this round table, participants will be engaged in a dynamic participatory exploration of the ways in which technology, and in particular artificial intelligence, can be harnessed to make the living environment of frail seniors more friendly. The input provided by participants will be used in planning for the next phase of the TAFETA project.

Many seniors wish to live independently, either in their own homes, or in retirement accommodation. Unfortunately, aging often results in deterioration of cognitive and physical abilities which can make the home environment unfriendly to the frail senior. If the home can be wired to add memory aids, prevent accidents and monitor health conditions in an unobtrusive fashion, remaining in the home environment longer may be possible.

TAFETA, Technology Assisted Friendly Environment for the Third Age, a public private partnership, has as its goal to develop smart apartments for seniors – identifying, developing, harnessing and linking together technological strategies for making living environments safer and more responsive to the health needs of seniors. Remote medical monitoring and technological adaptations to the living environment are being identified and developed and are being trialed with individuals who are challenged by cognitive and/or physical deterioration. Prototype apartments will be created for trial in an actual living environment. TAFETA will communicate successful technological strategies to policy makers, providers, developers, caregivers and seniors, for implementation in the development of seniors housing.

19. Ageism and Gerontological Education (*Sponsored by Ryerson University*)/ Agisme et éducation gérontologique (*parrainé par Ryerson University*)

064

AGEISM AND GERONTOLOGICAL EDUCATION
Rethinking gerontological education at universities and colleges
Sponsored by Ryerson University

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We know that the cohort of older adults, age 50+ will balloon the numbers of seniors in society within the next ten years. We know that there will be a need for professionals trained to address issues related to these older adults. There are gerontology undergraduate and graduate certificate, diploma and degree programs. We also know that enrolments in these programs are often, at best, stagnant. Why is that when we know there is a growing population needing service? Is it because of ageist attitudes among high school students and advisors? Are the academic programs being offered delivering on their promise of good employment opportunities? Is it that old people are neither cute nor glamorous? Have our academic institutions structured the programs in ways that make them accessible to the widest range of potential students, particularly mature students? Have our academic institutions done the necessary market research and collaboration with community partners? Do we market our programs in a way that reinforces stereotypes about aging and studies of older persons?

A panel of educational gerontologists will address these issues and others. The participants in the symposium will be encouraged to discuss the issues, suggest strategies for success and involve the audience in the strategy process.

Panelists:
Sandi Hirst, University of Calgary, Calgary, Alberta
Deborah Norris, Mount St. Vincent University, Halifax, Nova Scotia
Rheta Rosen, Ryerson University, Toronto, Ontario
Pat Spadafora, Sheridan Institute of Technology and Advanced Learning, Oakville, Ontario
Joseph Tindale, University of Guelph, Ontario

Chair:
Sandra Kerr, Ryerson University, Toronto, Ontario

20. The Canadian Study of Health and Aging: from Research to Policy and Practice/ Études sur la santé et le vieillissement au Canada : de la recherche aux politiques et à la pratique

065

THE CANADIAN STUDY OF HEALTH AND AGING: FROM RESEARCH TO POLICY AND PRACTICE

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The Canadian Study of Health and Aging (CSHA) has provided national statistics on the epidemiology of dementia, including Alzheimer's disease. It involved 10,263 people aged 65 or over, from 36 communities across Canada; participants were assessed in 1991, 1996, and 2001. From the outset, the intention was to provide information relevant to clinicians and to policy makers; this symposium explores how far this knowledge transfer has occurred and what lessons we have learned.

The first symposium paper, by M. Stewart, describes the data collected. To focus the symposium, we concentrate on early cognitive decline, a topic of growing interest now that anti-dementia drugs are becoming available. The second paper, by H. Tuokko, will summarize our conceptual work on early cognitive decline. A crucial issue in translating research into policy concerns the representativeness of research results. To be relevant to policy, research must be based on representative samples, and the data linked to other sources of information to offer a complete picture. We have linked CSHA data to information on health care utilization and to death records. This raises ethical challenges, and the third paper, by L. Sykes, will address the ethical issues involved in undertaking a study of this magnitude. The fourth paper, by J. Lindsay, describes our approach to contacting policy makers and to supplying them with results that might be useful in formulating policies relevant to cognition in the elderly. A fifth paper, by L. Plouffe, will balance this by offering the perspective of a government officer on the receiving end of this knowledge transfer. The final paper, by P. St. John, will describe the physician's perspective on the usefulness of data arising from such a study to clinicians.

The Canadian Study of Health and Aging, Phase 3 (CSHA-3): Flow of Subjects and Response Rates

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In January, 2001, data collection began for CSHA-3, a national study of seniors, which focused on identification of early cognitive decline and risk for dementia. High response rates were an important component of the national representativeness of the study. Of the original sample of 10,263, 5490 participants were eligible for CSHA-3. Excluded were 3072 who died prior to or during CSHA-2, 859 who refused to participate in CSHA-2 or were lost to follow-up, and 842 who had a CSHA diagnosis of dementia. We found that 1584 subjects died in the five year interval between CSHA-2 and -3. Of those remaining, 85.4% participated in the screening interview; and 2.3% were unable to be screened, but agreed to a clinical examination. Just over 12% refused to participate, could not be found, or had moved out of the study areas. The screening interview score and prior clinical examination determined whether a subject would proceed to the neuropsychological or clinical examination, and also to a caregiver component. For those who had died, a relative was interviewed and information obtained from the death registration, where possible. Addition of health services utilization information to this rich data set is underway.

The Meaning of Mild Cognitive Decline

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Over the past decade, research on older adults who exhibit cognitive changes that exceed those considered age-associated but not of sufficient magnitude to warrant a clinical diagnosis of dementia has grown. In first and second waves of the CSHA, it was apparent that as substantial proportion of older adults showed some mild degree of cognitive impairment and this topic became the major focus of the third wave of the Canadian Study of Health and Aging (CSHA). The CSHA team has been pursuing sets of linked investigations to improve our understanding of the nature of this cognitive impairment and what happens to people with this condition over time. This presentation will address the various ways this group has been defined and modelled with the data. Specifically, the feasibility of distinguishing between people in the early stages of cognitive decline who will and will not progress to a dementia will be discussed. In presenting the findings, conceptual and methodological issues will be highlighted.

Ethical Issues in the CSHA

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Epidemiological researchers must consider ethical issues in collecting data, in linking data to other information (e.g. mortality, health care utilization) and in subsequent use of the data. For each of the three phases of the Canadian Study of Health and Aging (CSHA), ethical approval was first obtained by the Coordinating Centre in Ottawa. Subsequently, the 18 study centres submitted the study protocol and approved consent forms to their local Research Ethics Boards. Each phase of CSHA encountered a stricter ethical climate: in 1996, legislation in Newfoundland prohibited release of clinical diagnoses without informed consent of the study participant (proxy consent was not acceptable); in 2001, Ontario refused to release cause of death of study subjects without prior consent. Current CSHA analyses centre around early cognitive impairment and predicting which impairments may progress to dementia. This raises ethical issues (such as treatments and resulting side effects, lack of effective treatment, stigmatization of individuals with suspected impairments) for clinicians who apply these epidemiological data to individual patients. Balance between protection of the individual and the ability to conduct research is essential.

Translating Results of the Canadian Study of Health and Aging (CSHA) Into Policy and Practice

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Over the three phases of CSHA efforts have been made to provide study results to those who could benefit from this knowledge. These will be described, and we will attempt to assess the policy relevance of the study as well as its practical applications. Activities included workshops following CSHA-1 and -2 to communicate results to policy makers, service providers, other researchers and the lay public. The CSHA coordinating centre works closely with the Alzheimer Society of Canada, and has recently established

20. The Canadian Study of Health and Aging: from Research to Policy and Practice/ Études sur la santé et le vieillissement au Canada : de la recherche aux politiques et à la pratique

a web site (*www.csha.ca*). Fact sheets have been written, based on CSHA results. CSHA investigators have been invited to speak at provincial policy workshops on dementia and provision of care, and at Alzheimer Society conferences, both national and local. CSHA data were contributed to a Health Canada working group concerned with the aging of the population and its impact on health services utilization (HSU). Addition of HSU information to CSHA data benefits the provinces which provide the data by enabling them to conduct more in-depth policy analyses, using the CSHA data. Health Canada continues to develop fact sheets, based on published CSHA analyses, and to review the current status of research on dementia in Canada.

CSHA: A Federal Government Perspective on Policy Responses

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All aging societies are faced with responding to the challenges for individual and collective wellbeing posed by aging-related health problems. Federal actions to address these challenges to date will be discussed with reference to the policy "tools" available to the federal government to address national health concerns (research; public education; professional education; partnership development; coordination and policy leadership; community-based program development; taxes and transfers; direct service delivery). Suggestions of areas and opportunities for further possible federal involvement will be presented for discussion with the audience.

The Canadian Study of Health and Aging: From Research to Policy and Practice

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Dementia is likely preceded by preclinical cognitive deficits. A combination of these deficits could be used to identify those at risk for developing dementia. Criteria for screening for early disease have been enumerated by the WHO. With regards to the early identification of dementia, the CSHA has been able to provide useful information. First, the CSHA has clearly demonstrated that dementia is a common disease with significant morbidity. Second, the CSHA has provided valuable information on the natural history of dementia, and Cognitive Impairment, No Dementia (CIND). Third, data from the CSHA may also be useful in developing instruments to identify preclinical dementia. These screening tools should be acceptable to older persons and clinicians. These instruments must also be sensitive enough to accurately identify those at risk of developing dementia, and must be specific enough to avoid false labelling of persons not at risk.

Other factors also need to be considered. Interventions to delay or prevent dementia in those at risk need to be studied. These interventions need to be widely available, acceptable to older persons, and economically feasible.

Prior to advocating screening and/or case finding for dementia, several issues need to be addressed. The effects of false labelling of people needs further study. The accuracy, ease of administration of clinical predictors needs to be validated in many populations. Finally, the acceptability of testing needs to be established from the perspective of older people themselves.

21. Planning the Best End-of-life Care Delivery Model(s) for Canada/ Planifier le ou les meilleurs modèles de prestation des soins de vie au Canada

066

PLANNING THE BEST END-OF-LIFE CARE DELIVERY MODEL(S) FOR CANADA

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Despite tremendous advances in palliative care technologies and expanding palliative care programming across Canada, many concerns exist about end-of-life care. This symposium will explore these concerns, discuss the range of end-of-life care models that can be found across Canada and outside of Canada, and identify end-of-life care needs, expectations, and developments in Canada to guide end-of-life care developments. The findings of a comprehensive research study of end-of-life care will be shared by an interdisciplinary research team, with the audience asked to participate through shared knowledge and experiences.

Concerns About End-of-Life Care (Dr. Donna Wilson will lead this discussion)
There are many concerns about end-of-life care, with some shared and some divergent among dying persons, their families, health care providers, and health care policy makers. The first presentation and discussion in this symposium will focus on identifying the most obvious or public concerns about end-of-life care (such as untreated pain and family caregiver burden), with synthesis research findings and original research findings used to explore the validity of these concerns and/or come to some understanding about them. Additional or alternate concerns will also be discussed, for the purpose of coming to an awareness of the current interplay of myth and reality in the designing of end-of-life care.

End-of-Life Care Models (Dr. Margaret MacAdam will lead this discussion)
To enable a wide-ranging discussion on the provision of end-of-life care, the findings of a series of synthesis research reviews of end-of-life care models will be presented. Key end-of-life care model components will be highlighted, such as family involvement and high quality of care. Whole models will also be presented, notably the New Zealand model of community-based integrated end-of-life care, Australia's extension of palliative care into the long-term-care (aged care) setting, and others in Canada and outside Canada. One of the main foci for this discussion will be on the need for integration of services.

End-of-Life Care Needs, Expectations, and Developments (Dr. Christopher Justice will lead this discussion).
What exactly do dying people and their families need? This discussion will highlight needs that have been validated by research, and contrast these with societal and health care professional expectations, and current developments in end-of-life care programming. One of the key foci of this discussion will be on differences between dying naturally of old age and dying unnaturally from an untreatable illness, such as cancer.

22. Ontario's Strategy for Alzheimer Disease and Related Dementias

067

ONTARIO'S STRATEGY FOR ALZHEIMER DISEASE AND RELATED DEMENTIAS

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Ontario's Strategy for Alzheimer Disease and Related Dementias is the first comprehensive, multi-faceted provincial strategy on Alzheimer Disease to be introduced in Canada. It is intended to improve the quality of life of people with dementia and provide support to the families who care for them.

The Ontario government is investing up to $68.4 M over five years, starting in 1999/2000, in a 10-point action plan. This funding has resulted in the expansion of respite services for caregivers, the launch of a Guide to Advance Care Planning, a complementary education and training program, the hiring of public education co-ordinators at each of the 39 local Alzheimer societies, the hiring of 50 new psychogeriatric workers to provide expertise on the management of behavioural problems associated with dementia, and training for front-line staff and physicians in the area of early detection and information on local community services.

The Strategy includes initiatives directly targeted at family caregivers. For example, through our Alzheimer Strategy, the Murray Alzheimer Research and Education Program, the Caregivers' Association of Ontario and the Alzheimer Society of Ontario in partnership with government is undertaking research on the specific needs of family caregivers in the area of respite.

The Guide to Advance Care Planning demonstrates our commitment to ensuring that people afflicted with Alzheimer Disease and related dementias have choices and a sense of confidence that their wishes about their future care will be understood and respected by loved ones and health care professionals. This directly assists caregivers by making it easier to make tough decisions in the future as substitute decision makers.

23. "Crise du couple et vieillissement"

068

« CRISE DU COUPLE ET VIEILLISSEMENT »

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Les conjugopathies des couples âgés sont souvent négligées, banalisées car considérées comme une normalité de l'âge. C'est ignorer la souffrance qu'elles engendrent et méconnaître les conséquences tant individuelles que familiales. Elles ont été encore peu étudiées en France compte tenu de l'absence de praticiens qui se sont penchés sur ce sujet.

Nous isolerons dans notre exposé des causes spécifiques liées au vieillissement des partenaires et du couple. Nous déterminerons des éléments contextuels en posant la question de l'espace entre les conjoints et de la représentation du temps ou l'idée de « refaire sa vie » semble impossible. Nous développerons les points relationnels en nous intéressant surtout aux éléments de disqualification. Nous nous pencherons sur la place de l'environnement tant familial qu institutionnel et poserons la question de la place des couples dans ce dispositif relationnel. Enfin nous poserons la question des hypothèses concernant ce lien apparaissant comme à la fois indissoluble et pourtant impossible.

À partir de ces différents questionnements et d'une expérience clinique de plus de 100 dossiers nous présenterons les axes de prise en charge qui apparaissent comme pertinent en réponse à ce type de pathologie et tenterons de déterminer les paramètres à installer pour, si ce n'est éviter, en tout cas limiter la souffrance individuelle et relationnelle.

24. Moving from Research to Community Action: Using a Population Health Approach to Falls Prevention

069

MOVING FROM RESEARCH TO COMMUNITY ACTION: USING A POPULATION HEALTH APPROACH TO FALLS PREVENTION

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The population health approach aims to improve the health of the entire population, or large sub-populations (e.g. older adults), by acting on the broad range of factors and conditions that affect their health. Population health recognizes that small changes made by most people will have a much greater impact on the overall health of the population than will large changes made by a few people. Applying this approach to a major health problem for the older population, such as falling, is a significant change from a focus on high-risk seniors or individual-based strategies. Falls impact seniors health, independence and quality of life, above and beyond its tremendous cost to families and the health care system.

Preventing Falls Together, a Health Canada/Veterans Affairs Canada-funded Falls Prevention Initiative, illustrates how the population health approach is applied to developing a collaborative provincial strategy to prevent falling among seniors, veterans and family caregivers. Research, partnerships/networking, tools, and training were used to build the capacity of voluntary organizations, government, and businesses working with seniors and veterans to incorporate falls prevention strategies into their work at the provincial, regional and community levels. This workshop will provide an overview of the key elements of population health and explain how each relates to falls prevention. The workshop will focus particularly on evidence-based decision-making at all stages of policy and program development; addressing determinants of health, applying multiple interventions strategies, and collaborating across sectors and levels. Participants will have the opportunity to apply these learnings to their own work.

25. How to Start and Sustain a Falls Prevention Program for Seniors Led by Seniors

070

HOW TO START AND SUSTAIN A FALLS PREVENTION PROGRAM FOR SENIORS LED BY SENIORS

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This interactive workshop will demonstrate how the Community Care City of Kawartha Lakes' Falls Prevention Program can be started in any community with senior volunteers. Each week of the 10-week program consists of the following four elements:

1) Educational sessions on the Risk Factors and Safety Measures
2) Exercises
3) Healthy nutritional breaks
4) Social interaction

The original program has been in existence in the area for over five years. This program has now been enhanced with the addition of two videos and a Team Facilitator Manual with funding received from Health Canada and Veterans Affairs. The Professionals' video has combined the expertise of ten professionals with the aid of eleven dedicated senior volunteers to provide an excellent resource on how to recognize "Risk Factors and Implement Safety Measures" such as footcare, nutrition, medication use, etc.

The exercise video "SAGES" (Safe and Gentle Exercises for Seniors) used in the program was created by Certified Instructors for Tai Chi and Fitness in consultation with Physiotherapists to ensure appropriateness for our seniors.

A Question and Answer period with senior volunteer team members will follow the demonstration. Workshop attendees will gain practical knowledge on how to start this worthwhile program in their community.

A summary of the evaluations of this program will be included in the handouts.

Attendees may want to bring comfortable clothing to participate in this workshop.

26. Physical Activity II/Activité physique II

071

CORRELATION BETWEEN SELF-REPORT AND PERFORMANCE IN OLDER ADULTS – THE NAGI PHYSICAL PERFORMANCE SCALE

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Clinicians use both, self report and performance measures, to assess functional status in older adults. Both measures provide valid and reliable information about physical functioning, but they measure different domains of functional status. In order to delay disability that occurs with aging, we need to identify preclinical changes through periodic monitoring by older adults themselves and by health professionals. Lower extremity functioning is the gateway to disablement process that occurs with aging and is the strongest predictor of future disability in older adults. The purpose of this study was to examine the relationship between self-report and performance of the Nagi Physical Performance Scale, (NPPS) which measures lower extremity functioning, in community dwelling older adults. This study is part of a RCT where the overall purpose was to develop a method of monitoring physical functional heath for community dwelling older adults.

072

THE EFFECTS OF MASSAGE THERAPY ON OLDER ADULTS WITH AGITATION DUE TO COGNITIVE IMPAIRMENT

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This presentation will describe a pilot project that was conducted on an acute care medical unit of a university teaching hospital involving older adults with cognitive impairment who demonstrated a high level of agitation as shown by their scores on the Mini-Mental State Exam (Folstein) and the Cohen-Mansfield Agitation Inventory.

Participants were randomized to a series of either massage therapy or supportive visits conducted by trained therapists. The benefits on behaviour and mood will be described. Implications for interdisciplinary clinical practice will be discussed.

073

COORDINATED HOME SUPPORT EXERCISE FOR FRAIL, OLDER ADULTS

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The Home Support Exercise Program (HSEP) targets frail, often homebound, older adults using the existing infrastructure of home care agencies as the primary vehicle for recruitment, training and delivery. During regular assessments, case managers introduce the HSEP. Following a four hour training workshop and during regular visits, personal support workers (PSWs) demonstrate the set of 10 simple, functional exercises and provide on-going client support. Formative and outcome evaluations have demonstrated that the exercises are acceptable to clients, feasible to deliver through home care and effective in improving physical and psychological functioning. Currently, we are evaluating several strategies for sustainability and wider dissemination of the HSEP. The approach we will highlight in this presentation involves the implementation of the HSEP in several flexible care apartment buildings in London, Ontario. The HSEP was built into a neighbourhood team model to facilitate collaboration among multiple care providers serving these frail older adults. For instance, physical therapists are given an HSEP in-service and work with trained PSWs to maintain client functioning via the HSEP following rehabilitative services. Coordination is necessary to ensure the continuity of home exercise for maintaining the functional abilities of frail adults in the community.

26. Physical Activity II/Activité physique II

074

PHYSICAL ACTIVITY AND SOCIALLY PRODUCTIVE AGING: "GETTING MORE DONE" AND "PUTTING A BOUNCE IN MY STEP."

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The World Health Organization projects a significant drop in the worker support ratio from 9:1 to 4:1 by the year 2050. Industrialized nations such as Japan have only begun to study the relationship of healthy aging and social productivity. Myths about older adult unproductivity and stereotypes about generations aging alike have clouded definitions and research directions. To answer the question, "does active living promote volunteerism and good citizenship?" we interviewed 18 adults aged 49-75 and asked three questions about "the rest of the day after 30 to 60 minutes of exercise," and personal productivity with and without an active lifestyle. While some older adults take a brief rest after exercising, they almost universally say they get more done, are in a better mood to be in the company of others, and enjoy life more. The findings support the social benefits of active living, but further research is needed to clarify in what ways seniors may become more "productive."

075

"GET WITH IT." LIFE'S DISTRACTIONS VS CONTROL CUES TO MAINTAINING PHYSICAL ACTIVITY

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Our purpose in this longitudinal study was to identify barriers to physical activity from the perspective of the older adult. A prospective, one-year social support study (education, encouragement, and counselling) aimed to reinforce the exercise motivation of 34 low-active adults aged 49-82. Three in-depth interviews, personal journals and telephone monitoring were used to log barrier events and capture individual thinking. Content analysis, rich narrative selection, and points of saturation were used to interpret the data. Also many respondents failed to increase their activity level, they gained more awareness of their self-talk and found it easier to recognize new opportunities to be active. Active individuals created lifestyle strategies to create control over their time and activities, while inactive people felt they were on "the verge" of being more active at the one-year mark. Apparently external cues to take action are needed until such time that motivation for daily exercise becomes internalized or patterned in daily routine.

27. Long Term Care II/Soins de longue durée II

076

BARRIERS TO CLINICAL PRACTICE GUIDELINE USE IN ONTARIO LONG-TERM CARE SETTINGS

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Objectives

This in-progress research explores some of the challenges inherent in attempting to implement clinical practice guidelines (CPGs) in long-term care (LTC) settings. Objectives of this research are:
 To determine the prevalence of CPG use in Ontario LTC facilities according to size, location, staffing ratios and ownership status;
 To analyze the impact of the major policy issues with respect to the LTC environment in Ontario since Bill 101;
 To identify and analyze the relative importance of political/institutional barriers to guideline implementation in Ontario LTC facilities according to facility characteristics (size, location, staffing ratios, ownership status) while controlling for guideline, provider and organizational level barriers.

Method

The research utilizes a combination of three complementary methods of primary data collection:
 Document Analysis
 Key Informant Interviews
 Survey of Ontario LTC Facilities

Results

Policy barriers such as lack of funding and de-regulation are major concerns for the LTC industry in Ontario and influence the degree to which CPGs are implemented. Differences in CPG utilization are noted with respect to various organizational characteristics.

Conclusions

The feasibility of implementing CPGs in LTC settings is questionable given the policy environment under which facilities are operating.

077

AN EXAMINATION OF HEALTH PROFILES, SERVICE USE AND CARE NEEDS OF OLDER ADULTS IN RESIDENTIAL CARE FACILITIES

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This study is part of a larger initiative that aims at developing strategies to improve targeting of at risk older adults living in unlicensed residential care facilities. The objective of this phase was to examine health profiles, patterns of service use, and care needs of residential living older adults in the City of Ottawa. A random sample of 178 residents received multidimensional geriatric screening. A typical resident was female (78%), widowed (74%), over age 85 (56%), and reported English as mother tongue (80%). Residents had an average of 6.3 medical diagnosis and received 5.1 prescription drugs. There were high rates of use of acute care services, with 41% of residents having at least one emergency department visit or a hospital admission in the past year. The mean SMAF functional disability score was 25.8, with a wide range from

0 to 69. This score corresponds to an average of 53 minutes of required nursing/personal care daily. Nearly half of sample (44.3%) had some level of cognitive impairment, with 22.5% experiencing moderate to severe deficits. Although 42% of residents were eligible for long term care, only 16% had applied for placement.

The findings can inform future case finding initiatives and regulatory debates.

078

INDICATORS OF THE QUALITY OF LONG-TERM CARE: PERSPECTIVES OF NURSING ATTENDANTS

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Although nursing attendants (i.e., unlicensed health care workers) are providing substantial levels of care to older clients who are living in community (i.e., non-institutional settings), there has been limited research that has focused on their perceptions of quality of care. The findings of this community suvey, which involved 45 nursing attendants, and the use of a modified tool entitled ‘Quality care assessment instrument for Nursing Attendants employed in long-term care’, included their perceptions of: (a) the level of important they accorded relationship or rapport-building with the older client; (b) the nature and degree of involvement in day-to-day care of the older client and level of decision making in the planning process of same; and (c) their perceived needs for ongoing inservice education (e.g., desired topics; frequently; mode of presentation).

079

A COMPARATIVE STUDY OF ELDERLY PERSONS AND HEALTH CARE PROFESSIONALS IN REGARD TO MAKING LONG TERM CARE DECISIONS FOR A MARGINALLY INCOMPETENT PERSON LIVING ALONE

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The focus of this research was a comparison of the values of elderly people and health care professionals (HCPs) that underlay the care decisions they made for a hypothetical marginally incompetent elderly person living alone.

Frequently individuals come to the attention of health care professionals when they appear to be living “at risk” but do not want care. In the absence of clear roles and responsibilities the decisions made on these persons’ behalf could reflect the professional’s values. In that health care professionals are younger, and their practice is driven by discipline specific values and the values of the agencies employing them, it seems unlikely they would make decisions congruent with those of elderly people. Instead it was hypothesised that the values of elderly people would be more likely to reflect the values and perspectives of other elderly people.

A between group design was used to compare a group of elderly people (N = 82) with a group of health care professionals (N = 87). The sample was one of convenience, and a questionnaire was used to gather the data. A scenario was provided to participants concerning an elderly woman living alone “at risk”. They were asked to assess her safety and to make health care decisions for her, under varied conditions. The responses were compared between the groups and examined to determine what values were reflected.

There were similarities and differences in the care decisions of elderly participants and HCPs, and the values that underlay them. Elderly participants and HCPs appraised the hypothetical elderly person’s safety similarly, but elderly participants were more likely to suggest facility care for her, demonstrating paternalism. None of the participants demonstrated autonomy, most acted beneficently. Elderly participants, as opposed to HCPs, felt more influenced by the hypothetical elderly person’s burdened children but did not make care decisions based on this. Elderly participants were more likely than HCPs to demonstrate paternalism if the hypothetical elderly person refused the care they originally suggested. Together the findings indicate that HCPs do not make the same care decision for a marginally incompetent elder that elderly persons do, and their decisions are based on different values.

080

ASSESSING THE IMPACT OF RELOCATION WITHIN A LONG-TERM CARE FACILITY

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Background. St. Joseph’s Health Centre (SJHC) in Guelph, Ontario is a non-profit 254-bed facility incorporating long-term care (LTC), complex continuing care (CCC) and outpatient programs. In October 2002, the organization moved to a new facility located on the existing property. Methods. Three months post move, samples of residents, their family members and staff were interviewed to gather their impressions of the preparation for the move, adjustment to the new building and advice they would give to other facilities. Residents without cognitive impairment were interviewed. Staff represented both clinical and non-clinical areas. Analysis of existing quantitative data will explore rates of events thought to be associated with relocation (e.g., mortality, depression, falls) both pre and post move. Results. A total of 9 staff were interviewed (n=5 non-clinical; n=4 clinical). Other interviews are in progress. Preliminary analyses suggest that the delivery of meals is of some concern and the structural layout of the building is seen as both positive (e.g., increased privacy for residents) and negative (e.g., increased staff time for many clinical activities). Discussion. This project will provide preliminary evidence of the factors to consider in planning for relocation within a long-term care environment and the effect of relocation on residents health’ status.

28. Falls Prevention II/Prévention des chutes II

081

SLIPS, TRIPS AND BROKEN HIPS – PREVENTING FALLS IN THE HOME

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Falls are the leading cause of fatal injuries and account for more than half of all injuries among seniors. One in three seniors experience at least one fall each year. In Nova Scotia, falls accounted for 75% of the injuries reported in the home. While the economic costs are significant, the cost to the individual is pain, suffering and loss of independence. Research has shown that many falls are preventable. The Lunenburg Queens Falls Prevention Program is a pilot project funded by the Health Canada/Veterans Affairs Canada Falls Prevention Initiative.

One of the strategies implemented is home assessments. A checklist was developed and is administered by trained volunteers who visit senior's homes. The resident senior is provided with a copy of the completed checklist and information about relevant resources. Home assessments are available to any senior on request. The process is documented on video and CD for wider distribution. In addition, we have done presentations to seniors' groups and themed media promotions. Results indicate that seniors are making changes to reduce the risk of falling.

082

EXPANDING THE CIRCLE: INVOLVING BUSINESS IN CHANGING ATTITUDES ABOUT ASSISTIVE DEVICES AND FALL PREVENTION

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Tools for Living Well is one of three national projects funded by Health Canada/Veterans Affairs Canada. It offers a new approach to promoting the use of assistive devices among seniors and veterans through increasing availability and access to grab bars, non-slip mats, bathseats, canes and hip protectors in neighbourhood stores, hotels and new home construction. It involves working with businesses to encourage:

- department stores, hardware stores and pharmacies to carry and promote a broader range of assistive devices and provide point of purchase information on their selection, installation and use;
- hoteliers to install grab bars and non-slip mats in every room, and advertise the availability of bath seats;
- homebuilders to display grab bars in model homes and actively offer them as an option.

This presentation will discuss lessons learned in the approach to businesses at three different levels: head office, distributors and local business. It will focus on our experiences in gaining access, proposing areas for collaboration, and negotiating action plans. It will finish by offering recommendations to others who may wish to include business as a partner in future programs.

083

PREDICTION OF FALLS USING A RISK ASSESSMENT TOOL IN THE ACUTE CARE SETTING

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Falls account for at least 40% of all accidents in hospital. We tested the predictive validity of an assessment tool (from British STRATIFY STUDY) for risk of falling during hospitalization among elderly patients in an acute care setting. This was a prospective cohort study, which included 620 patients over 65 years of age. A risk score was constructed using multivariate logistic regression to obtain optimal weights. The predictive validities of scales using un-weighted and weighted items were compared. Inter-rater reliability for the weighted risk score indicated good agreement (ICC = 0.78). Falls history, mental impairment, toileting difficulties, and dependency in transfer/mobility significantly predicted fallers in univariate logistic regression. Mental status was a significant predictor ($p<0.001$) while history of falls and transfer/mobility difficulties approached significance ($p = 0.089$ and $p = 0.077$ respectively). A falls risk score of 9 (on a 30-point scale) yielded a sensitivity of 91% and specificity of 60% for predicting falls. The un-weighted scale did not yield a cut-off provided sensitivity above 80% (at 50% specificity). Good predictive validity for predicting who will fall in hospital was achieved in a Canadian setting using a weighted scale.

29. Support for Caregivers/Aider les soignants naturels

084

CREATING SUPPORTIVE ENVIRONMENTS FOR FAMILIES CARING IN THE DEMENTIA CONTEXT

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Families provide the bulk of care for persons with dementia living in the community, yet they are often not consulted by health care and social support professionals in decision-making and the creation of policies. Recently, researchers have called for the development of meaningful partnerships in care that value the knowledge bases of professionals, people with dementia, and their family carers, that focus on interdependence rather than dependence or independence, and that work towards enabling family caring units to continue to function well in their everyday lives (Clarke, 1999; Davis, 1996; Robinson, 1994). Drawing on data obtained from 14 focus groups conducted across Ontario with carers of persons with dementia and care providers (total of 142 participants), we provide insights on how we might better support the needs of families in dementia care. Aspects critical to creating supportive environments for caring families include: (1) the need for the development of partnerships committed to sharing and working together; (2) the creation of a system committed to supporting persons with dementia in their homes, that is more easily accessible, and that is responsive to the individualised and changing needs of all members of caring families; and (3) the provision of education, support, adequate employment policies, and financial compensation that allow caring families to continue to function in "normalized" ways.

085

APPLICATION OF A NEW THEORETICAL MODEL TO A GROUP INTERVENTION PROGRAM FOR SPOUSAL CAREGIVERS OF PARTNERS WITH NEURO-DEGENERATIVE DISEASE

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The purpose of this presentation will be to: present a comprehensive theory for understanding the challenges for spousal caregiver's of partner's with neuro-degenerative disease; share a model of intervention that demonstrates the applicability of the theory; present an analysis of the group process/intervention that validates the model; and illustrate how to conduct virtual caregiver support groups online.

Our group combines psychosocial support and computer technology bridging care, research and education. This model integrates psychotherapeutic group strategies with the educational focus through the website designed and dedicated to supporting group members. Studies show that educational groups for caregivers differ in outcomes when compared with psychotherapy groups. Meta analyses of studies of caregiver intervention programs have consistently shown that integrated, multi-modal approaches are more effective. In testing our current model integrating an educational focus with psychotherapeutic group strategies, results indicate positive client feedback. The intervention combines a face-to-face psychotherapeutic group followed with a virtual, internet-based group. The key focus of the intervention is its emphasis on caregiver subjective burden. By placing considerable emphasis on helping caregivers to manage more effectively the psychological burden of caregiving we expect improved caregiver psychological and physical health as well as overall coping capacity.

086

A SYSTEMATIC REVIEW OF THE EFFECTIVENESS OF INTERVENTIONS FOR CAREGIVERS OF PERSONS WITH DEMENTIA

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The prevalence of dementia is increasing as seniors are living longer. Due to cuts in funding for formal support many families are having to provide care for persons with dementia at home. There is an abundance of literature regarding interventions to support caregivers in the community, many with conflicting results. This study utilized a systematic review to gather and synthesize information about interventions that have an effect on the well-being of caregivers of people with dementia. A search of the literature resulted in 36 relevant studies; utilizing validity criteria 11 studies were rated as strong, 11 moderate, 13 weak, and 1 poor. This review focused on the strong and moderate studies. No one intervention demonstrated an overall significant impact on the well-being of caregivers. Several interventions have been shown to be of benefit to caregivers. Institutionalization was delayed by the psychotherapy intervention for caregivers and in one of the case management models. Caregiver depression and strain were reduced during in-hospital respite. Interventions individualized to the caregivers or care receiver were successful in some outcome areas. Non-significant findings were more common. Further investigation is greatly needed. Systematic reviews are an important means to guide practitioners and consumers in making evidence-based decisions.

087

FAMILY CAREGIVER SUPPORT GROUPS IN BRITISH COLUMBIA: EXPLORING CAPACITIES, NEEDS AND STRATEGIES

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Family members caring for a frail or impaired senior play an important role in our health care system. They require support in this role however if they are not to jeopardize both their own health and well-being, and the care of their frail or impaired relative. Family support groups have emerged as an important means for providing this support. In British Columbia, the Caregivers Association f BC (CABC) played an active role during the mid 90's in facilitating the development of a network of these groups across the province. The purpose of this study was to explore how these groups, which are co-ordinating largely by volunteers, were fairing in this period of fiscal cutbacks and constraints. Qualitative interviews were conducted over a period of four months with 35 support group leaders throughout the province of BC. Emerging findings highlight both the commitment of support group leaders to family caregivers as well the isolated struggle most are experiencing trying to successfully maintain their programs. Identified needs include increased opportunities for networking between support group leaders and the presence of a strong educational and advocacy body to identify and promote family caregiver needs. In addition to presenting the capacities and needs of support group leaders in BC, strategies to address these needs will be highlighted.

088

FUTURE DIRECTIONS IN CAREGIVER RESEARCH IN CANADA

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In December 2002, the University of Ottawa Institute on Health of the Elderly associated with the SCO Health Service, in collabora-

29. Support for Caregivers/Aider les soignants naturels

tion with the Canadian Institutes of Health Research (CIHR), Institute of Aging, the CIHR Institute on Gender and Health, and the CIHR Partnerships and Knowledge Translation Portfolio, held a two-day national research workshop to guide research directions for caregiving to people with Alzheimer's disease in Canada. The Workshop brought together researchers, clinicians, policy makers, and governmental and non-governmental representatives from across Canada. Discussions at the Workshop focused on a systematic review of the current state of knowledge on informal caregiving in Canada, the needs of research users, directions for future research (research questions, study designs, measures, threats to validity) and unresolved issues (investigators, collaborators, project sites, funding agencies, multi-site/multi-centre studies, proposal preparation, resource needs, and optimal time to begin projects). Based on these discussions, workshop participants generated nine recommendations related to research gaps and ways to address these gaps. This paper will provide an overview of the topics covered at the Workshop and suggest directions that caregiver research should take in the future.

30. Critical Policy/Politiques critiques

089

CANCELLED

ANNULÉ

090

PERSONAL CONTRIBUTIONS TO THE COST OF NURSING HOME CARE: POLICY DIFFERENCES AND THEIR IMPACT ON COMMUNITY-DWELLING SPOUSES

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While all nursing home care in Canada is publicly funded to some extent, all citizens contribute personal funds to the costs of their nursing home care. Canada has three types of policies that define these personal financial contributions: per diem-based (Alberta, Territories), in which a flat rate for personal contribution is set ; income-based (BC, Saskatchewan, Manitoba, Ontario, Quebec), in which the rate is adjusted to income, up to a maximum meant to cover room and board costs; and income- and asset-based (Nova Scotia, Prince Edward Island, New Brunswick, Newfoundland), in which the rate is adjusted to income and assets, up to the full cost of nursing home care. The goal of this study was to describe the impact of different Canadian policies regarding personal contributions to nursing home care on the financial situation and experiences of elderly, community-dwelling spouses of persons in nursing homes. Using a case study approach, the study examines the experiences of community-dwelling spouses in three provinces, each representing one policy type. Interviews with 16 to 20 spouses in each province were the primary source of data. The results of the study indicate that the type of policy in place in a province can socially and economically impact on community-dwelling spouses as evidenced by their reports of experiences such as change in income, heightened concerns about financial matters, restrictions in activities, and/or challenges in maintaining the home.

091

IN THE NAME OF CHOICE: THE USE OF LANGUAGE IN REFORMING SERVICES TO SENIORS

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Over the past two years, British Columbia has been undergoing major restructuring, fundamentally affecting the lives of the majority of seniors living there. Drawing on press releases, government-media interviews, public documents, and the Hansard, this paper analyses the changing use of language by the provincial government to describe and explain the reformation and reduction of services provided to seniors. It examines how common catch phrases such as fairness (e.g. Fair Pharmacare which eliminated universal prescription drug coverage for seniors), and concepts of purported consensus (e.g. Of course, seniors do not want [to live in care facilities.]) are recast as promoting respect for autonomy/choice, intergenerational equity, crisis prevention/long term sustainability. The paper also looks at the capacity of seniors organizations to challenge the type of language being used. Focussing on three key areas: health services, housing, and law, the paper concludes that while this changing use of language fulfills neo-liberal agendas, it is not in accordance with traditional understandings of the terms. Evidence of grey power to counteract the language shift is limited.

30. Critical Policy/Politiques critiques

092

THE NEW CARE: ASSISTED LIVING IN BRITISH COLUMBIA

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Government policy in providing for the housing/ health care needs of frail, older adults in British Columbia is undergoing a rapid shift. The New Era will see a significant move from providing care to frail seniors in the province in licensed, regulated, and monitored long term care facilities, to unlicensed, unregulated assisted living facilities. The paper examines:

- the key features of the population in need (health, level of vulnerability, degree of social supports);
- the legislative framework for assisted living;
- the operationalization of key criteria (e.g. in admission and exit, risk issues);
- local and international business considerations; and
- provincial coalition building to respond to the changes.

Current changes are being framed as filling unmet needs, providing choice, and supporting independence. However, as the assisted living legislative framework potentially excludes many people with dementia, lacks basic safeguards for resident affordability and security of housing/care, and continues to operate in the context of stovepiping of housing and health services at a ministerial level, it is argued that the New Care may actually provide less support for key groups of seniors in need. The paper identifies key features needed to assure the needs of frail, older adults are met.

093

ZOLA'S _LA TERRE_: WHEN SOCIAL POLICY MEETS BIOLOGICAL REALITY

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Identified in Beauvoir's "Coming of Age" (1972) as containing a prime example of elder abuse, Zola's novel, "La Terre" (1877), has three characters who are old. The two old women are minor characters: Rose Fouan dies early of elder abuse, the other, La Grande Fouan survives into her nineties by being unremittingly nasty. The third, Le Père Fouan, worn out by working his land while saving to buy more, retires and is obliged by law to divide his land equally among his three children. Partially because of the smallness of their inherited holdings, partially as a result of free trade policy which depresses the price of wheat, none of the children can afford to pay the old man's upkeep. He lives with one after another, each one treating him worse than the previous one, until finally his son murders him. This text explicitly shows the negative effect of certain social policies on the elderly, and society's indifference to these injustices. Nineteenth-century French society roundly condemned this novel, and its author not, or at least not explicitly, for the injustices which it revealed, but for obscenity.

31. Work, Retirement and Incomes/Travail, retraite et revenues

094

MODELING STRUCTURED INEQUALITY: EXPLAINING VARIATION IN RRSP ASSETS AMONG CANADIANS

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At the present time there is a great deal of debate over what role the government should play in providing income support for persons entering later life. There is a lack of consensus over the extent to which the programs in place are sustainable, and Canadians are divided over the role of the private market in areas that, some argue, are inherently public in nature. In recent years, increasing pressure has been made by both private and political organizations on the federal government to lower taxes, reduce social transfers, and thus allow Canadians more freedom and resources for personal investment. While this is a good idea in some ways, for various reasons, not all Canadians invest in private market investment savings vehicles. In this paper I explore the competing explanations.

Using data from the 1999 Survey of Financial Security, I will be presenting a model of retirement preparation in Canada in terms of RRSP assets. A Tobit model is employed to measure the effects of such variables as investment behaviour and attitudes, age, gender, marital status, family type, income and education on RRSP assets.

095

THE ROLE OF 45+ PROGRAMS IN THE SEARCH FOR EMPLOYMENT

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Individuals over the age of 45 take considerably longer than younger individuals to find work when unemployed. As a result, many of them seek out assistance from employment programs designed specifically for this age group. The purpose of this study was to gain a greater understanding of the role that employment programs play in older individuals' quest for employment. The method for this study involved participant observation in three 45+ programs and semi-structured interviews with 30 males and females aged 45 to 65. Mature individuals were often referred to 45+ programs when seeking employment insurance or employment counselling. While many individuals felt that these programs provided them with up-to-date skills and training as well as a positive support network, the programs also focused on the distinctive experience of being "older" workers. This categorization caused individuals to begin to define themselves as old and thus contributed to the degradation of their identities. It was concluded that the role of 45+ employment programs is questionable and thus may hinder the job seeking process at a time when many are already highly discouraged and vulnerable.

31. Work, Retirement and Incomes/Travail, retraite et revenues

096

POPULATION AND LABOUR FORCE AGEING IN SIX COUNTRIES: THEMES, CONTROVERSIES, AND INTERNATIONAL DIFFERENCES

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It is now well known that the populations of Western countries are ageing, and that this has important political, economic, and social implications. This paper describes the various themes and controversies in the recent popular, academic, and political discourses surrounding population ageing in Australia, Canada, Germany, The Netherlands, The United Kingdom, and the United States. Similarities and differences in the demographic situations, the politics of ageing, and the policy responses taken in each of these countries are discussed. In each of the six countries examined, there have been major concerns expressed about the cost of health care and pensions for ageing populations, the relations between generations, as well as threats to productivity resulting from slower labour force growth. While there are similarities between countries, there are some differences in the extent to which these have been seen as a looming crisis rather than as challenges which can be addressed through careful policymaking. These differences tend not to reflect the demographic and economic situations of each of these countries as much as they do the institutions which are involved in political debates.

This research is supported through the Workforce Aging in the New Economy project, funded by the SSHRC Initiative on the New Economy Program.

32. Diagnostics infirmiers primaires en milieu gériatrique

097

DIAGNOSTICS INFIRMIERS PRIMAIRES EN MILIEU GERIATRIQUE

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Les Résidences Mance-Décary: St-Henri, DesSeigneurs et Auclair

Pendant les vingt dernières années, les centres d'hébergement de personnes âgées ont vécu l'implantation des modèles en soins infirmiers. Les infirmières dressent maintenant de chaque résident, un profil et un plan de soins basés sur l'un ou l'autre des modèles infirmiers suivants : Henderson, Roy, Orem, Neuman, McGill, Parse ou Watson. Le profil fournit les renseignements stables connus sur le résident tandis que le plan de soins énonce les problèmes de soins, les objectifs d'intervention, les actions infirmières et les résultats escomptés reliés aux problèmes de santé. Une analyse rétrospective du contenu des plans de soins dans un centre d'hébergement de la région montréalaise montrent que les problèmes de soins retenus par les infirmières sont davantage reliés aux modifications physiologiques du vieillissement; ils relèvent la plupart du temps de problèmes secondaires à d'autres diagnostics primaires non identifiés. À titre d'exemple, les problèmes les plus souvent mentionnés se rapportent à l'altération de l'intégrité de la peau, aux déficits ou excès nutritionnels, à la constipation ou la diarrhée, à l'incontinence ou la rétention urinaire, à l'altération de la mobilité ou l'intolérance à l'activité et aux risques de trauma et d'accident. Lors de rencontres cliniques, les infirmières et leur équipe de soins montrent de la difficulté à résoudre les problèmes récurrents reliés aux aspects psychosociaux qui sont souvent des diagnostics infirmiers primaires. À l'aide des techniques de groupe « focus » et de groupe nominal, les infirmières, les infirmières auxiliaires et les aide-soignants ont identifié quatre diagnostics primaires en milieu gériatrique: la peur, la frustration, la douleur et l'inconfort. La gestion de ces problèmes infirmiers est essentielle pour préserver la qualité de vie des résidents dans les centres d'hébergement.

33. Hope and Recovery: A Practical Approach to Supportive Housing Services for Older Persons Living with Serious Mental Illness and Addictions

098

HOPE AND RECOVERY: A PRACTICAL APPROACH TO SUPPORTIVE HOUSING SERVICES FOR OLDER PESONS LIVING WITH SERIOUS MENTAL ILLNESS AND ADDICTIONS

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Older persons with serious mental illness and addictions are underserved and need enhanced community-based services. Supportive housing services, an important component of the continuum of health care, can be a viable alternative to institutional care. Under a philosophy of hope and recovery, a significant enhancement to the quality of life can be provided.

This session will provide insight into the effectiveness of supportive housing services. The four models of supportive housing services presented include congregate and apartment sites offered under the auspices of LOFT Community Services in Toronto. These culturally-diverse older adults live with issues such as physical health, serious mental illness; addictions; extreme social isolation; poverty and homelessness. An emphasis will be placed on the Recovery Model approach that serves as a key element throughout all LOFT's programs. Demographics and profiles of the people receiving support services are considered. A discussion of supportive housing services and a sense of community, the use of linkages and community partnerships in supporting older adults on their Journey will be featured. The importance of bringing the pieces together to create a "system" of support for these individuals that is integrated and not segmented will be illustrated.

Supportive housing affords the opportunity to learn social, emotional, and problem solving skills, the potential of renewing family and social relationships and support of those whose cognitive problems can interfere with stability and security. Participants will be shown how supportive housing models have evolved to support individuals in negotiating these roadblocks and challenges while focusing on their individual strengths and creating a sense of hopefulness.

Case studies, feedback from service users, community partners and other stakeholders is included, as is data on the program's outcomes and effectiveness. A discussion will provide participants with an opportunity to deliberate on present and future challenges for supportive housing.

38. Poster Session II/Séance d'affiches II

099

AÎNÉ.E.S EN MARCHE/GO AHEAD SENIORS INC., HEALTH EDUCATION FOR SENIORS, A FIFTEEN YEAR SUCCESS STORY IN NEW BRUNSWICK

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Aîné.e.s en Marche/Go Ahead Seniors Inc.

Healthy Active Living Program for Older Adults Watch Your Step/ Pare-chute Fall Prevention for Older Adults

Aîné.e.s en Marche /Go Ahead Seniors Inc. is a non-profit company managed by a group of volunteers, who are themselves seniors and a recognized organization that give seniors a voice where they often easily go unheard. Their aim is to understand the needs of seniors and provide a source of expertise about senior-centred issues and to inspire action on behalf of seniors in New Brunswick.

Directed by Aîné.e.s en Marche /Go Ahead Seniors Inc., the Healthy Active Living Program for Older Adults is an innovative bilingual program aimed at helping New Brunswick older adults make more informed choices about their health and well being through health education, personal empowerment and illness prevention. The program has been in operation since 1993. It began as a one- year pilot project and is now celebrating ten years of successful operation. During this time over 93,000 New Brunswick seniors have been exposed to the program. It is peer led and to date 12 regional co-ordinators and approximately 40 volunteers have delivered 4,000 workshops to seniors and in 2,000 communities across New Brunswick. Older adults gain information and discuss areas of concern through five central themes including: Wise use of Medication, Stress Reduction, Physical Activity, Healthy Eating and Healthy Choices. A sixth theme has been added this year on Falls Prevention. This was made possible because of a project sponsored by Health Canada and Veterans Affairs Canada. All sessions are offered to seniors free of charge.

At this time the primary funding partners of the Healthy Active Living Program for Older Adults are the Culture and Sport Secretariat and Family and Community Services of the New Brunswick Provincial Government. Other supporters of the program include health professionals and resource persons from the community. Health Canada and Veterans Affairs Canada are presently providing funding for a two -year project on falls prevention.

We would like to share the activities of Aîné.e.s en Marche /Go Ahead Seniors Inc., the Healthy Active Living Program and the Watch Your Step/Pare-chute falls project with others and detail why we think our endeavors have been so successful.

Aîné.e.s en marche/Go Ahead Seniors, Inc et le programme :Healthy Active Living/Vie saine et active, incluant particulièrement :Watch Your Step/Pare-chutes, un module sur la prévention des chutes pour les aîné.e.s du Nouveau Brunswick.

La compagnie Aîné.e.s en marche/ GoAhead Seniors Inc est une compagnie sans but lucratif créée et gérée par un groupe d'aîné.e.s bénévoles du Nouveau Brunswick. La compagnie vise à donner une voix aux aîné.e.s qui n'en ont pas; ceci en les écoutant et en leur offrant des services de personnes connaissantes dans le domaine du vieillissement et des problèmes particuliers aux aîné.e.s. En plus les bénévoles impliqués promouvoient la prise d'action concrètes par les aîné.e.s, ceci dans le but d'améliorer leur qualité de vie.

Le programme vie saine et active pour les citoyens aînés est un des programmes de la compagnie Aîné.e.s en Marche\Go Ahead Seniors Inc. Ce programme, offert dans les deux langues officielles du Nouveau-Brunswick, vise à donner l'information de base pour outiller les personnes aînées, les habileter à prendre des décisions plus éclairées en ce qui concerne leur santé et leur qualité de vie. Le programme, qui existe depuis 10 ans déjà, a rejoint 93,000 personnes aîné.e.s depuis ses débuts en 1993. C'est un programmme offert par les pairs, dont 12 coordonnateurs régionnaux et 40 bénévoles, formés par l'organisme et gérés par 2 cordonnatrices provinciales, une francophone, l'autre anglophone. Les statistiques tenues indiquent que 4,000 ateliers ont été offerts jusqu à présent, et ont ainsi touché les communautés à 2000 occasions. Les thèmes des présentations/discussions sont : la bonne gestion des médicaments, l'alimentation saine, l'activité physique, la gestion du stress, les choix reliés à un mode de vie sain, et le dernier-né : la prévention des chutes. Le module sur la prévention des chutes fut récemment créé grâce à une initiative de Santé Canada, en collaboration avec le Ministère des Anciens Combattants.

Le financement pour le programme vie saine et active est fourni par le secrétariat provincial à la culture et aux sports et le ministère des services familiaux et communautaires du N.-B. Toutes les sessions du programme sont ainsi offertes sans frais aux participants. Plusieurs professionnels viennent offrir main forte au programme en agissant comme personnes ressources aux ateliers ou comme membre de comités aviseurs. Le projet sur la prévention des chutes jouit présentement de fonds fédéraux pour une période de deux ans.

L'objectif de la présentation affiche sera donc les trois composantes, ici décrites de façon très sommaire, et la discussion avec les intéressés de certaines raisons de la réussite dans nos démarches visant les aîné.e.s.

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INCOME, GENDER AND HEALTH NEED: IMPACT ON HOME CARE SERVICE UTILIZATION

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Recent years have witnessed increasing attention to home care services as an inexpensive alternative to long-term institutional care. While research evidence frequently indicates that women and those with lower incomes are more likely to be receiving such care, the extent to which this reflects greater needs for care or lesser access to alternative, private resources for care remains unclear. This paper draws on data from the 1995 Victoria Patterns of Care project to examine relationships among health needs, income and the utilization of home care services. Both publicly-funded and privately-paid care are included. The results of multinomial logistic regression analyses reveal neither gender nor income is related to the receipt of care, once health-related need and access to social resources are taken into account. Yet, both are related to payment for care. The implications of the findings for theory and research relevant to inequalities in health and health services are discussed.

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"WHEN THE DOCTOR TOLD ME THAT I WAS DEPRESSED, I DIDN'T BELIEVE HIM": OLDER WOMEN'S LABELING OF THEIR DEPRESSIVE EXPERIENCES

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This paper will discuss the findings of an in-depth interview study that explored the experiences of older women who had been diagnosed as depressed by their family physician. Eleven women between the ages of 64 and 80 years, living in New Brunswick, participated in this study. The semi-structured interviews focused on the women's experiences of being depressed, why they thought they became depressed, their strategies for coping with depression, and whether they perceived older women as being vulnerable to depression. A notable finding from the interview data was a lack of identification by these older women with the term "depression". Instead, the women identified with such idioms of distress as "bad nerves" and "nervous breakdown". It is through contact with health professionals (i.e., predominately, their family physician from whom they seek treatment for physical complaints) that older women come to label their experiences as depression. The majority of women in this study did not find the label of depression meaningful to their experience. The implications of this finding for clinical research and practice will be discussed.

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DETERMINANTS OF SENIORS' HEALTH IN HAMILTON NEIGHBOURHOODS

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The population health approach is integral to health research and policy in Canada. Much of what we know about the determinants of Seniors health comes from large population surveys which may hide local heterogeneities through averaging. Deconstructing the Determinants of health at the Local Level is a multi year study investigating the determinants of health in the neighbourhoods of Hamilton, Ontatrio. The study uses a mixed methods approach based in iterations of quantitative and qualitative research and analysis, and community consultation. The paper presents some of the preliminary results that pertain to participants in the study over 65 based on 302 extensive telephone interviews and 62 semi-structured, in-depth interviews with seniors in four different Hamilton neighbourhoods. These neighbourhoods show marked differences in older people's health between neighbourhoods.

38. Poster Session II/Séance d'affiches II

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COMMUNITY CONTEXTS OF CANADA'S RURAL SENIORS: PROFILING DIVERSITY

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While more than 20% of older adults live in rural Canada, there has been little exploration of the ways in which rural contexts influence the lives of older residents. Rural often is seen as the default of urban comprising communities that are homogeneous by virtue of their small size, distance from major centres and supportiveness of friends and kin. As a result, we have a poor foundation on which to build sound programs and policies to address the needs of rural seniors. This presentation examines the diversity of rural communities.

The Rural Seniors Project, funded by Veterans Affairs Canada, is a research program on caring contexts in rural Canada. An objective of Phase One was to describe key characteristics of rural communities. A sample of 2755 rural communities was drawn from the 2001 Census. Characteristics of these communities included: proportion of seniors, gender composition, cultural diversity, size, region, and proximity to metropolitan centres. Findings are that rural communities differ considerably on all characteristics, including proportion of seniors (ranging from LT 1% to 44%). This profile challenges the assumption of homogeneity and lays the groundwork for further analyses to examine the relative influence of these characteristics on community supportiveness.

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PERSISTENCE ON SOLVABLE AND UNSOLVABLE ANAGRAM TASKS IN OLDER ADULTS WITH DIFFERENT COPING STYLES

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Researchers suggest that older adults maintain high levels of subjective well-being by persisting in solvable, and disengaging from unsolvable, situations. Most studies have examined this issue using self-report measures of situational coping. Very few studies have examined the impact of dispositional coping style on coping behavior. The aim of the present study was to examine the influence of coping style on persistence on solvable and unsolvable anagram tasks. Previous research has identified four coping groups in older adults: (1) persistent, (2) variable, (3) passive, and (4) inconsistent passive (Dalton, 2003). Twenty participants from each coping group completed sets of solvable and unsolvable anagrams in the presence of alternative solvable tasks. The order of presentation of solvable and unsolvable anagrams was counterbalanced. Results from ANOVAs showed that coping style influenced persistence on solvable and unsolvable anagrams, although persistence also depended on the order of anagram presentation. Confidence in solving anagrams was directly related to patterns of persistence and disengagement. Results suggest that disengaging from unattainable goals, and the impact of this behavior on coping efficacy, is determined by individual differences in coping style.

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FALL AND INJURY PREVENTION OUTREACH TO MULTI-CULTURAL ELDERS

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The WATCH YOUR STEP! Falls Prevention Project works with older adults, veterans, and their caregivers in Vancouver communities to facilitate change in attitudes about falls prevention and change in personal health practices to reduce fall risks.

According to 2001 census data, metropolitan Vancouver had the highest proportion of visible minorities of all such urban areas in Canada. Approximately 33% of the entire population were Asian. Over one-half of this number was Chinese, and of the remainder, the largest group were South Asian. The number of Chinese and South Asians living in Vancouver has almost doubled since 1991.

Many older immigrants have had limited access to formal education, and therefore have little or no literacy in their own language. This makes learning English extremely difficult. To reach these elders, preventative healthcare information must not only be presented in their own languages, but in a manner that is culturally comfortable.

The Project is striving to reach Chinese and South Asian elders in Vancouver, along with English-speaking older adults. The presentation will describe why these groups were targeted and how the initiatives for ethno-cultural elders are designed to meet their specific needs.

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FALLS PREVENTION IN SUPPORTIVE HOUSING: A COMMUNITY DEVELOPMENT PROJECT

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The purpose of this study is to reduce falls in seniors, veterans and their caregivers living in a supportive housing complex and to create a model that will be sustainable and portable after the two year funded project is over. A coalition from seniors, veterans, and health care organizations developed and implemented this project. The community development process assisted seniors in creating solutions to hazards and risk factors in their lives. This poster will focus on a housing complex where 67 seniors rent a room and service package. The average age is 82, most are single, and two thirds are women. Falls are common. A group of residents attended falls prevention meetings as well as participated in generating and implementing solutions. Changes have lessened falls. An evaluation team established from the coalition monitored the impact and outcome of the community development project. We have learned that community and capacity building between seniors, veterans, their caregivers and health care professionals is valuable in creating safer living environments. This project is funded by Veterans Affairs Canada through Health Canada to the Vancouver Island Health Authority South Island Region.

38. Poster Session II/Séance d'affiches II

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THE FIRST STEP: FALL PREVENTION STARTS WITH YOU!

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The purpose of this study is to focus on a fall prevention educational and operational program that will be sustainable after the two-year Health Canada/Veterans Affairs Canada funded project is over. In 1995, representatives from the community, health care, seniors groups and individual seniors gathered to discuss the incident of falls amongst seniors. Out of this meeting grew the Burnaby Coalition to Prevent Falls. In 1999, the Coalition compiled and published an educational booklet about the risk for falls and tips for preventing falls for seniors. This poster will focus on the application of: The First Step: Fall Prevention Starts With You. In 2001, the Burnaby Coalition to Prevent Falls became one of 5 projects in BC to receive funding through the Health Canada/Veterans Affairs Canada Falls Prevention Initiative and sponsored by the Fraser Health Authority-Fraser North Region. The First Step program and booklet is the major approach used by senior volunteers to raise awareness about fall and injury prevention amongst other seniors at the monthly Fall Prevention Initiative sessions. Evaluation results of The First Step booklet showed that 67 % surveyed used the booklet to identify their major risk factors for falls and they were made more aware of the reasons why they fall. 97% found the print large enough to read, the wording easy to read, and said it was important that the booklet be made available to other seniors to help prevent falls.

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CHALLENGES AND OPPORTUNITIES: SETTING UP FALLS PREVENTION INITIATIVES IN COMMUNITY AGENCIES AND LEGIONS

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Why falls prevention?
Falls are a major health concern for the individual older adult, family, and health care system. Each year, approximately one-third of seniors living in the community experience a fall. Falls account for more than half of all injuries and 20% of all injury deaths among adults age 65 or older. Approximately 75% of veterans age 75 or older experience an injury related to a fall. The health care costs associated with seniors' falls are estimated at 2.4 billion dollars annually. As the Canadian population ages, the problem will become more acute since the frequency of injuries and injury-related deaths increases sharply with age.

We would like to share learnings from our work with francophone and anglophone community organizations for seniors and veterans in the Ottawa area and based upon Active Independent Aging – a fall prevention project led by the University of Ottawa in partnership with City of Ottawa: Ottawa Public Health and Long-Term Care Branch. Active Independent Aging emphasizes active living within a safe environment outside of the home. It is intended to strengthen the capacity of seniors' and veterans' organizations to take action on fall prevention and to build sustainable momentum for fall prevention strategies and actions.

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HOW I SEE YOU: PHARMACISTS AND OLDER PATIENTS

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Past research has shown that the rapport between physicians and patients plays an important role in medication adherence and patient satisfaction. Much research has focussed on the interactions between physicians and their patients, but much less is known about patient-pharmacist interactions. In this project we investigated the beliefs and expectations that pharmacists hold about their patients, and that younger and older patients hold about pharmacists. This project had three phases: (a) structured interviews with 15 practising pharmacists, (b) pharmacists and older adults answered parallel versions of surveys, and (c) patient-pharmacist interactions were observed. Highlighted findings include the following: (a) Pharmacists perceived many differences between younger and older patients, and believed that younger adults were more active and involved in their health care (b) younger adults rated pharmacists as being less important to their health care than did older adults, and (c) pharmacists saw themselves as giving out more information than patients perceived receiving. Thus, results suggest that the age of the patient plays a role in pharmaceutical care. We propose that age-related expectations are likely to affect the quality of rapport that develops between pharmacists and their patients.

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PERCEPTIONS OF HEALTHCARE PROFESSIONS

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Decision-making is an integral aspect of taking care of one's health. In the present study, we explore the beliefs and attitudes that younger and older adults hold about different professions involved in health care (physicians, nurses, and pharmacists). Focus groups were held with middle-aged and older community adults, and with professional nurses and pharmacists. Our results suggest that the decision-making process involving health-care is deeply affected by the attitudes that are held about the effectiveness, approachability, and helpfulness of different health-care professionals. A content analysis of the focus groups revealed that of nurses, pharmacists and physicians, pharmacists are viewed most positively. Pharmacists were clearly defined as medication experts. Physicians were considered to have the most responsibility and the broadest role definition in the health professions, but were seen most negatively. Participants expressed concerns over the accessibility of physicians and were generally dissatisfied with the personal care they received from their physicians. We discuss the need to understand what factors are related to satisfaction with health-care as we seek to understand how younger and older adults make decisions about whose help to seek with health concerns.

38. Poster Session II/Séance d'affiches II

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INTIMACY AND DEMENTIA CARE: DEVELOPING A FRAMEWORK TO GUIDE PRACTICE

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Sexuality and sexual expression are important aspects of every individual, contributing to self-esteem and well being, regardless of age. However, personal beliefs, values and morals may influence our comfort with our own sexuality and how we view intimacy in others. This issue becomes even more sensitive when individuals suffer from dementia. As people with dementia struggle to comprehend their surroundings, communicate and have their needs met, cognitive changes associated with the disease can result in challenging behaviours that are difficult for caregivers to understand and manage. In particular, sexual expression by individuals with dementia may lead to behaviours that are not easy to accept, making caregivers particularly uncomfortable. This often leads to controversy, with serious implications for management of the issue.

The purpose of this poster is to highlight ongoing case-based learning with caregivers in several long-term care facilities who are challenged by issues of intimacy in dementia care. The poster will draw attention to myths and realities associated with sexuality and aging. Using examples from the clinical setting, specific implications related to dementia will be identified. The development of a framework will be illustrated, which facilitates a systematic approach to understanding and managing this often controversial, always sensitive issue.

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COMPUTERISING A STANDARDIZED CONTINENCE ASSESSMENT

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Background:
A standardized continence assessment form used in the Continence Clinic, facilitated the dictation of consistent wording of transcribed reports.

Purpose:
To computerize the continence assessment form to:

1. Eliminate the need for dictation and transcription
2. Produce a timely report that could be: a) provided to the client immediately following the assessment and b) sent by fax or email to the referral source

Method:
An independent consulting computer software firm (CA) was contracted to work with the nurse practitioner (SO), physician (MB) and information specialist (JM) to produce the computerized product using an iterative process. The software architecture used was an open design, internet based, hosted by a secure hospital server that allows future changes at our, or other, clinics that may wish to use the software program.

Results:
The report can be produced in one of three styles:

1. Paragraph style letter with recommendations.
2. Point form style with recommendations.
3. Recommendations only.

The computerized report is now being evaluated by sending referrers all three styles with a request to indicate the style they prefer.

Conclusion:
A computerized continence assessment can provide timely reports for clients and their referrers, eliminating the need and time for dictation and transcription.

This also creates a patient database for research.

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LES DÉTERMINANTS DE LA CONSOMMATION DE BENZODIAZÉPINES DE COURTE ET DE LONGUE DURÉE CHEZ LES FEMMES ET LES HOMMES ÂGÉS DU QUÉBEC

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Les benzodiazépines font partie des médicaments les plus utilisés par les aînés. Malgré leur utilité, elles sont responsables de plusieurs problèmes iatrogènes chez les aînés. Bien que le Collège des médecins du Québec recommande de ne pas les utiliser sur une période excédant trois mois, plusieurs consommateurs en utilisent pendant plusieurs mois. Le but de cette étude était de comparer les facteurs associés à la consommation de benzodiazépines de courte (< 3 mois) et longue durée (> 3 mois) chez les femmes et les hommes âgés du Québec. Le cadre conceptuel de Andersen et Newman a servi à vérifier l'hypothèse selon laquelle les facteurs associés à la consommation de benzodiazépines varient chez les femmes et les hommes. Nos données proviennent de l'appariement entre les données de l'Enquête Santé Québec de 1998 et celles de trois fichiers de la Régie de l'assurance-maladie du Québec. Près de 2800 aînés non institutionnalisés ont fait partie de notre base échantillonnale. Les résultats ont montré que 13.5% des hommes et 20.5% des femmes consomment des benzodiazépines sur une longue période. La méthode de régression logistique multivariée a servi à identifier les facteurs associés à la consommation de benzodiazépines chez les femmes et les hommes âgés.

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A FRAMEWORK FOR EVALUATION OF A REGIONAL GERIATRIC ASSESSMENT NETWORK

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Although health service networks have become increasingly common, frameworks for evaluation of their impact and sustainability are not well developed. This presentation describes a framework for evaluation of the Southwestern Ontario Geriatric Assessment Network (SWOGAN), a region-wide initiative with goals of increasing assessment capacity and enhancing care for frail older persons. SWOGAN involves the development of local assessment teams, making use of new and existing resources. Consultation and support are provided by regional Specialized Geriatric Services. The evaluation framework was developed through a literature review, stakeholder consultation, and consideration of measurement systems currently used by participating organizations. Three levels of analysis for consideration of network effectiveness were identified: the community, the organization, and the network (Provan and Milward, 2001). A detailed logic model was developed to guide overall implementation. Objectives and indicators were operationalized using a Balanced Scorecard (Kaplan and Norton, 1996), building on work of Leggatt and Leatt (1997). This framework was used to guide ongoing network development and to assess its implementation and impacts. The evaluation will also provide general insights into strategies for developing health service networks.

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EVALUATION OF A REGIONAL GERIATRIC ASSESSMENT NETWORK

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We evaluated the implementation and impacts of a regional network of community-based teams established to increase geriatric assessment capacity in Southwestern Ontario. The Southwestern Ontario Geriatric Assessment Network involved the development of eight county-based assessment teams, making use of new and existing resources, with support provided by regional Specialized Geriatric Services. Evaluation methods were guided by literature on effectiveness of health networks, a program logic model, and a Balanced Scorecard. Data collection included a standard reporting template for the assessment teams, a survey of network participants (n=77), and in-depth key informant interviews (n=32). Implementation issues included: involvement of participants in network development; clarification of roles and responsibilities; balancing flexibility and responsiveness with goals of consistent quality and best practice approaches; and accountability, governance and support mechanisms. Assessment teams are currently operational in all but one county; challenges relate to the ongoing recruitment, training and retention of assessors and the involvement and support of local physicians. Linkages and partnerships have been enhanced within counties and across the region. The evaluation has yielded insights into the strengths and limitations of a network approach in this context, as well as into strategies for developing and sustaining this type of health service network.

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DIFFERENCES IN HEALTH INDICATORS AND FALLING ACCORDING TO CAREGIVER STATUS AMONG VETERANS OF WWII AND KOREA

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The Project to Prevent Falls in Veterans is a risk factor modification effectiveness trial involving Canadian veterans of WWII and Korea, and their spouses. The goals of this paper: i) to estimate the prevalence of veterans caring for another senior, and ii) to see whether those with this responsibility are different with respect to falling, health and residential safety. Questionnaires were received from 1913 veterans aged 67-100 (mean =81yrs). Over 550 (30%) care for another senior. They did not differ from those not providing care with respect to age, falls, self-rated health, physician utilization, alcohol consumption, number of medications, having regular vision examinations, foot problems, poor leg balance and leg strength, living in multilevel housing, having anti-slip bathtub mats, or financial strain. Those providing care were more likely to report at least moderate physical activity ($p < 0.000$), be more active than their peers ($p < 0.001$), and have grab bars in the bathtub ($p=0.036$). Veterans reporting caring for another senior do not appear to be healthier or at lower risk for falling than those not providing care. The strongest correlate of providing care was self-reported physical activity.

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PROVINCIAL PARTNERS FOR SENIORS AND VETERANS FALLS PREVENTION CAMPAIGN

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Project Goal

The goal of this project is to develop a strong and effective partnership of provincial organisations with a commitment to falls prevention in order to create an accessible, practical and sustainable provincial falls prevention education program.

PARTNERSHIPS: SENIOR AND VETERAN INVOLVEMENT

The initial partners associated with this proposal have a long-standing commitment to supporting the health and well-being of seniors. The Ontario Public Health Association operated the Ontario Injury Prevention Resource Centre from 1993 to 1999 and has been an active participant in injury prevention issues since 1992. In addition, OPHA counts among its members and constituents many practitioners in both public health units and community health centres who actively promote and implement local falls prevention programs.

The initial program partners are the Ontario Public Health Association; the Ontario Legion, Provincial Command; the Ontario Society (Coalition) of Senior Citizens' Organizations (OCSCO); the Ontario Residential Care Association (ORCA) and the Health Communication Unit, Centre for Health Promotion (University of Toronto).

We have since expanded our network to include six pilot sites, one in each region of Ontario, who work with seniors and veterans in falls prevention. The pilot sites are in Peel Region, Thunder Bay, Sudbury, Peterborough, Hastings and St. Thomas. The project will continue to add new network members throughout the project.

This fall, 2002, the Partners for Seniors and Veterans will build upon the research and information gathered through community focus groups to test a poster, slogan, logo and key message about falls prevention for seniors.

In 2003–2004 the public awareness campaign will be implemented across Ontario.

38. Poster Session II/Séance d'affiches II

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BC OLDER ADULTS TAKING CHARGE OF THEIR HEALTH: MAINTAINING INDEPENDENCE AND HEALTHY LIVING THROUGH SELF-CARE

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People have practiced self care throughout history and reliable and accurate information can help them make better health decisions. The province-wide BC HealthGuide Program provides tools to improve an individual's knowledge and access to health information, and encourage a more active role in managing one's health conditions. Information about prevention, when to call a health professional, how to prepare for doctor visits and make decisions about tests, medications and surgeries, and how to manage chronic health problems are topics covered by the program which are particularly relevant to older adults.

The BC HealthGuide Program includes five components: an easy to read handbook on common health concerns; a toll-free, 24/7 health information line staffed by registered nurses; a comprehensive online knowledgebase; a series of fact sheets on a range of health and safety issues; and an Aboriginal health handbook. Examining the BC HealthGuide Program, and examples of older adult use of its various components, can provide a better understanding of how to support older adults in managing their own health, and the policy implications for governments and health authorities in the context of an aging population.

39. Special Joint CAG/CGS/CGNA/CIHR Symposium/ Symposium conjoint ACG/SCG/CGNA/IRSC The Challenge of Understanding and Meeting the Needs of Frail Elderly Persons in the Canadian Health Care System/Comprendre les besoins des personnes âgées fragiles dans le système de soins canadien : comment relevé le défi

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Challenges in the Prevention and Therapy of Frailty

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While there is no generally accepted definition for frailty, most would now agree that it incorporates the concept of vulnerability to adverse outcomes. The devastating toil that heat waves can take on older vulnerable populations would be an example of this susceptibility. In this presentation, we will focus on interventions targeted to older individuals. Primary prevention emphasizes dealing with risk factors that would predispose an individual to the chronic loss of physiological capacity (e.g., inactivity, diseases). Triggering events (e.g., acute illnesses injuries, adverse life events, and environmental stresses) can play a central role in the evolution of frailty. Preventing these precipitants or dealing with barriers to recovery might decrease the likelihood of frailty becoming irreversible. Identification of those with the characteristics of frailty (however defined) coupled with interventions (e.g., supportive environments, exercise, nutritional supplements) is a reasonable approach in dealing with those with persistent abnormalities. We do have some empirical guidance but more research is needed to discover and confirm effective therapies for this controversial entity.

Trajectories of Frail Elderly People in the Health Care System

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Frail elderly persons have complex trajectories of use of health and social care. The pathways they follow is a sequence of care lacking continuity. Systems of integrated care try to remedy these problems through case management, interdisciplinary teams, intensive home nursing and social care, etc. The effect of SIPA, an integrated system of care for frail elderly persons, on pathways of care was assessed. SIPA was evaluated with a random control design over a 22-month period The 1230 participants were frail elderly persons living in the community. Half of the group was assigned to SIPA, the other half received care available in the Québec system. Uses of a set of health and social care predecing utilization of institutional-based care were compared in the two groups. Results showed that SIPA was able to provide more intensive care to frail elderly persons at risk of an hospitalization, a visit to an ED, and/or an admission to a nursing home. Thus, integrated care system are not only able to provide more care, they seem to succeed in identifying persons at risk of utilization of institutional-based services. This process may explain some of the success of SIPA in reducing utilization of institutional-based care.

Meeting the Needs of Frail Older Persons: The International Experience

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The challenges of an increasing elderly population, particularly with respect to frail older persons in need of long term care, has coupled with ever-present funding constraints to make the financing, organization and delivery of age care a major priority in North America, Europe and elsewhere in the developed world. Despite obvious cross-national differences in health and social care arrangements for the frail elderly, evidence of disjointed services, poorly coordinated care, uneven quality, system inefficiencies, and difficult to control costs can be found in all countries. There is a growing belief that a more inclusive, integrated approach is needed to address these problems. One such strategy, integrated systems of care, shows promise. The speaker will first examine this multifaceted approach and its underlying rationale in general terms. Then he will specifically describe models from Canada, US, Italy, Australia, including respective findings on client and other key outcomes. Finally, he will summarize the lessons learned, and discuss the major issues raised by such programs for major actors in the fields of health and social care.

40. Leisure Symposium Part I: Examining the Role of Leisure in Later Life/ Symposium sur les loisirs Partie – I : Le rôle des loisirs au troisième âge

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LEISURE SYMPOSIUM PART ONE: EXAMINING THE ROLE OF LEISURE IN LATER LIFE

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Considerable evidence has emerged recently that suggests that leisure and recreation can play an important role for people as they adapt to the aging process. In particular, leisure can contribute significantly to various aspects of health, well-being, and overall life satisfaction in later life. With extended life expectancy, coupled with an increasing number of individuals choosing to retire early, before the mandatory retirement age, many individuals are experiencing a much longer period of non-work time in their later years, and are thus faced with the challenge of finding meaningful activities and experiences in which to fill this time. Despite these trends and the potential benefits that leisure has in later life, discussions focused on leisure in later life tend to be, for the most part, noticeably absent at gerontology conferences. The purpose of this symposium is to bring researchers together interested in leisure and later life issues and, through their recent research endeavours, examine the potential role leisure can play in helping individuals cope with different roles and life transitions as they age, and ultimately contribute to aging well. Leisure scholars from Canada, the United States, and New Zealand explore various leisure pursuits and leisure experiences in an attempt to better understand the significant role that leisure and recreation can play as we age. More specifically, these researchers discuss the role of physical activity in later life, leisure and flow experiences in later life, and the role of leisure and leisure coping in the caregiving context.

The “Inside” Story on Aging and Active Leisure

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A number of gerontology scholars argue that to more fully understand how people experience their old age we need to ask questions and design research to explicate the diversity and ambiguity that we know exists. Listening to the stories older people tell about their experiences and the beliefs they hold about aging and the society in which they grow old is one such way. After all, they are the authentic experts of their lives.

Over the past decade the exercise gerontology research has been unequivocal in reporting about the positive relationship between physical activity and “good” health. Although many adults in the 65 years plus age group acknowledge these claims, the research suggests that no type of leisure activity is more likely to be abandoned or avoided in later life than physical exercise. The question arises as to why such a contradiction exists between beliefs and action? In this paper I will argue that by accessing the “inside” stories about physical (in)activity in later life we may better understand some of the complexities surrounding this phenomenon and, in so doing, bring new knowledge to future practice and policy related to aging and active leisure.

Positive and Negative Psychological Outcomes Resulting from Caregiving by Older Adults: The Role of an Active Leisure Lifestyle

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One hundred and fifty-two primary caregivers of individuals 60 years of age or over, who were, themselves, 60 years of age or over, participated in a survey of lifestyle and caregiving experiences. Several models of the impact of caregiver workload on both the negative and positive psychological outcomes of caregiving were developed and tested using structural equation modeling procedures. Consistent with theory and research, higher caregiving workloads were found to be significantly linked to higher levels of role-related stress and poorer physical health, which in turn were linked to lower levels of psychological well-being and higher levels of depression. However, older adults with more active leisure lifestyles were found to be in better physical health and experience less stress, and both these factors appeared to mitigate the negative mental health effects of caregiving workload. Those older adults with more active leisure lifestyles also were found to experience more positive outcomes from their caregiving. Increased feelings of competence, perceptions of personal growth, and levels of satisfaction were outcomes of caregiving activities, and were more prevalent among older adults who were more active in their leisure. There appear to be a number of conditions necessary for leisure to serve as a coping resource and contribute to these enhanced outcomes.

Older Adults and the Flow Experience

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In the summer of 1999, older adults in Weld County, Colorado carried pagers to conduct an Experience Sampling Method study of their daily activities in an effort to determine if and when they engaged in a ‘flow’ experience. Flow, or the ‘optimal experience’, is that feeling of being so totally absorbed in an activity that time and place are lost. Research has shown that achieving a state of flow increases enjoyment of life (Csikszentmihalyi, 1989, 1997). The focus of the study was to examine whether or not an increased amount of time participating in recreational activities would affect an older adult’s flow condition. Intervention in the form of goal setting was introduced to assess whether creative leisure participation affected flow levels. Results of the study showed that older adults did experience the flow condition, and they did choose to participate in leisure and recreation activities that offered challenges equal to or greater than their skills. Many times these were passive recreational activities. How does this affect offering meaningful active and passive recreation activities to older adults?

40. Leisure Symposium Part I: Examining the Role of Leisure in Later Life/ Symposium sur les loisirs Partie I: Le rôle des loisirs au troisième âge

Leisure as a Coping Resource in Caregiver Psychological Well-Being

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The importance of the role of coping in the stress process has been well acknowledged, but our understanding of the effectiveness of different coping strategies used by older adults to deal with caregiver burden is quite limited, especially among those caring for a person with dementia. There is evidence that suggests that, depending on the context, psychological well-being can be maintained through the use of a variety of coping strategies (Williamson & Schulz, 1993) and, in particular, leisure coping might play a role over and above general coping strategies (Iwasaki et al., 2002). Using data drawn from an Ontario-wide survey of community-based caregivers caring for a person with dementia (n=2,244), the effect of leisure coping strategies in maintaining psychological well-being was examined. Even after controlling for the effects of gender, age, and several general coping strategies in a hierarchical regression model, the use of leisure was shown to be effective in enhancing psychological well-being, especially through the use of palliative coping approaches (BETA=.2406, p<.001). In contrast, using leisure as an avoidance coping strategy was associated with lower psychological well-being among caregivers (BETA=-.0684, p=.004) and contradicts previous research in this regard (Bedini & Guinan, 1996; Keller & Tu, 1994). The results have implications for the ways in which caregivers might reduce the stress associated with their caregiving role and help them to handle the burden of caregiving more effectively.

41. The Presentation and Management of Depression in Institutional Care of Older Adults/ Présentation et gestion de la dépression chez les personnes âgées institutionalisées

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THE PRESENTATION AND MANAGEMENT OF DEPRESSION IN INSTITUTIONAL CARE OF OLDER ADULTS

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There is a need for improvement in our ability to use readily available assessment data to: 1) screen for depression in institutionalized populations; 2) monitor use of interventions to treat depression; and 3) identify complex clinical presentations where depression overlaps with related comorbid conditions. This series of analyses examines use of the Minimum Data Set (MDS) for these purposes using 162 residents of long-term care facilities and a veterans' hospital from two cities in Ontario.

The studies illustrate the potential for using MDS to improve depression management in institutionalized populations and suggest revisions that would enhance its value for these purposes.

Structure of Measures Relevant to Depresssion

Michael Stones, Ph.D. Lakehead University, Thunder Bay, Ontario

The purpose was to examine structural relationships among staff-rating and self-rating measures relevant to the anhedonic and dysphoric axes of depression. The participants were 162 residents of long-term care facilities and a veterans' hospital from two cities in Ontario. The staff-ratings by trained nurses were relevant sections of the Minimum Data Set (MDS), the Apathy Evaluation Scale (AES), the Measure of the Intensity and Duration of Affective States (MIDAS) and the Philadelphia Geriatric Centre Affect Scale (PGC). Residents judged by the nursing staff as likely to be able to tolerate and comprehend self-report scales, and able to provide informed consent, completed the Snaith-Hamilton Pleasure Scale, and self-report versions of the AES, MIDAS, and PGC within two days of staff-rating measures. The reliabilities of the measures proved to be satisfactory. Structural relationships (appraised from principal components analysis with oblique rotation) showed four factors. The staff rating measures relevant to anhedonia and dysphoria loaded on separate components, as did the self-rating measures relevant to anhedonia and dysphoria. The findings confirm the presence of two axes of depression within staff-rating and self-rating categories, but suggest that staff-ratings and self-ratings measure different aspects of the residents' depressive experience.

Treatment of Anhedonic and Dysphoric Types of Depression

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Depression can take anhedonic, dysphoric, or combined forms. Recent opinions suggest a neglect of anhedonia in institutionized older adults. The purpose was to examine diagnosis and treatment of the three forms as detected by relevant sections of the Minimum Data Set (MDS). A division into groups showed prevalence estimates of 7% for anhedonia alone, 35% for dysphoria alone, 32% for both, and 27% for neither. Multinominal logistic regression of diagnostic with antidepressive treatment categories against these groups (with age, gender, site, and cognitive impairment as covariates) showed that: 1) the anhedonia alone group were likely to receive antidepressive medication without a diagnosis of depression (OR=24.9; CI=3.5-178.4); 2) the dysphoria alone group were both treated and diagnosed (OR=3.9; CI=1.2-11.8); and 3) the group with combined symptoms were both treated and diagnosed (OR=8.1; CI=2.3-27.8) and treated without diagnosis (OR=7.7; CI=1.7-34.7). These findings suggest that dysphoric symptoms relate positively to both the diagnosis and treatment of depression, but anhedonic symptoms inhibit diagnosis rather than treatment.

41. The Presentation and Management of Depression in Institutional Care of Older Adults/ Présentation et gestion de la dépression chez les personnes âgées institutionalisées

Depression in Institutionalized Older Adults: A Focus on Co-Morbidity

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Effective health care requires a holistic approach that is responsive to overlap among symptoms associated with different conditions and among interventions that target different symptoms. The purpose was to document co-morbidity among common biopsychosocial conditions that are prevalent in older adults in residential care settings (depression, pain, cognitive impairment and apathy). Mean overall scores were in the normal range for depression and in the clinically important range for apathy and cognitive impairment. Two-thirds of residents had pain. For those with clinically important levels of depression, co-morbidities with conditions were 65% for cognitive impairment and 76% for apathy, and 66% for daily pain. Co-morbidity rates for depression plus one, two, or three other conditions were 94%, 80%, and 34%, respectively. The findings illustrate use of MDS to identify residents with complex clinical presentations, and suggest directions for follow up.

42. Elder Abuse: New Directions in Research and Practice/Mauvais traitements à l'égard des personnes âgées: Nouvelles orientations en matière de recherche et de la pratique

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ELDER ABUSE: NEW DIRECTIONS IN RESEARCH AND PRACTICE

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The first paper explores service delivery to mistreated seniors in two rural communities in an eastern Canadian province. The analysis supports the well-documented reluctance of mistreated seniors to seek assistance. There is emerging evidence that a lack of knowledge and recognition of the problem, and failure of service deliverers to collaborate effectively, present limits to the caring that rural communities offer to mistreated older people (Harbison). Quebec community groups have obtained funding for the Quebec Network for the Prevention of Elder Abuse, a provincial conference, and embark on two major research endeavors: one research project is to develop an elder abuse screening tool for use by doctors in hospital and community services offices; the second initiative will examine service providers use of existing legal remedies in the province and the reasons behind their willingness to use these (Lithwick). Eight focus groups held in Ontario explored key themes related to the understanding, beliefs and attitudes about elder abuse as held by older persons and primary health car workers. Solutions include: support groups, public and professional education, strategies to empower older persons, intergenerational relationships, caring communities and restorative justice (Podnieks). Elder abuse of seniors who live in long-term care institutions is a poorly understood problem. The undermining of their health and social well-being is manifest in violations of rights, physical, psychological, material, sexual, spiritual and other forms of abuse. Dixon describes problems encountered within long-term care facilities. A Federal-Provincial Territorial Seniors Safety and Security Work group is examining the range of prevention and intervention approaches being taken in Canada to understand which of these show most promise. The outcome will result in a better understanding of the current state of elder abuse issues, challenges, approaches and experience within Canada (Spencer). Brief presentations, enhanced by comments from participants, will structure the Symposium.

43. From Research to Practice: Preventing Falls Among Veterans and Seniors

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FROM RESEARCH TO PRACTICE: PREVENTING FALLS AMONG VETERANS AND SENIORS

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In keeping with the theme of this annual meeting, "Bringing the Pieces Together: Research, Education, Policy, and Practice", we will describe how falls prevention intervention on Prince Edward Island (PEI) are influenced and informed by research. First, we will describe a survey of falls among seniors and veterans on PEI. Falling among veterans has been relatively neglected in falls prevention research. This population is of particular interest as veterans are older, frailer, and have a higher percentage of men than the senior population. We examined risk factors for falling among community-dwelling veterans and seniors and in particular, examined factors related to falls that cause injury. 100 veterans and 100 seniors were randomly selected for participation in this study. A response rate of 70% was obtained (N=72 veterans and 68 seniors). The sample consisted of 67.9% men and the respondents ranged in age from 65-95 (M=78, SD=6.6). The number of veterans who fell during the previous year was almost double that of seniors (48.6% and 25.0% respectively). Falling was significantly correlated with increased number of prescription medications (r=.309, p<.01), and also significantly related to balance problems with legs X^2(3,N=133)=13.93,p=.003, inability to get up without using armrests X^2 (3,N=138)=15.8,p=.001, and being a veteran X^2 (3,N=140)=16.62,p=.001. Of the veterans who fell, 77.2% of them sustained an injury, whereas 47.1% of the seniors who fell sustained an injury. The results of this study emphasize the high risk of fall-related injury among veterans. Also, these results are instrumental in targeting falls prevention activities to address specific risk factors and at-risk populations. We will describe how these research results are being used in developing and implementing peer-education materials for preventing falls on PEI.

44. Use of a Solution Focused Approach in Groups for Older Adults with Substance Misuse Problems. Doing What Works

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USE OF A SOLUTION FOCUSSED APPROACH IN GROUPS FOR OLDER ADULTS WITH SUBSTANCE MISUSE PROBLEMS. DOING WHAT WORKS

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COPA is a Toronto community based addictions treatment program, which provides services to older adults with substance misuse problems. The program is a home visiting program where assessment and counseling may take place in the home. COPA has offered group therapy for several years. Agency efficiencies are achieved through various group activities. As clients progress in treatment, are willing and capable of participating in a support group, COPA clients are invited to attend group therapy. Group members attend eight sessions for 90 minutes per week. Group retention in this population can be problematic. Changes in-group approaches have resulted in higher retention rates and improved client satisfaction. This session discussion will include screening of clients appropriateness for group; guiding principles of group and use of a solution focussed approach in therapy sessions. Case examples will be used to demonstrate use of solution focussed questions, methods of dealing with difficult behaviors, extremely negative clients and non-participators.

45. Journeying with Older Gays, Lesbians, Bisexuals and Transgendered Folk, a Participative Workshop

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JOURNEYING WITH OLDER GAYS, LESBIANS, BISEXUALS AND TRANSGENDERED FOLK A PARTICIPATIVE WORKSHOP

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Most mainstream and GLBT specific organizations know little or nothing about serving the needs, addressing the aspirations and developing services and programs for older gays, lesbians, bisexuals and transgendered folk. These populations are hard to identify. Resources to serve their various special needs and address their issues are few and only just emerging. The goal of this workshop is to develop shared awareness, knowledge and expertise in all areas of programming and service: in the home, facility based, in the community.

The workshop will explore the unique characteristics of each of these communities from the personal, social, and environmental perspectives thereby identifying their needs and our challenges.

Some of these people have lived their lives closeted both fearing and experiencing discrimination and abuse. Others have lived through the AIDS pandemic losing partners and whole communities of support and friendship. Yet others have faced a gender transition and the process leading to it. This required tremendous courage and often has resulted their facing a uniquely vulnerable old age. The loss of ability to care for oneself is frightening to most people but much more so to people who rightly fear discrimination from administrators, staff, other care facility residents and their families.

Across Canada and North America we are beginning to acknowledge the personal, social, health, economic and sexual needs of these communities. We are learning how to invite participation, to provide recognition and to support leadership. This workshop will rally participants to support collective action to identify and communicate with these groups of citizens, learn about how we can include, serve and celebrate their needs and special contributions.

The workshop will involve presentations, interactive sharing, questions and answers and a panel discussion.

46. Legal Services for Seniors – The Future of Elderlaw Services in Canada

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LEGAL SERVICES FOR SENIORS – THE FUTURE OF ELDERLAW SERVICES IN CANADA

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The Advocacy Centre for the Elderly (ACE) has been operating as a legal service for senior citizens in Ontario since 1984. The service of ACE focuses on the representation of senior clients, particularly in respect to their rights within the health and social service systems and other systems that ostensibly are senior focused but in practice may not so operate. Although ACE can clearly demonstrate a need and demand for this type of dedicated service and for an "elderlaw" practice devoted to the representation of seniors as clients as opposed to the representation of service providers to seniors as clients, there has been little development of elderlaw services, either through legal aid programmes or by the private bar in Canada to date. This workshop is an opportunity to discuss the need and demand for senior focused elderlaw services, particularly in a time of cutbacks and limits on health, housing, and social services, and to develop strategies to overcome barriers to the development of such services.

47. Social Relationships/Relations sociales

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WOMEN'S EXPERIENCE AND PERCEPTION OF SEXUALITY IN LATER LIFE

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Rates of sexual activity have been found to decline over the life course as individuals encounter health problems, decreased sexual interest, loss of energy and marital transitions. While there has been some investigation of their sexual attitudes and behaviours, little is known about the meanings and importance that older adults attribute to sexuality in later life. This paper examines data from in-depth interviews with 25 women aged 47 to 90 who were married two or three times and explores the women's perceptions of sexuality across the life course. Comparing their earlier and later life marital experiences, the women stated that while they have engaged in less sexual activity over time, they have tended to place greater emphasis as they have aged on affection and intimacy, particularly as their husbands developed health problems. Those women who, at the time of the interviews, were single stated that what they really missed was not sexual intercourse and passion but companionship, hugging, cuddling and tenderness. The meanings and importance that the women attribute to sexuality in later life are discussed in terms of ageist stereotypes, increased longevity and quality of life.

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EXAMINING 'GRAND' ROLES IN AGING FAMILIES: THE EXPERIENCES OF OLDER GRANDPARENTS AND ADULT GRANDCHILDREN

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Owing to the tremendous diversity associated with grandparent-grandchild relationships, scholars routinely characterize the grandparent role as one which lacks clarity, associating it with ambiguous expectations. Even greater ambiguity has been associated with normative expectations surrounding the adult grandchild role. Drawing on qualitative life history interviews from grandparents and adult grandchildren (n=37), this paper explores the existence of normative ambiguity. As a collective, these experiential accounts indicate that while sometimes proscriptive rather than prescriptive, there are identifiable, albeit general, normative behavioral expectations associated with both familial roles. According to both generations' accounts, these expectations are instructive and provide a general framework as they negotiate and evaluate their interactions and relationships with one another. Most grandparents adhere to the norm on non-interference and assume a non-judgmental, yet supportive and mentoring role in the lives of their adult grandchildren. Meanwhile, adult grandchildren are guided by norms of grandfilial respect and obligation, as well as desires to be a source of pride for grandparents. Placed within a wider social context, these expectations reflect and reinforce cultural emphases on personal freedom and independence, as well as prevailing social discourses relating to youth, old age and family life.

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WHAT DOES IT MEAN TO BE A WIDOWER?: WIDOWERS' OPINIONS

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Widow is one of the few words in the English language for which the root is the female form. It is also a word that signifies a negative status and identity, a word that widows hate. Widower, on the other hand, does not seem to carry strong connotations for the men to whom it refers. This paper, based on an in-depth interview study with widowers over 60, will explore widowers' reactions to the word widower and the connotations, or lack thereof, of the term. It will show that widowers often do not remember when someone first referred to them or they thought of themselves as widowers. In other words, there does not seem to be an identifying moment associated with their new identity. As well, widowers often report that there is no image that the word widower conjures up and that they do not have any strong feelings about the identity of widower. This finding has implications for our understanding of what it means to be a widower.

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DISPELLING MYTHS ABOUT WOMEN'S EXPERIENCES OF AGING: A QUALITATIVE INQUIRY

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Janet M. Stoppard, PhD, Psychology, University of New Brunswick

This paper will report on an in-depth interview study that is looking at the strategies older women use to meet the challenges of their everyday lives. Twenty-five women over 65 who live in New Brunswick took part in the study. The interviews asked each woman to talk about her everyday life and her ideas about and experiences with aging. As anyone who studies women and aging knows, most people have a negative image of what it would be like to be an old woman and believe that studying any aspect of older women's lives would be depressing. This study finds the exact opposite. The interviews are notable for the participants' stories of resilience and strength. This paper will illustrate that most of our participants do not tell stories of decline. Rather they recount finding new levels in confidence and less concern over what people think than they felt in their youth. Most women did not find the labels of old, middled-aged, or young meaningful as aspects of their identity.

47. Social Relationships/Relations sociales

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GENDER DIFFERENCES IN SOCIAL ISOLATION AND LONELINESS AFTER FIVE YEARS

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The Aging in Manitoba Study explored gender differences in social isolation and loneliness in a sample of men and women in 1996 (minimum age 72), and again in 2001 (minimum age 77). Both waves of the study included 15 measures of social isolation, and 3 measures of loneliness. Isolation was more extreme on most measures after 5 years, particularly in terms of widowhood, living alone, and residential moves, and women were found to be more isolated than men at both times. Women expressed higher levels of loneliness than men at both times, but levels of loneliness decreased overall in the five years. The presentation explores explanations for changes in isolation and loneliness over time for older men and women, and discusses implications for policy development.

48. Home Care I/Soins à domicile I

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INTERDISCIPLINARY TEAM PROCESSES IN THE PROVISION OF IN-HOME CARE

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Although few would dispute the necessity of teamwork to provide quality health care, achieving effective team functioning continues to elude many interdisciplinary healthcare teams. Teamwork is perhaps particularly challenging in the context of health care in the home, where over 70% of clients are seniors. While the literature affords a fairly comprehensive theoretical foundation for creating and functioning within teams, research offering evidence of how interdisciplinary team members work together to achieve quality health care in everyday practice is minimal. Since client outcomes are influenced by healthcare professionals' ability to work as a team, it is important to understand the processes that occur within interdisciplinary teams. The purpose of this pilot study was to explore the social processes that occur within Canadian community-based interdisciplinary teams with the intent of initially identifying and describing the theoretical concepts and/or constructs that might comprise a theory of interdisciplinary team functioning in the context of home health services delivery. The grounded theory method was applied, using unstructured in-depth interviews to collect data from a purposeful sample (n = 8) of health care providers. Findings revealed the presence of three key team processes: networking, navigating, and aligning. The descriptions of these social processes afford several insights that may be applicable in addressing issues of structuring interdisciplinary service delivery and promoting effective team functioning, particularly by those providing in-home or other community-based health care services.

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FRAIL ELDERLY HOME CARE CLIENTS: THE EFFECTS AND EXPENSE OF ADDING NURSING HEALTH PROMOTION AND PREVENTIVE CARE TO PERSONAL SUPPORT SERVICES

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Objectives: This randomized controlled trial developed, implemented and evaluated a new model for delivering services to frail seniors, focusing on health promotion and preventive care provided by a Registered Nurse within the context of home care services.

Method: The study sample consisted of individuals 75 years and older newly referred to and eligible for personal support services through a home care programme in Southern Ontario. Subjects allocated to the experimental group received a minimum of one contact per month by an RN over a 6-month period. The control group received usual home care services. Data regarding functional health status, expenditures for use of health and social services, mental health, and perceived social support were collected at baseline (pre-randomization) and 6-months through a structured in-home interview.

Results: The preliminary results of this study demonstrate immediate benefits of the intervention in terms of improving physical and mental health functioning at no additional expense from a societal perspective.

Conclusions: Under the current Canadian home care delivery system; this study demonstrates that it is more effective and no more expensive to provide proactive RN health promotion to a general population of frail seniors than to provide professional services on a reactive and piecemeal basis.

48. Home Care I/Soins à domicile I

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PROVIDING CARE AT HOME AND AT WORK: ARE WOMEN AT RISK?

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There is growing recognition that women's caring work is not domain specific but instead, is interdependent, crossing both public and private domains. Moreover, the persistent representation of women in both paid and unpaid caregiving means that shifts in the delivery of health care from institution to the household tend to affect women to a greater degree than men. Therefore, women who are health professionals may suffer a higher cost, in terms of physical and emotional health. The goal of this study was to identify and evaluate various professional practices, programs and polices that may support health professionals who are also family caregivers. Using focus groups, key informant interviews, and a round table discussion, individual and organizational perspectives were obtained. Findings revealed that female health professionals who assume elder family caregiving responsibilities must constantly negotiate the boundaries between their professional and personal roles. Depending on the degree of internal and external expectations of familial care, and the level of support available to manage caregiving roles, this boundary overlap varies. This paper will provide an overview of the current supports available, as well as ideas about expanding those supports and building new ones so double duty caregivers are able to effectively manage their caregiving demands in the future.

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VIVRE AU DOMICILE DE L'AIDANT : REPERCUSSIONS DE L'AIDE APPORTE SUR LA CONCILIATION TRAVAIL-FAMILLE DES AIDANTS HEBERGEANT UN PROCHE EN PERTE D'AUTONOMIE

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Au cours de l'automne 2002, des aidants hébergeant dans leur propre domicile un proche en perte d'autonomie ont participé à une recherche qualitative visant à identifier leurs difficultés, les répercussions de l'aide apportée sur leurs conditions de vie ainsi que les défis que posent la conciliation travail-famille pour des individus ayant à assumer divers rôles de vie (travailleur, aidants, parent, conjoint, etc). Les premières analyses tentent à démontrer que la situation de ces aidants est difficile et que la conciliation travail-famille posent de nombreux défis aux aidants hébergeant un proche en perte d'autonomie. Plusieurs aspects de la vie de ces aidants posent des difficultés et l'aide apportée semble avoir des répercussions non-négligeable sur la santé biopsychosociale des répondants. Cette étude s'inscrit dans une recherche plus large qui a permis de rencontrer près d'une centaine d'aidants supportant des aînés en perte d'autonomie vivant dans différents milieux de vie différents : dans leur propre domicile, dans le domicile des aidants, en centres de soins de longue durée, en résidences à but lucratif, en résidences à but non lucratif et en ressources intermédiaires. La situation des aidants hébergeant un proche en perte d'autonomie sera comparée avec certains types d'aidants précédemment nommés. Cette présentation permettre aussi de communiquer les recommandations émises par les aidants à plusieurs types de personnes (conjoint, membres de la famille, amis, etc) et à des organismes publics, parapublics et communautaires afin de faciliter la conciliation travail-famille des aidants ayant à concilier divers rôles et responsabilités.

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SITUATING 'HOME' AT THE NEXUS OF THE PUBLIC AND PRIVATE SPHERES: ISSUES OF NEGOTIATION IN RELATIONSHIPS BETWEEN HOME CARE WORKERS AND ELDERLY CLIENTS

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While policy discussions of Home Care focus largely on funding and cost-effectiveness, less is known of the relational aspects of home-based care as experienced by elderly persons. Interviews were conducted with Ontario home care workers (HCW) and elderly clients (EC): 150 HCWs in Phase I, 137 in Phase II; and 155 EC in Phase I, with 118 re-interviewed in Phase II.

Qualitative analyses consider the negotiation of the HCW-EC relationship in the context of home as the site of care. HCWs identified as problematic the balancing of agency guidelines and the unmet needs of elderly clients. ECs focused on the negotiation of relationships with successive strangers entering the private sphere of their home; other ECs noted issues of negotiation of longer-term relationships with HCWs as employee vs. friend (or fictive kin). Analyses are framed in terms of both service satisfaction and rural-urban differences in the nature and extent of HCW-EC contact outside the fee-for-service role.

49. Health Promotion & Aging/Promotion de la santé et vieillissement

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BEST PRACTICE GUIDELINES FOR STROKE CARE

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Best Practice Guidelines for Stroke Care: A Resource for Implementing Optimal Stroke Care is a compendium of best practice guidelines for the prevention and management of stroke, developed through a consensus process led by the Heart and Stroke Foundation of Ontario. The compendium provides health care professionals with a practical guide for stroke care, across the continuum from pre-hospital to community reengagement, including transition management. Of the 19 best practice guidelines for stroke care that were developed, 12 relate to transition management, rehabilitation management and community re-engagement. The compendium cites current evidence for the guidelines and also includes sample protocols, pathways and measurement tools.

The paper presentation will describe the process used to develop the guidelines and provide an overview of the guidelines.

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THE CARDIOVASCULAR HEALTH BEST PRACTICE PROJECT: DEVELOPING AND TESTING AN EVIDENCE-BASED INTERVENTION

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This paper presents the development of an evidence-based intervention aimed at lowering the risk of cardiovascular disease among mid-life Canadians. The objective of the 5-year “Cardiovascular Health Best Practice Project,” is to establish whether this can be achieved through risk factor modification using a low-intensity lifestyle intervention based upon an expert patient model. A primary group of subjects deemed to be moderate or high risk of CHD as well as a secondary prevention group are incorporated into the study. The intervention is comprised of a Report Card for subjects and their primary care physicians, and tailored lifestyle counseling provided by telephone by trained health professionals (kinesiologists, nurses with ACSM training). Report Cards are based on the Framingham risk assessment scoring methodology and provide the subject’s absolute 10-year risk of CHD (only for primary prevention subjects), grades for risk factors and target levels for risk factors. The lifestyle behaviours (smoking, exercise, diet, stress and prescription compliance) are prioritized based on the Report Card data. In addition, the lifestyle counselling protocols were developed using guidelines developed from expert panel reviews, and were evaluated by a scientific advisory committee.

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PROMOTING HEALTH IN MID-LIFE: COMMUNITY DEVELOPMENT RESEARCH AND THE PARTNERSHIP PROCESS

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A research team comprised of individuals working for the Vancouver Island Health Authority, the Centre on Aging at the University of Victoria, and the Blanshard Community Centre established a partnership to design and execute a health promotion project aimed at the primary prevention of chronic disease for individuals in mid-life who reside in a disadvantaged area of Victoria, British Columbia. Funding for the project was obtained from the Canadian Institutes of Health Research (CAHR) for the period 2001 to 2006. The goal of the project is to demonstrate the validity of community activation as one approach to primary prevention of chronic disease in mid to late life. A major aim of this project is the development of tangible, dynamic and priority projects that build on community strengths and resources to address barriers to healthy lifestyles. This includes a focus on making healthy choices easy choices; working to improve quality of life; and addressing social and economic risk conditions in the community.

In this presentation, the authors will identify the community activation initiatives that have been implemented in this project and reflect on the process and challenges of doing community based research.

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MOBILIZING SUPPORT FOR A COMMUNITY-BASED HEALTH PROMOTION PROGRAM

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The Community Hypertension Assessment Trial (CHAT) was launched in November 2002. This multi-site cluster randomized control trial was designed to improve the cardiovascular health of older adults by implementing a community-based blood pressure (BP) monitoring program featuring consistent delivery of accurate BP readings and cardiovascular risk factor information to family physicians (FPs), pharmacists, and patients. Twenty-eight randomly selected FPs were allocated to either an intervention or control group. FPs in the intervention group invited all of their patients 65 years and older to attend BP clinics held at pharmacies, operated by peer health educators (trained by public health nurses), where they had their BP measured and recorded, their cardiovascular risk factors recorded, and received education on cardiovascular health. The BP readings and risk factors were subsequently faxed to FPs to enhance their in-office records. Collaboration among multiple partners was critical to the success of this program. Formal partnerships with the Kidney Foundation and local public health units were also established to promote buy-in of the program at the community-level. This presentation will report on the uptake of the program by physicians, pharmacists, patients, and volunteers and will discuss the benefits and challenges in working with multiple partners on community-based interventions.

49. Health Promotion & Aging/Promotion de la santé et vieillissement

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LIVING LONGER, LIVING HEALTHIER? TRENDS IN THE HEALTH STATUS OF OLDER MANITOBANS

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Trends in the health status of the entire senior population aged 65 years or older in Manitoba were examined over a 14-year time period using administrative data (~150,000 individuals). Trends were examined across age groups (65-74, 75-84, 85+), gender, and region of residence (urban, rural). Significant health gains were apparent for a number of important indicators, including acute myocardial infarction, stroke, cancer, and hip fractures, although some of these gains were restricted to urban areas. Improvements in these health indicators are significant, as they can have major implications for individuals' need for health services and ability to live independently. However, chronic diseases were on the rise, with the prevalence of diabetes, hypertension, and dementia increasing substantially over the 14-year time period. These trends suggest a need for a policy emphasis on prevention, such as reducing the prevalence of obesity, which is one of the risk factors for diabetes. Moreover, having sufficient care options in place for the growing number of individuals with dementia is an issue that will have to be addressed.

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MONITORING FUNCTIONAL CHANGE IN COMMUNITY DWELLING OLDER ADULTS – A PREVENTION PROGRAMME FOR PHYSICAL DISABILITY

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The purpose of this study was to develop a method of monitoring physical functional health for community dwelling older adults. Such a prevention programme would contribute to public health by delaying the progression from preclinical to clinical disability. Two hundred and sixty-five older adults were referred to a Functional Status Laboratory for a physical function assessments from three family practice units in Hamilton, Ontario. They were randomized to either receive feedback about the assessments with a report to their family physician or to receive the assessment without feedback. There was a statistically significant group/visit interaction for the main outcome measure, the task modification and disability scale F value 4.78 (p=.03). This assessment evaluated the difficulty, frequency and method associated with completing a number of tasks. Other significant results include group x time interaction for the energy scale SF-36 , F=7.47 (p=.007) and performance measures the SAILS F=7.64, p=.006, timed walk test F=9.87, p=.002. Other results will be discussed. These results support improvements in the intervention group. Informing older persons and their physicians about physical functioning delays changes. A model to explore this approach as a health prevention intervention will be presented.

50. Geriatric Assessment/Évaluation gériatrique

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MOVING FROM A CONSULTATIVE TO AN EVALUATION AND CARE MANAGEMENT MODEL: IMPROVING OUTCOMES OF SPECIALIZED GERIATRIC ASSESSMENTS

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To enhance services for the frail elderly and to respond to stakeholder feedback and the results of an outcome study on adherence to assessment recommendations, a paradigm shift from a community outreach consultative model was indicated. A literature review showed geriatric program efficacy improves with a case/care management strategy. A theoretical framework provided the basis for the development of our model of Geriatric Evaluation and Care Management. The model incorporates Maslow's hierarchy, population health concepts, determinants of health, risk assessment and components of case management. Members of our interdisciplinary team collaborate with the primary care team to manage risk, access and care for the complex, unpredictable needs of seniors. To most effectively utilize our resources in a time of limited funding and increasing demands, our innovative model facilitates targeting, prioritization and development of interventions for the population we serve. Challenges, opportunities and results of the implementation of this model across the health continuum in a multitude of settings will be discussed.

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CHANGE IN LENGTH OF STAY AND FUNCTION SCORES IN A GERIATRIC ASSESSMENT UNIT

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Background: There is extensive literature on the role and effectiveness of inpatient geriatric assessment and rehabilitation units (GARUs), but little which tests the impact of a reduced average length of stay (ALOS).

Objective: To examine the association between change in ALOS and patient outcome in an Ontario GARU.

Primary Outcome: Change in the Functional Independence Measure (FIM), a validated tool; and in FIM efficiency. Changes were compared before and after administrative changes which sharply reduced ALOS.

Method: FIM score data at admission and discharge to a GARU were collected for FY 2001-2 and following for Feb 27 through Oct 27 2002. They were entered into SPSS and analyzed paired Student's T-tests with effect size scores. They were compared with published results for comparable units in Ontario.

Results: There were 141 cases in FY 2001-2, and 63 cases from February to October 2002. Overall, patients functioning improved by an average of almost 13 points (p <.001). Effect size, at 0.59, is moderate, indicating a clinically significant change. The change to a shorter ALOS had little impact on these results.

Conclusion: Quality of care may not be affected by reduced ALOS, although further study is needed to establish generalizability of results.

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FACTOR ANALYSIS OF THE DYSFUNCTIONAL BEHAVIOUR RATING INSTRUMENT

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Objective: to examine dysfunctional behaviour in dementia (DBD) in community dwelling patients and to classify behaviors into distinct domains.

Participants: 988 patients/ caregiver pairs assessed between1989 and 2000.

Method: patient data were collected on demographics, duration of the condition, cognitive function (Standardized Mini-Mental Status Exam, MMSE), independence in activities of daily living, and behavior (Dysfunctional Behaviour Rating Instrument, DBRI). Caregiver data: age, gender, relationship to patient, burden (Zarit Scale).

Analysis was by factor analysis, validated by correlations with Zarit.

Results: patient: mean age 73.5, 45% male. Mean disease duration 3.2 years, mean SMMSE 21.4.

Caregiver: mean age 60.4, 34% male, 65% lived with the patients.

Factor analysis yielded 5 components: anger, distress, delusional behaviors, suspicion and repetitive behaviors. Zarit scores correlate strongly with anger and angst, and moderately with repetition. Angst correlates moderately with ADL and IADL, and delusions with IADL only. Patient traits are not useful explanatory variables.

Discussion: DBD clusters into distinct domains, allowing treatment focus. The elements of DBD most strongly associated with caregiver burden are anger and angst; so, while other elements need not be ignored, these two may require the most determined interventions. DBD as indicated by the DBRI is the best predictor of burden.

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INTEGRATION OF A PHARMACIST INTO A MULTIDISCIPLINARY GERIATRIC ASSESSMENT CLINIC: IS COMMUNICATION OF DRUG-RELATED PROBLEMS TO COMMUNITY ENHANCED AND VALUED?

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Background: A Geriatrician and staff in a geriatric outpatient clinic requested a pharmacist for their multidisciplinary team. Grant funding was obtained to staff a pharmacist on the team for 1 year. That pharmacist's contribution to clinic clientele was evaluated. The primary objective of the evaluation was to determine if the information obtained and drug-related recommendations made by the pharmacist were successfully communicated to and followed through in community by physicians, pharmacists, nurses, the client's family and/or the client themselves. Also it would be determined if the receivers of the information found it identified new or previously unknown drug therapy issues. Secondary objectives were to determine if the drug regimens of clinic clients were optimized and rationalized as a result of the pharmacist's assessment.

Methods: Clients, family, family physicians, home care nurses and community pharmacists were surveyed at 3 weeks and again at 3 months. Number of medications, number and types of drug-related problems were identified; number of recommendations to community made and implemented and Medication Appropriateness Scores1 for clinic clients were compared pre and post clinic visit.

Results: The pharmacist saw 74 patients in the evaluation period (1 year). 60 clients from the year prior to the pharmacist's involvement were randomly selected for the historic control group. Significant differences were seen between the intervention group and the control group in number of drug-related problems identified and number of drug-related recommendations made. For intervention clients, 653 interventions were made or recommended. Of those 492 (75%) were implemented at 3 weeks and 501 (77%) at 3 months.

87% of those surveyed had responded at 3 weeks and 70% responded to the 3-month survey. 80% of community health professionals agreed that the clinic pharmacist identified new issues regarding their clients drug therapy and rated the pharmacist service as a 4 or 5 on a scale of 1-5. Greater than 90% of clients and family rated the pharmacist service as a 4 or 5 out of 5 and 45% felt their health and well-being had improved after the clinic visit.

A significant decrease in total weighted MAI scores post pharmacist recommendations was also seen.

1. Hanlon JT et al. A Method for Assessing Drug Therapy Appropriateness. J Clin Epidemiol 1992;45(10):1045-51.

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DEVELOPING EASE OF USE EVALUATION PROTOCOLS

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The issue of usability of consumer products is becoming more important as the Canadian population ages. While not all older persons have functional limitations, the prevalence is highest among this demographic group.

The purpose of the project is to identify a preferred process of assessing consumer products for their usability by older persons.

Three protocols will be evaluated:

a) Home-Based: seniors (n=16) will evaluate products provided in their homes with little or no assistance from project staff and complete the product evaluation protocol form
b) Qualitative Lab-Based: seniors (n=16) will attend a tutorial on product evaluation and usability testing and will then evaluate the same products with the assistance of project staff in a full-scale human factors lab
c) Quantitative Lab-Based: technical staff will execute a product evaluation protocol on the same products using measurements equivalent to the qualitative dimensions used in the other two product evaluation conditions

50. Geriatric Assessment/Évaluation gériatrique

The three protocols will be compared and evaluated to assess the

a) Most valid method to identify consumer products that are more user-friendly for older persons;
b) Cost-benefits associated with each evaluation method; and
c) Practical advantages and disadvantages of each evaluation method.

Note: The project will be completed prior to the conference.

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IMPLEMENTING A NEW MODEL OF NURSING CLINICAL PRACTICE ON A GAU

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Due to the predicted nursing shortage of 78,000 nurses by 2011 and an estimated 40% shortfall in the work force by 2016, hospitals must begin to examine recruitment and retention strategies utilizing research and practice to create environments that will attract and keep a limited resource. The Ottawa Hospital (TOH) is a multisite tertiary care hospital amalgamated in 1998. Nurses identified the use of 5 different nursing models and divergent practice environments as an immediate challenge. After a review of Magnet Hospitals recommendations and a comprehensive consultation process within TOH, a new Model of Nursing Clinical Practice (MoNCP) was developed. The two year process created a set of guiding principles allowing individualized implementation of the Model in many different clinical settings.

This paper will describe the Guiding Principles, the consultative process, associated tools and the implementation of the model on a Geriatric Assessment Unit (GAU). Specific challenges related to the provision of continuity of care in a multidisciplinary setting while promoting nurses' professional autonomy and accountability will be addressed. Additional information about the practicalities of the implementation and ongoing evaluation of the GAU's interpretation of the model will provide insight into how a non-prescriptive model can be realized in a clinical setting.

51. Ethnicity and Aging/Ethnicité et vieillissement

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SHIFTING THE BURDEN OF CARE: HOW COMMUNITY SUPPORT AGENCIES MEDIATE THE IMPACT OF HEALTH AND SOCIAL SERVICES RESTRUCTURING ON SENIORS AND ETHNORACIAL COMMUNITIES

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Objectives: This paper analyzes data from a multi-year study of community-based services and service agencies (CSAs) in Toronto.

Objectives are:

to document the extent to which CSAs pick up the health and social burden off-loaded upstream by governments

to assess the capacity of CSAs to meet changing needs

to analyze the extent to which service gaps are concentrated among vulnerable groups including frail seniors (mostly women) and ethno-racial minorities

to develop a conceptual model of the role played by the sector in mediating the impact of restructuring on individuals

Methods:

Qualitative methods are used to analyze:

200 in-depth interviews with Carribean and Chinese seniors living in social housing

2001/2002 and 2002/2003 annual service reports of 110 CSAs in Toronto

Results:

Community services are crucial to maintaining the health and well-being of seniors. However, recent cuts to health and social services, combined with the demands of an aging, increasingly diverse population, stretch the service infrastructure to its limits. The impact of cuts are more immediately felt within needs communities with less developed infrastructural capacity.

Conclusions:

Recent restructuring initiatives have shifted a greater burden of care to the community. CSAs play a key role in mediating the impact on Individuals.

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IMPACT OF CULTURE ON HEALTH OF OLDER CHINESE IN CANADA

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In a multicultural society, understanding culture and its impact on individual's health is the first step toward developing better strategies to improve health of the culturally diverse communities. This paper examined the relationship between culture and health of the older Chinese in Canada.

A random sample of 2,272 older Chinese in seven Canadian cities was interviewed. Three variables on culture representing level of identification with traditional Chinese cultural values, agreement with traditional Chinese health beliefs, and Chinese ethnic identity, which referred to the strengthen of association with the Chinese and self-defined identity. Health status was represented by a composite index formed by several health measures.

Results of the hierarchical multiple regression analysis showed that when adjusted for other demographic and social factors, all three cultural variables were significant health predictors. Specifically, older Chinese who identified themselves more with the Chinese culture and Chinese health beliefs were less healthy. However, those who reported a higher level of Chinese ethnic identity were slightly healthier, probably due to the protective function through the continuous association with their own ethnic community. The results indicated that the incompatibility between the older Chinese and the mainstream culture had created a negative impact on their health.

52. Learning, Training & Education Gerontology/ Apprentissage, formation et éducation en gérontologie

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DEVELOPING RESOURCE MATERIALS AND TRAINING IN MENTAL HEALTH AND ADDICTIONS FOR PEOPLE WHO CARE FOR OLDER ADULTS: A SUMMARY OF EXISTING NEEDS ASSESSMENTS AND KEY INFORMANT INTERVIEWS

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The prevalence of both mental health and substance misuse problems in older adults indicates that many care providers require some level of knowledge, comfort and skill in identifying and assisting individuals with these sensitive issues. The purpose of the Centre for Addiction and Mental Health's Healthy Aging Project is to develop training and resource materials in mental health and addictions in older adults for both formal and informal caregivers. It was necessary to assess what training and information programs and materials already exist and to review existing training needs surveys, before determining the priority product or program to be developed. Phase 1 of the Project therefore consisted of compiling, reviewing and summarizing existing mental health and addiction educational needs assessments and the results of individual key informant interviews regarding these needs. This summary of 7 existing education needs assessments and 32 key informant interviews shows a greater need in the field for addiction information and skills, and points to gaps in training in some mental health issues.

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COMPLETING THE PUZZLE: SHOWING THE NEED FOR A CHANGE IN DIRECTION

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With today's pressure on acute care beds, the frail elderly are at risk of being discharged to long term care facilities without receiving the opportunity to improve their level of function, if their health care professionals are not knowledgeable about geriatrics. For many reasons, the focus is often on the presenting illness, excluding the precipitating factors or the environmental issues, which are prolonging recovery. At Sunnybrook and Women's College Health Science Centre, there is a focus on increasing the understanding of the complexities involved in improving the level of function of frail elderly patients on the General Medicine units. Educational programs for staff and environmental changes as well as data collection to better understand our patient population are underway. As our health care professionals become more able to assess patients holistically and identify and manage those factors that are delaying progress, outcomes will change. Level of care needs will lessen and patient and staff satisfaction will improve. This evidence is vital for the stimulation of policy change from an emphasis on placement in long term care facilities to a broader range of options. A review of our initiatives will be presented.

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AN INTER-PROVINCIAL COMPARISON OF THE LEGISLATION GOVERNING SUBSTITUTED CONSENT FOR RESEARCH

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Scientific knowledge on cognitive disorders cannot progress without involving affected individuals. Cognisant that persons with compromised decision-making capacity are vulnerable to exploitation, Canada has developed ways to promote and protect their interests and dignity. These include the Canadian Charter of Rights and Freedoms enacted in 1982, the National Council on Ethics in Human Research established in 1989, and the Tri-Council Policy Statement published in 1998. Research involving cognitively impaired subjects is also regulated by provincial legislation. This paper compares provincial laws regarding surrogate consent for research with the objectives of 1) highlighting major differences and 2) assessing their impact on inter-provincial studies targeting decisionally-incapacitated older adults. Results are based on a thorough analysis of relevant provincial statutes. Findings show that provincial legislations vary considerably. Some provinces have none (e.g. New Brunswick) while others are quite restrictive (e.g. Quebec). Differences exist regarding the types of research for which surrogate consent may be obtained. Also, it is often unclear whether the person legally authorized to provide proxy consent for treatment can make research decisions as well. Discrepancies between legislations make it difficult to conduct inter-provincial trials. Most importantly, they raise concerns about the protection for cognitively impaired subjects across Canada.

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AN UPDATE ON THE WORK OF THE ONTARIO GERONTOLOGY ASSOCIATION'S OLDER PERSONS' MENTAL HEALTH AND ADDICTIONS NETWORK

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The OGA's Older Persons' Mental Health and Addictions Network was initiated in 2002 and now includes representation from over 50 regional and provincial organizations and from consumer and family advocacy groups. The mandate of this cross-sectoral and interdisciplinary Network is to improve the Ontario system of care for older persons in the community at risk of or coping with mental illness and addictions and to support those who care for and about them. This paper will report on the progress of the Older Persons' Mental Health and Addictions Network to date including the presentation of preliminary results of a collaborative survey of community service providers undertaken to obtain an increased understanding of the barriers faced by older adults with mental health and addiction issues. The challenges and choices made in determining priorities for action given the complexity and diversity of issues to be addressed will be highlighted. The Network's plan of action for the future, including a key decision to seize all opportunities within the confines of a grand vision will be shared. Finally, the strategy and planning steps required in the search for a viable and efficient organizational structure and decision-making model will be explored, particularly as may apply to the building of similar networks in other provinces or regions.

52. Learning, Training & Education Gerontology/ Apprentissage, formation et éducation en gérontologie

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SHE CAN'T BE CAPABLE: THE MEDICALIZATION OF ABUSE IN LATER LIFE

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As awareness of elder abuse increase in society, so do our struggles to understand why it occurs. All too often there is a tendency to view older adults through a medical lens – as persons who are old, frail and in need of being cared for.

This paper explores the tensions that develop when an overly medicalized view of elder abuse occurs. Using clinical case examples to guide this analysis, the implications for the victim and the perpetrator are explored.

53. Changing Models of Providing In-Home Food Delivery Services to an Aging Population: Responding to Client Needs with Appropriate Services

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CHANGING MODELS OF PROVIDING IN-HOME FOOD DELIVERY SERVICES TO AN AGING POPULATION: RESPONDING TO CLIENT NEEDS WITH APPROPRIATE SERVICES

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Facilitators will include Meals on Wheels service providers from both urban and rural locations, meal providers including culturally-specific meal providers, community health providers such as representatives from community nursing organizations, occupational therapists, case managers.

The goal of this session will brainstorm around appropriate meal delivery services for the future. Participants can expect to:

i) learn about different existing meal delivery models based on the wealth of service delivery models currently found in the GTA.
ii) explore recent demographic trends
iii) learn about innovative new service delivery models/practices

Questions to be discussed:

1. Who will be our future client? This piece will allow for a brief discussion of the demographics of our aging society couched within the framework of the Compression of Morbidity hypothesis, i.e. severe chronic illness occurs for a short time at the end of life whereas the manageability of chronic diseases formerly categorized as severe will predominate.
2. Will the client lose out if a hot meal service is decreased or eliminated in their community?
3. Is one frozen food supplier enough to meet the needs of seniors?
4. What innovations have been made in outreach to clients for food delivery models?

The session will end with opportunities to share & discuss.

54. Poster Session III/Séance d'affiches III

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IS THE PULPIT A CULPRIT? DISABILITY ACCEPTANCE AND CONTEMPORARY CHRISTIAN RELIGION

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Aging involves the interface of a multitude of factors that can influence aspects of personhood, including physical changes. Physical decline often thrusts people into a new social group; one that is stigmatized as less able and therefore, less worthy than other social groups. In coping with age-related, life-altering physical changes, people seek a variety of strategies, such as an increased shift toward religion, to maintain a satisfying sense of self. However, it is difficult to maintain religious participation if the church is not an inclusive community. Textual analyses of biblical scriptures and sociocultural interpretation of contemporary Christian churches pinpointed philosophical, physical, and attitudinal contributions to the marginalizaton of aging people with a disability. Furthermore, computer-supported qualitative analysis of semi-structured interviews with five Christian participants (aged 41 to 75 years) with a longterm disability revealed centrality of church attendance to their well-being and search for meaning, sensitivity to negative associations with disability within scripture, and a tendency for greater acceptance of the barriers to church involvement among the older individuals. Strategies for making the church a more inclusive community include Parish Nursing, leadership opportunities for disabled church members, and disability awareness seminars.

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UNDERSTANDING AGE AND MEMORY FOR TOURIST DESTINATION ADVERTISING

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Memory is one of the most researched areas in the gerontological literature. Yet, the data provide an incomplete picture of how the aging memory system functions when everyday stimuli (e.g., advertisements for tourist destinations) are cognitively processed.

54. Poster Session III/Séance d'affiches III

The literature suggests one factor that may influence memory of such pictures is framing, that is, identifying/labeling the picture. Thus the main research question was: are there age-related differences in memory for tourism advertising using (framed) pictures and/or text? In two experimental studies younger and older adults viewed framed pictures or read text descriptions of four tourist destinations. ANCOVAs were preformed with recall of features and elaborations as dependent variables, age as the independent variable, and education and destination familiarity as covariates. Results indicated that younger and older adults process information from framed pictures of tourist destinations similarly; however, age differences emerged for the number of features recalled for text descriptions, in favor of the younger adults. Follow-up analyses revealed within age-group differences by stimuli. Younger adults recalled more features but only for text format. Also, regardless of age, pictures produced more elaborations than text. Findings suggest that advertising (stimulus) format is a determinant of elaborative memory, while age is not.

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PREFERENCE-WEIGHTED MEASURES OF HEALTH-RELATED QUALITY OF LIFE: A COMPARATIVE REVIEW TO ENHANCE AGING RESEARCH

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Strengths and weaknesses of four generic, preference weighted, health-related quality of life (HRQL) questionnaires (the Quality of Well-Being, the Health Utilities Index, the EQ-5D, and the SF-6D) are presented. Although all of these questionnaires are designed to measure the same concept, each uses a different model of health, a different method of deriving preferences, and a different scoring formula. Utility scores for equivalent states can vary substantially, depending on the measure used. Clinicians and (e.g. gerontology) researchers applying preference-weighted HRQL questionnaires should be aware of such differences to help exercise caution when interpreting results. The poster is based on a recently accepted publication, co-authored by the presenter, within the Journal of Clinical Epidemiology (2003 Kopec and Willison , 56:317-325).

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CHANGING NEEDS AMONG SENIORS: INDICATORS OF HOME CARE USE

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Relatively few studies have examined the likelihood of seniors using home care over time, including both baseline characteristics and changes in characteristics that are associated with use of the service. The present study employs a longitudinal design to address this gap in the literature, drawing on data from the Manitoba Study of Health and Aging (MSHA). Characteristics of community-dwelling, cognitively intact seniors, not receiving public home care services in Manitoba (n=855), were collected in 1991/92. A five-year follow-up determined subsequent home care use and changes in selected characteristics. Fourteen percent (n=120) of the seniors reported receiving public home care 5 years later. Baseline characteristics predictive of home care use included age, level of functional disability, and urban/rural residence. Change characteristics found to be associated with home care use included increase in depression, decline in cognition, and increase in functional disability. Implications for research and practice are discussed.

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A QUALITATIVE INVESTIGATION OF THE INFLUENCE OF EXTENDED FAMILY ON THE MAINTENANCE OF INTERGENERATIONAL SOLIDARITY

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This study is a qualitative investigation of potential outcomes of conflict between a G2 parent and a G1 grandparent over a child-rearing issue. Two models for potential outcomes were examined. Roberts et al. (1999) proposed that, where normative solidarity is high, conflict resolution will not affect overall solidarity. However, where normative solidarity is low, conflict may result in diminished affection, reduced association or a decline in functional solidarity (exchanges). Rossi et al. (1999) suggested that conflict may result in diminished affection. Neither model proposed that other family members play a role in resolution of conflict and the maintenance of solidarity. Thirty-two G2 males and females were interviewed. Data indicated that normative solidarity was high for this sample, regardless of the gender or relationship status of the G1 grandparent. Results provided support for the Roberts et al. (1999) model for potential outcomes of conflict where normative solidarity is high. As well, data indicated that all G2 respondents mobilized support from other family members, friends and in-laws when engaged in a conflict with a G1 grandparent. Results are discussed in terms of regarding the family as a network of relationships, including the influence of persons external to the family, such as friends.

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FRONT LINE CARE OF FRONTAL TEMPORAL DEMENTIA: AN ACTION LEARNING PARADIGM

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Frontal Temporal Dementia is challenging caregivers who need to address the deficits in executive and social functioning associated with Frontal Lobe Dementia.

Knowledge is evolving which helps us better understand the syndrome and develop behavioural interventions. The challenge for educators is to facilitate a process that involves creating a new, communal understanding of the client's unique story and then utilizing both the knowledge and the personal history to develop interventions to apply in practice.

In this poster presentation, we will describe an Action Learning Paradigm that builds upon our emerging experiences for closing the gap between knowledge and practice in caring for people with Frontal Temporal Dementia. The poster will illustrate knowledge translation and integration by documenting a case-based facilitation process that refines both our own process and the practical interventions used by staff.

This parallel learning process can be applied to behaviours associated with mental illnesses and other forms of dementia.

54. Poster Session III/Séance d'affiches III

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ACROSS AND THROUGH HIDDEN COSTS/INVISIBLE CONTRIBUTIONS: DESIGNING AN ORGANIZATIONAL STRUCTURE FOR A MAJOR COLLABORATIVE RESEARCH INITIATIVE (MCRI)

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The overall purpose of the Major Collaborative Research Initiative (MCRI) "Hidden Costs/Invisible Contributions" research program is to create a deeper understanding of the place in society of those currently characterized as "dependent" i.e. older adults and adults with chronic illness/disability. The project will examine the hidden costs of care incurred by caregivers and other stakeholders, as well the contributions of these adults. An innovative aspect of this five-year SSHRC-project is a commitment by the Project Director, Janet Fast, and the MCRI team to the development and use of an organizational model that facilitates international, interdisciplinary teamwork and integration. The model, developed collaboratively by the MCRI team, proposes the integration of (1) research activities, analyses, policy perspectives and findings across project themes; (2) involvement among researchers, students and partners in problem solving and mentoring relationships; and (3) knowledge about the costs and contributions of dependent adults across and through various disciplines. This poster provides a conceptual framework for the MCRI organizational model and results of its initial implementation. Implications for the development of complex, interdisciplinary projects in gerontology are explored.

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ATTITUDES TO EXERCISE IN OLDER ADULTS: RELATIONSHIP TO PERCEIVED CONTROL, AGE, AND SELF-RATED HEALTH

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Physical therapists practicing in geriatric day hospitals prescribe exercise to improve or maintain balance, strength, mobility, and function in community-dwelling older adults. This is usually done without examing clients' perceived control, self-rated health, or attitudes, beliefs and expectations about exercise. The objectives of this study are to examine relationships between a global measure of perceived control, age, self-rated health, health variables, and exercise beliefs among geriatric day hospital clients. Respondents' (n=106) beliefs were assessed in face-to-face interviews in Winnipeg, Manitoba as part of a larger study. Results indicate that perceived control was positively related to perceived exercise ability, confidence and motivation to perform exercises, expectations of success performing exercises, and perceived health, and negatively correlated to maladaptive exercise beliefs. Age was positively associated with perceived health and inversely correlated with expected success in performing exercise. Whereas self-rated health was positively correlated with self-rated exercise ability and age, it was negatively associated with health problems. Results indicate that it is important for physical therapists to examine client factors such as perceived control, and exercise and health attitudes, beliefs, and expectations in order to ensure successful rehabilitation outcomes when prescribing exercises for day hospital clients.

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PERCEIVED CONTROL OVER FUTURE FUNCTIONAL ABILITY: ATTITUDES OF GERIATRIC DAY HOSPITAL CLIENTS

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Geriatric day hospitals (GDH) offer the potential for improving and/or maintaining future functional ability (FFA) among community-dwelling, frail older adults. However, there is little research about GDH clients' perceived control beliefs related to functional ability. The objective of this study was to explore control beliefs and attitudes related to functional ability (FA) among a geriatric day hospital population. Data was collected from day hospital clients (n=106) in face-to-face interviews conducted in Winnipeg, Manitoba. Correlation analysis reveals that a global measure of perceived control (PC) was positively associated with self-rated health, self-rated FA, perceived control over FFA, confidence in improving FA and expected success in maintaining FFA. Self-rated FA and perceived control over FFA were both positively associated with PC, self-rated health, confidence in improving FA and rejecting feelings of helplessness in maintaining FFA. In addition, self-rated health was correlated with PC, self-rated FA, and confidence in improving FA. These findings have implications for physical and occupational therapists who work in geriatric day hospitals. By assessing domain-specific control beliefs, therapists may be able to design programs to restructure maladaptive beliefs into more adaptive cognitions, thereby enhancing older adults' sense of control and motivation to improve and/or maintain functional ability and independence.

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DESCRIPTION OF ENVIRONMENTAL ASPECTS ASSOCIATED WITH PHYSICAL AGITATION BEHAVIOURS DISPLAYED BY THE INSTITUTIONALIZED ELDERLY SUFFERING FROM DEMENTIA

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The purpose of this research is to determine the contexts in which physical agitation behaviours (PABs) are displayed. The study was conducted with 15 participants suffering from dementia who live in an institution and display agitated behaviour. Participants were subject to direct observation assisted by a hand-held computer. The following aspects were noted: episodes of agitation, environmental characteristics related to the place and its social context, the activity pursued, the use of physical restraint and the time of day. Each participant was observed over a period of 12 hours, i.e. from 8 a.m. to 8 p.m., for a total of 180 hours of observation. Results show that physical agitation occurred 27.8% of the time. PABs were displayed when the participant was in his or her room (56%), not engaged in a specific activity (86%), alone (55%) and restrained (57%). The physical agitation seems to be displayed mainly after 3 p.m. (58%). Other derived results demonstrate that some environmental factors lead to greater physical agitation than others.

54. Poster Session III/Séance d'affiches III

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UNDERSTANDING THE SEMANTIC DIFFERENTIAL SUBTEST FROM THE CHILDREN'S ATTITUDE TOWARDS THE ELDERLY (CATE) INSTRUMENT.

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The CATE instrument is widely used to assess developmental patterns in children's attitudes towards aging and to evaluate the effectiveness of intergenerational programs. The semantic differential subtest of the CATE involves rating Young People and Old People using 10 five-point bipolar adjective word pairs originally selected to measure an evaluative dimension. Despite its broad use and appeal, there is a dearth of research on whether these ratings reflect a single evaluative dimension and how these ratings should be interpreted. In the present research, 86 undergraduate university students completed the semantic differential subtest from the CATE. Principal component analysis revealed an identical three factor solution for both Young People and Old People that included a Social (e.g., friendly-mean) and Descriptive factor (e.g., healthy-sick) in addition to an Evaluative factor (e.g., good-bad). Moreover, old people were rated more favorably than young people on the Evaluative and Social factor whereas; young people were rated more positively than old people on the Descriptive factor. These findings undermine the assumption that the adjective pairs in the CATE reflect a single evaluative factor and provide methodological and theoretical guidance for the use and interpretation of the semantic differential subtest of the CATE instrument.

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DISPOSITIONAL COPING AND SUBJECTIVE WELL-BEING IN OLDER ADULTS

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It has been suggested that coping processes play an important role in maintaining subjective well-being (SWB) in older adults (Heckhausen & Schulz, 1995). Studies examining the impact of coping on SWB have yielded inconsistent results (Aldwin & Revenson, 1987). These inconsistencies may be due to the fact that coping is usually assessed as a situational rather than a dispositional construct. The first aim of the present study was to categorize older adults into coping groups based on their control beliefs and use of dispositional coping strategies. A second aim was to determine if SWB would differ across these coping groups. A sample of 132 older adults completed measures of dispositional coping, control beliefs, and SWB. Cluster analysis identified five groups of copers similar to ones identified in previous research (Cheng, 2001): (1) persistent; (2) variable; (3) passive; (4) inconsistent passive; and (5) inconsistent active. Results from ANOVAs showed that older adults characterized by a persistent or variable coping style reported higher SWB than older adults characterized by an inconsistent or passive coping style. These results highlight the importance of examining the use of coping strategies in combination, as a coping style, and not as strategies used in isolation.

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USING EVIDENCE-BASED DECISION-MAKING IN A PSYCHOGERIATRIC PROGRAM

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Purpose: To report on the factors leading to the design and evaluation of a pilot exercise program for the depressed frail elderly.

Method: We noted improvements in SF-12 Mental Component Scale scores coincident with rehabilitation therapy among complex frail elders, even without a direct mental health intervention. A structured literature search showed that aerobic exercise or strength training reduces depressive symptoms. We collected demographic, health status, service utilization, physical function, and depression scores at enrollment, at discharge and at 4 month follow-up.

Results: 26 clients were recruited; 18 completed the intervention. For them, average Geriatric Depression Scale scores declined from 7.8 to 4.8 ($p<.01$). 13 of 18 were improved, 1 worsened, and 4 showed no change. Cohen's Effect Size is 0.80, or strong. There were also significant gains in lesire competence and most physical status measures, including a 15 mmol decline in systolic blood pressures.

Conclusions: An observation of serendipitous side effects with exercise triggered a literature review which in turn led to the establishment of the pilot program. The process by which this took place illustrates the application of evidence-based decision-making to front-line care.

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LIVING LIFE AFTER PATIENT RESTRAINT LEGISLATION: DESIGNING THE 3A'S PROGRAM

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The Ottawa Hospital, Ontario has developed a unique program designed to meet the first legislation related to patient restraints in Canada. Safe use of restraints remains a key quality indicator for patient care, and outcomes must be monitored. Registered Nurses may initiate the order for a physical restraint and need an appropriate document to record this on.

The purpose of this poster is to illustrate selected aspects of the new program, the "3A's to Alternatives". Key messages of the Patient Restraint Minimization Act (2001) and the framework of the program will be shared. A Restraint Decision Aid tool and "One Stop" documentation record are included. The documentation record provides room for the assessment, trial of alternatives, initiation of the physical restraint order if necessary, and the monitoring standards on one page. A data collection tool for quality monitoring is also provided. Dissemination of education is as important for the family as the staff. In order to enhance patient/family participation in the decisions regarding restraint practices educational resources have been designed. A Self-Directed Learning Resource is in development and will be available on the web.

54. Poster Session III/Séance d'affiches III

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EVALUATING THE DELIVERY AND OUTCOMES OF A COMMUNITY-BASED INTERACTIVE INTERNET DIABETES DISEASE MANAGEMENT PROGRAM

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Internet health care presents a great opportunity for disease management. Considering the increasing incidence of diabetes and limited health resources for patient care, using interactive Internet to manage diabetes may offer some innovative solutions. A randomized control trial was conducted to compare an Interactive Internet Diabetes Disease Management Program with traditional diabetic care offered at a diabetes education centre. The Internet Program allowed patients to submit their records on blood glucose, medications, activity levels, and offered a library of education materials, emailing, as well as chatting capabilities. A diabetes nurse educator was on-line at predetermined times to provide disease management advice. Patients were assessed at baseline and followed at three, six and twelve months using face-to-face assessments and self-administered instruments. In order to capture the complex nature of diabetes care and outcomes, a variety of measurements in social and environmental contexts, patient characteristics, process and mediating variables, diabetes self management behaviours, short term and long term health outcomes were used. Outcomes were also compared with a secondary dataset of over 14,000 community individuals receiving usual community care. Preliminary findings in glucose control, patient satisfaction and disease management behaviours will be discussed among the Internet, control and the community groups.

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REGIONAL INFECTION SURVEILLANCE: IMPROVING RESIDENT CARE ONE BUG AT A TIME

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Nosocomial infections in the elderly significantly impact quality of life and costs within personal care homes. Efforts to decrease nosocomial infections first require the standardized tracking of infection rates. A lack of consistent definitions and processes limited the ability to benchmark infection rates across the 39 personal care homes in Winnipeg. The Winnipeg Regional Health Authority Personal Care Home Program implemented a regional infection surveillance program to address this concern. The objectives of this program are to standardize infection control processes, to minimize the number of nosocomial infections, to prevent outbreaks within the region, and to identify opportunities for quality improvement. Although the program is in its infancy, positive outcomes have already been realized. Shared definitions of nosocomial infections have been developed, data collection processes have been centralized, and information sharing has been enhanced across the entire region. The purpose of this poster presentation will be to highlight challenges and successes in program development and implementation.

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A NURSE PRACTITIONER RUN CONTINENCE CLINIC FOR OLDER PERSONS

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Background
The Continence Clinic at Parkwood Hospital initially used a traditional physician-nurse team approach. The patient population was mainly older women.

Purpose
To develop a clinic that was independently run by a Nurse Practitioner (NP) with Geriatrician back-up.

Methods and Results
The NP developed a medical directive that covered medical diagnoses, procedures and medications. The standardized continence assessment form was used. There was a 12-month transition period during which the NP assessed all new patients alone consistent with the Canadian Continence Guidelines (2001) and established the management plan including behavioural and lifestyle interventions and medication recommendations. The NP reviewed each patient with the Geriatrician while the patient was still at the clinic. Following this transition, the NP continued to assess and treat clients independently and case conferenced with the geriatrician when further medical input was indicated outside the scope of the NP.

Outcome
This clinic now runs independently for both initial assessments of new clients and their follow-up visits. As required, case conferencing occurs with the Geriatrician. Goal attainment scaling is now being used to evaluate the continence outcomes.

Conclusion
A NP run clinic is an effective way to provide more comprehensive continence care of older persons using a broader scope of nursing practice.

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ENSURING QUALITY CARE FOR THE PERSON WITH ALZHEIMER DISEASE

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The Alzheimer Society of Canada has developed 11 principles of quality dementia care. These Guidelines for Care are for all caregivers: family, community-workers, and staff in care facilities. The Guidelines are based on the assumption that all older adults, regardless of circumstances, are entitled to quality care. Because of the impact of Alzheimer Disease, special consideration must be given to defining quality care for the individual. This poster presentation will introduce the guidelines and give examples of how they are being met in care facilities.

54. Poster Session III/Séance d'affiches III

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ENHANCING THE USE OF ASSISTIVE DEVICES AMONG SENIORS, VETERANS AND CAREGIVERS: THE HEALTH CANADA/VETERANS AFFAIRS CANADA FALLS PREVENTION INITIATIVE

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In 2000, injury prevention stakeholders at the launch for the Health Canada/Veterans Affairs Canada Falls Prevention Initiative, identified assistive devices as a national priority for the Initiative. Federal analysis on seniors and veterans' use of assistive devices supported the focus on assistive devices and determined strategies for action. Although it was found that assistive devices provided seniors and veterans with a sense of emotional safety, independence and mobility, barriers exist to seniors and veterans' use of assistive devices.

Health Canada and Veterans Affairs Canada have undertaken a variety of initiatives to promote assistive device use among seniors and veterans. These new models of interventions focus on enhancing knowledge development on the barriers to seniors and veterans acceptance and use of assistive devices; increasing awareness and access to assistive devices by strengthening community capacity; and promoting the positive and safe use of assistive devices.

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ARE FEAR OF PAIN AND FEAR OF FALLING DISTINCT CONSTRUCTS AND AGE-SPECIFIC CONCERNS?

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The fear-avoidance model of pain accounts for the debilitating consequences of strong fear when it is a component of reactions to painful conditions (e.g., movements become anxiety provoking because they cause pain). The model, supported in the literature, posits that fear of pain contributes to deconditioning. Despite the high prevalence of pain among seniors, fear of pain has not been studied in this population. A related construct, fear of falling, has been studied among seniors (but not younger adults) as an age-specific concern. We hypothesised that fear of pain and fear of falling are distinct constructs. Moreover, we explored whether fear of falling becomes more relevant with increasing age in a sample of seniors and younger adults with musculoskeletal conditions. Regression analyses showed that the fear of pain measures contribute substantial and unique variance to the prediction of each other but fear of pain measures make only minor unique contributions to the prediction of fear of falling. The analyses supported the distinctiveness of these two constructs. Moreover, fear of falling and fear of pain scores were not related to age. Thus, fear of falling and fear of pain are distinct constructs representing concerns of both seniors and younger pain patients.

55. Leisure Symposium Part II: Meanings of Leisure in Different Later Life Contexts/ Symposium sur les loisirs – Partie II : La signification des loisirs au troisième âge dans différents contextes

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LEISURE SYMPOSIUM PART TWO: MEANINGS OF LEISURE IN DIFFERENT LATER LIFE CONTEXTS

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In studies of leisure generally, and leisure in later life more specifically, leisure is often conceptualised as an activity or set of activities done during non-work or unobligated time. A number of leisure researchers have critiqued these traditional conceptualisations of leisure and emphasised the importance of situations and contexts to individual meanings of leisure over the lifespan. Shaw (1984), for example, emphasised that "definitions of leisure based on type of activity participated in … ignore the experiential aspect of leisure" as well as the changing situational or contextual factors so important to individual definitions. Feminist leisure scholars have also highlighted the androcentric bias of much leisure research and have worked towards alternative theories of leisure that take into account women's perspectives and experiences as they age. Wearing (1998) prefers to conceptualise leisure as social spaces "which allow for constructions of the self which are different from those of the everyday constraints of our lives." Despite the importance of context to definitions of leisure, our understanding of the meaning of leisure in specific later life contexts is quite limited. The purpose of this symposium is to explore various meanings of leisure in different later life contexts: (a) in the lives of older women in general; (b) among midlife and older women who are never-married and childless; and (c) in the context of older adults with dementia living in long-term care settings. This symposium highlights the important role that leisure can play as a vehicle for resistance to and the transformation of gender and age relations for older adults living in the community. It also highlights how leisure can serve in the development of "enlivening" relationships that humanise rather than dehumanise and help in the maintenance of identities for older adults in more "closed" environments.

Re-Visioning Women's Leisure in Later Life: New Possibilities and/or Continuing Constraint?

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The topic of leisure in later life garnered much research attention in the 1960s, 70s, and 80s in North America as scholarship in gerontology and leisure studies revealed that participation in leisure held the potential to enhance individual health, and thus reduce health care costs as well as add quality to increasing years of life (Bultena

& Wood, 1970; Cutler-Riddick, 1982; Gordon & Gaitz, 1976; Havighurst, 1963; Kelly, 1987; McPherson, 1983; Osgood, 1982; Palmore, 1979). During this same period, feminist scholarship was challenging traditional conceptualizations of leisure and the androcentric bias of much leisure research (Deem, 1986; Henderson, Bialeschki, Shaw, & Freysinger, 1986; McRobbie, 1978; Wimbush & Talbot, 1988). More recently, these two lines of research have been informed by critical sociological and cultural studies perspectives that frame leisure not only as a site of cultural reproduction but also a potential context for resistance to and the transformation of gender and age relations (e.g, Rojek, 1996; Shaw, 2001; Wearing, 1998). The purpose of this paper is twofold: (a) to review the literature on leisure in later life and leisure and women in terms of leisure's potential benefits for older women and (2) to critically analyze the "benefits" of leisure for older women within a framework of oppression, resistance, and social change (Shaw, 2001).

Leisure in the Lives of Never Married, Childless Midlife and Older Women

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Over the past 20 years there has been a growing body of research on women's, including older women's, development/aging and leisure. Much of this research has focused on the impact of marriage, parenthood, widowhood, and/or the "empty nest." Hence, our notions of both women's development and leisure are strongly shaped by a particular kind of adult life: an adult life that includes (or did include) marriage and children. Little attention has been given to the development/aging and leisure of never-married, childless women despite the fact that never-married women are one of the most rapidly growing populations in the United States and Canada (Lingren, Kimmans, & Van Sandt, 1987). A review of the literature on adult development indicates that traditional developmental theory frames the adulthood of never-married and childless women as deficient in some way (Lewis & Borders, 1995). Do current frameworks of leisure do the same? What does research in adult development suggest the meanings of leisure might be for these women? What do never-married, childless women say leisure means? These are the questions examined in this study. A critical review of the adult development and leisure research and qualitative interviews with never-married, childless midlife and older women were conducted. Preliminary analysis indicates that (1) current frameworks of leisure, including those that were developed in response to the androcentricity of previous conceptualizations, tend to render invisible the leisure experiences of this population and (2) leisure meanings for never-married, childless women are constructed in the intersection of cultural notions of gender and age.

Enlivening Relationships Through Leisure

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There continues to be a significant gap in the gerontological research with respect to understanding meaning for people living with Alzheimer's disease (AD) (Kitwood, 1997). Mitchell (1996) noted the importance of practitioners recognising the resident's reality and meaning making rather than trying to impose their own or some "other" reality upon the individual. This paper reports on an action research study undertaken to examine the provision of leisure opportunities for persons living on a cognitive support unit. The research aimed to gain an in-depth understanding of the meaning of leisure as experienced by the residents on the cognitive support unit. The findings suggest that the relationships between the residents themselves as well as between the residents and the practitioners were central to meaning making and the quality of life of the residents. These relationships were found to be "enlivening" and were a major motivation for continued participation in leisure opportunities. The findings further suggest that it is through exploration of these "enlivening relationships" that we can begin to better understand the experience of living with AD from the perspective of the individual.

Meaning Making in Contrasting Environments

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The institutional environment and its impacts on residents with dementia has been examined extensively through research (Donnenwerth & Petersen, 1992; Henderson, 1995; Port et al., 2001). However, little research has examined residents' experiences and meaning making in this environment. In addition, little if any research has examined the impacts of providing alternative environments for these same individuals. Since understanding meanings of individuals with dementia is key to quality of life (Cotrell & Schulz, 1993; Lyman, 1998), it is especially important to understand the meanings attributed by these individuals to their experiences in different environments. This session will report on research that examined the experiences of older adults with a diagnosis of dementia in the long-term care setting and their experiences at a summer camp setting. Data included participant observations, conversational interviews with the residents, in-depth interviews with recreation therapists and family members, and focus groups with staff who assisted on the camp vacation. Preliminary analysis suggests that residents disengage from the restrictive environment and from others in the institution. The self is also concealed due to the nature of the environment and actions on the part of the individual. However, in the freeing environment of summer camp, residents are fully engaged in living life in the moment, and revealed parts of themselves that were concealed in the institutional environment.

56. Organizational Change: Outcomes on Macro and Micro Levels as Indicators of Change in a Long Term Care Facility/ Changements organisationnels en établissement de soins de longue durée : Utilisation des résultats obtenus aux macro et micro-niveau comme indices de changement

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ORGANIZATIONAL CHANGE: OUTCOMES ON MACRO AND MICRO LEVELS AS INDICATORS OF CHANGE IN A LONG TERM CARE FACILITY

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Symposium Chairperson: *Maureen Gorman*, Ph.D., Psychologist
Presenters: *Jim Cyr*, M.Sc., Manager, Mental Health Program, Ministry of Health and Long Term Care (Toronto, Ontario); *Maureen Gorman**, Ph.D., Psychologist; *Elsie Rolls**, RN, BSc.N, MN, Director of Veterans Care; *Jennifer Haley**, M.A., Psychometrist; *Patricia Bilski**, RN, MN, GNC (C), Clinical Nurse Specialist; *Camp Hill Veterans Memorial Long Term Care Facility, QEII HSC, Capital Health, Halifax, NS.

Organizational change may be evolutionary or revolutionary, depending on one's perspective and position in the organization. Attitude change and attitude about change are important variables in the acceptance of need for changes and in the adoption of identified needed changes. Several subtitles for this symposium came to mind and each on its own merits are considered reflective (in part) of the presentation's underlying themes, in terms of the verity and/or relative merits of (a) the more things change, the more they stay the same, (b) what goes around comes around, (c) becoming part of the solution is better than being part of the problem (d) you can't teach old staff new tricks, and (e) the journey of changing a thousand minds must begin with a single staff (with apologies to Lao-tzu). Thus, the Symposium presents the theoretical as well as practical issues involved in change aimed at improving quality of care of residents: (1a) factors predicting success when organizational change occurs, (1b) an overview of the organizational changes experienced in a Veterans 175 bed long term care facility over the past five years, (2a) identified areas needing change and the methods used to determine them (e.g., program review by Len Fabiano, Fabiano Consulting Services; government policy re-implementation of MDS), (2b) outcomes of these efforts (e.g., Unit Planning Committees, new or improved programs), and (3) actual changes at the micro or individual resident and staff levels (e.g., client/staff satisfaction; referral patterns related to managing problem behaviours). The Symposium concludes with comments about the changes occurring at Camp Hill with some recommendations towards facilitating the ongoing and future changes to come.

Abstract: Jim Cyr, M.Sc.
In response to increasing pressure to provide the most cost-effective and efficient programs resulting from severe fiscal constraints, health care facilities in Canada have had to consider a number of options in providing more efficient and effective programs in a more fiscally responsible manner. As organizational management systems change (e.g., from Matrix Management to Program Management), a number of pitfalls and success factors impact directly on the outcome of such change. These factors are identified in this presentation based on a case study on organizational change in a mental health facility in Ontario.

Abstract: Elsie Rolls, RN, BScN, MN.
The results of an organization's external program review is a strong motivator for staff to change the manner in which they do business; in the case of a Long Term Care (LTC) organization, change is in the way we provide care and services to the residents. Developing a culture whereby staff's beliefs and practices demonstrate the concept that they are working in someone's home, rather than someone is living in their workplace, involves changing the written philosophy and mission to a practiced philosophy and mission, by all the staff, at all levels. In order to promote and encourage this change staff must feel that there is a realizable benefit for residents and for themselves. Therefore, staff must be involved in the communication and decision making processes and activities that ensure staff feel valued. The initial external review process (begun in the Fall of 2001) identified the indicators used for tracking the ongoing change process (e.g., receiving feedback on work well done, the facility operates more as a home rather than as an institution). This paper will report on major areas identified as needing change and the 12-month follow-up data collected on these indicators.

Abstract: Maureen Gorman, Ph.D.
Recommendations of the FCS review, directives/initiatives from funding sources, restructuring of the umbrella organization towards mergers and cooperative ventures, departmental reviews of resources and programs offered, and individual initiatives of program development and best-practice service delivery models have all been driven by the perception of a need to provide (and continuously improve upon) quality care to the residents. Family members and staff are also recognized as needing care in order to continue to provide the best they have to give to their relative and charges , respectively. Major changes at this facility began several years ago and are outlined in this paper, along with results of evaluation processes completed to date; for example, the Quality and Delivery of Food Services; hiring of a facility director; establishment of facility-wide Towards Excellence Committee and unit level Unit Planning Committees; program development, including the Behavioural Intervention Program and Screening of New Admissions Protocol that incorporates MDS assessment methods; and participation in Vet-Link, a research network.

Abstract: Patricia Bilski RN, MN, GNC (C)
All behavior has meaning. Although many individuals associated with dementia care in Long Term Care may agree with this statement, how does one ensure that clinical practice reflects this philosophy? Under the direction of a behavioral management committee, a process was developed to address this issue. The realities of implementing and reinforcing this approach in a Long Term Care environment where resident behaviors may present a challenge for caregivers may differ from what one expects. Behaviors such as agitation, verbal or physical aggression can be frightening for caregivers. At times one may be tempted to use pharmacological means as the only approach. The use of a behavioral management flow sheet enhances the clinical practice process as well as the acceptance of change by the interdisciplinary team. Care planning and communication become of utmost importance to ensure consistent approaches to care by all team members. This paper presents the results of the implementation of a Behaviour Management Flow Sheet in the delivery of a best-practice behavioural intervention approach to care, in terms of referral change and adherence to the behavioural philosophy of this LTC facility.

56. Organizational Change: Outcomes on Macro and Micro Levels as Indicators of Change in a Long Term Care Facility/ Changements organisationnels en établissement de soins de longue durée : Utilisation des résultats obtenus aux macro et micro-niveau comme indices de changement

Abstract: Jennifer Haley, M.A.
How do we know we are there?: Maybe he's sick and/or scared, not manipulative? Providing staff support through the change process.

The challenge in changing to a Behavioural Philosophy of care involves a dramatic shift in attitude toward (and hence, response to) residents in long term care. Behaviour problem referrals often imply that a change is required by the resident. One of the best predictors of a referral is the extent to which staff can tolerate a resident's behaviour, leaving ample room for individual interpretation of the referral problem. Efforts to help staff manage their personal reactions to a resident on a case by case basis has led to an identified need for staff support, whereby staff are given an opportunity to share concerns in a neutral atmosphere, to learn skills such as problem solving, and to identify and learn to cope with the stress and feelings associated with caregiving. A structured, time-limited group is intended to bridge the gaps that apparently exist between knowledge, attitudes, and behaviour. This paper presents the results of a pilot support group for professionals that is modeled after those conducted for patients in early stages of dementia and their caregivers.

57. Conceptualizing Step-Ties in Families Over the Life Course/ Conceptualiser les liens familiaux aux diverses étapes de vie

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CONCEPTUALIZING STEP-TIES IN FAMILIES OVER THE LIFE COURSE

Carolyn J. Rosenthal, Ingrid A. Connidis, Sarah H. Matthews, Jetse Sprey, McMaster University, Centre for Gerontological Studies KTH 226, Hamilton, ON, L8S 4M4, (*crosent@mcmaster.ca*), Tel: (905) 525-9140 ext. 22517, Fax: (905) 525-4198

Family relationships are central social relationships in later life. A substantial research effort has gone into documenting ties with kin and the role of older people in supporting family-based networks. At the same time, the nature of family life has been transformed over the past three decades, reflecting changes in women's paid and unpaid labour; trends in family formation, including a higher incidence of divorce; and new forms of inter- and intra-generational ties arising through remarriage. The symposium will review different ways in which kinship relationships are being re-drawn in the context of these developments. Papers will focus on exploring various types of step-relationships, including those between parents and adult children, among adult siblings, and between step-grandparents and step-grandchildren. The symposium will include discussions of conceptual issues and of recent data that pertain to changing family relations.

Contributors:

Sarah H. Matthews, Department of Sociology, Cleveland State University.
Are Marriage and Family Complementary or Competitive in Older Remarried Families?

Carolyn J. Rosenthal and *Candace Kemp*, Department of Sociology, McMaster University, and *Laura Hurd Clarke*, School of Social Work and Family Studies, University of British Columbia.
Step-Grandparents and Step-Grandchildren: An Ambiguous Family Tie.

Ingrid A. Connidis, Department of Sociology, University of Western Ontario.
Negotiating Ambivalence in Full, Half, and Step Adult Sibling Relationships: A Conceptual Discussion.

Discussant: *Jetse Sprey*, Professor Emeritus, Case Western Reserve University

58. The Health Canada/Veterans Affairs Canada Falls Prevention Initiative National Projects: Enhancing the Use of Assistive Devices among Seniors, Veterans and Caregivers/ Projets nationaux de prévention des chutes lancés par Santé Canada : Encourager l'utilisation des appareils et accessoires fonctionnels auprès des personnes âgées, des anciens combattants et des soignants naturels

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THE HEALTH CANADA/VETERANS AFFAIRS CANADA FALLS PREVENTION INITIATIVE NATIONAL PROJECTS: ENHANCING THE USE OF ASSISTIVE DEVICES AMONG SENIORS, VETERANS AND CAREGIVERS

Organizer: *Elaine Gallagher*, University of Victoria; *egallagh@uvic.ca*; **Moderator:** *Jennette Toews*, Division of Aging and Seniors, Health Canada; *Nancy Edwards*, Univerity of Ottawa; *James Watzke*, BCIT; *Victoria Scott*, BC Injury Research and Prevention Unit; *Pattie Thomas*, Private Consultant

Purpose: In 2000, Health Canada and Veterans Affairs Canada launched a four year pilot initiative in three Canadian regions aimed at developing evidence about effective falls prevention interventions directed to community-dwelling veterans, seniors and their caregivers. Stakeholders at the national injury prevention consultation prior to the launch of the Initiative identified assistive devices as a national priority for the Initiative. An environmental scan on assistive devices supported the focus on assistive devices and determined strategies for action. Although it was found that assistive devices provided seniors and veterans with a sense of physical and emotional safety, greater independence and mobility, it was also found that seniors and veterans use of assistive devices needed to be enhanced.

58. The Health Canada/Veterans Affairs Canada Falls Prevention Initiative National Projects: Enhancing the Use of Assistive Devices among Seniors, Veterans and Caregivers/ Projets nationaux de prévention des chutes lancés par Santé Canada : Encourager l'utilisation des appareils et accessoires fonctionnels auprès des personnes âgées, des anciens combattants et des soignants naturels

Method: A proposal call was held in the summer of 2001 with the priorities of increasing the safe use of assistive devices by seniors and veterans, encouraging appropriate assessment and prescription and reducing the stigma of assistive device use. Three national projects were approved, an important feature of which is that they are working together through coordination of project time lines and operating in the same pilot sites across Canada. The projects focus on enhancing knowledge development on the barriers to seniors and veterans acceptance and use of assistive devices; increasing awareness and access to assistive devices by strengthening community capacity in four pilot sites; and promoting positive and safe use of assistive devices through public service announcements.

Result: The key players in the initiative will share the learnings to date on their projects. One project is complete and two are in the final stages of completion. Each are based on wide community input and focus on promoting independence and improved quality of life by preventing falls through the safe use of assistive devices, the development of models of interventions, enhancing knowledge on success factors and overcoming barriers to assistive device use.

59. Behind the Bedroom Door: Sexuality in the Geriatric Facility

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BEHIND THE BEDROOM DOOR: SEXUALITY IN THE GERIATRIC FACILITY

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Admission to nursing homes or chronic care facilities imposes a wide range of challenges and adjustments for older adults. Whether the reason for admission is physical or cognitive, sexuality is one physical and emotional aspect of aging that many caregivers are reluctant to discuss. The normal process of aging recognizes an inevitable diminishing of physical strengths. It is wrong to assume that there is a parallel process for the emotional and spiritual component of aging. The discussion of older adults' sexual needs and how best to support them in long term care facilities is often hampered by the attitude, education, culture and personal experience of caregivers. Aspects of sexual development in aging and insight into the sexual needs and considerations of older adults will be discussed along with the issues of sexuality in individuals suffering from dementia.

In order to support our elders we must examine our own attitudes as well as understand the environmental, physical and emotional aspects of sexuality in the long-term care facility. This workshop will examine the paradox of youthful libidos residing in aging bodies that may also be coping with spousal separation, a wide range of adjustment issues and the additional challenges of cognitive or physical decline. Through participants' experiential exercises and case examples, the workshop will focus on the challenges, the myths and taboos and a model of best practice response. Techniques to enhance clients' personal sexual identity and the dignity of both cognitively impaired and intact elders will be discussed. The range of societal and attitudinal barriers within families, the community and our institutional staff will be considered along with issues of ageism, feminism and both the personal and professional role we share in encouraging this dialogue.

60. « Les situations de dépsychisation dans l'accompagnement familial des personnes âgées démentes selon que cet accompagnant est un conjoint ou un enfant »

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"LES SITUATIONS DE DÉPSYCHISATION DANS L'ACCOMPAGNEMENT FAMILIAL DES PERSONNES AGÉES DÉMENTES SELON QUE CET ACCOMPAGNANT EST UN CONJOINT OU UN ENFANT"

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L'accompagnement d'une personne atteinte de troubles démentiels de type Alzheimer est très exigeant pour l'aidant familial. Bien que la personne âgée concernée puisse être aidée par un dispositif institutionnel de soins à domicile ou accueillie en établissement médicalisé, la relation quotidienne entre l'aidant familial et la personne âgée réputée démente est difficile. La violence exprimée et/ou réprimée par l'aidant familial est souvent très présente dans la relation d'accompagnement et contribue largement à la dépression de cet aidant familial.

Cette étude explore les différences d'expression de cette violence selon que l'accompagnant est un conjoint ou un enfant de la personne malade, selon que la personne âgée est à son domicile ou en institution d'hébergement médicalisé, est un homme ou une femme et selon son score au MMS. L'exploration utilise des échelles standardisées d'autoévaluation de la dépression (The Carroll rating Scale for Depression, 1981, version française G. Charles, 1986), l'autoévaluation de l'anxiété (Manual for the State-Trait Anxiety Inventory, 1981, traduction française 1986) et l'autoévaluation du stress (L. Lemyre, 1999) tant de l'accompagnant familial que de l'équipe de professionnels qui assure le soin à domicile ou l'accueil et le soin en institution d'hébergement. L'étude compare les résultats obtenus lors de situations de prise de décision comme celle du placement en institution d'hébergement médicalisé et celles supposées stables (non critiques) après deux années au moins d'hébergement médicalisé. Ce recueil de données cliniques sera complété d'un questionnaire adressé tant aux aidants familiaux qu'aux aidants institutionnels visant à mesurer le niveau de psychisation ou de maintien d'une psychisation de la relation à la personne âgée malade.

61. Community Falls Prevention Projects - Building Blocks for Success

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COMMUNITY FALLS PREVENTION PROJECTS – BUILDING BLOCKS FOR SUCCESS

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A Best Practices Guide for the Prevention of Falls among Seniors Living in the Community, (Scott, et al., 2001) reports that a multi-faceted approach to risk reduction is the most effective strategy for creating sustainable behavioral change. The purpose of this workshop is to share our experience in developing falls prevention programs for seniors living in the community.

We represent five projects in BC funded by a joint Veterans Affairs Canada /Health Canada initiative to create fall prevention programs using the processes of community development and population health as guides. Two programs are in rural BC and three are urban. A broad spectrum of approaches to fall prevention have been implemented in each area including working one-on-one with seniors to assess their fall risks, creating specific exercise programs aimed at reducing falls, and the delivery of fall prevention workshops in several languages. Discussion will include each project's unique development issues, designs and approaches as well as successes and challenges based on early and ongoing evaluation.

Through the mentorship of leading falls experts and researchers, as well as the ongoing commitment of volunteers, our projects have established a framework aimed at positively impacting seniors and veterans as a target population, in order to increase longevity and independence, while at the same time reducing health care costs. We have drawn on principles of adult education, best practices in the health and medical fields, seniors own experience, and effective publicity / marketing strategies to meet this challenge. This workshop will explain the process of developing and implementing effective fall prevention strategies based on our own experiences in BC. It will be interactive and participants will take away a greater understanding of the joys and pitfalls of creating their own community development project.

62. Restorative Care – Promoting Independence and Improved Quality of Life for Residents in Long-Term Care

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RESTORATIVE CARE – PROMOTING INDEPENDENCE AND IMPROVED QUALITY OF LIFE FOR RESIDENTS IN LONG-TERM CARE

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Upon entering a long-term care facility, older adults often feel that all control is taken away leading them to become dependent, passive and depressed. Many residents who walk into a facility are in a wheelchair within the first three months. This phenomenon referred to as learned helplessness causes a decline in their functional ability beyond that of normal aging. Restorative care is defined as the restoration or maintenance of physical functional and / or psychosocial abilities. It is a program to provide residents in long-term care facilities with the best quality of life possible and promote the highest level of functioning that the resident can attain. This can lead to increased efficiency of staff care and improved relations between residents and staff. Many long-term care facilities have adopted a restorative philosophy of care and have implemented programs to improve residents abilities to walk, propel wheelchairs, assist with self-care, communicate, and feed themselves. As well they have implemented programs for feeding and positioning. In Ontario, restorative aides work one on one with residents to implement programs. This mode of delivery has been very successful however the key to success is to have all staff work together to promote independence for residents. Facilities without designated restorative staff, where individual programs are not possible, can still benefit from restorative care. In this workshop you will learn how to deal with learned helplessness and begin to implement a restorative philosophy of care in your facility. Issues and strategies will be presented and discussed through the use of case studies.

63. Aging Well/Bien vieillir

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'HEALTHY AGING': A CRITICAL EXPLORATION

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Governments and international health organizations have increasingly dedicated specific departments, research agendas and public education programs to the promotion of healthy aging. Given the centrality of healthy aging for organizations such as Health Canada and the Canadian Institutes of Health Research, it is worthwhile to explore a critical and reflexive approach. In particular this study raises several questions about the conceptual basis of healthy aging, the voices it represents and neglects, the authorities behind its promotion and the stakeholders who benefit from it or bear its costs. Health Canada's recent Workshop on Healthy Aging (2001) is critically examined to illustrate the conceptual and discursive dimension of healthy aging. The paper concludes with several suggestions on how healthy aging might best be utilized in future policy initiatives.

63. Aging Well/Bien vieillir

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CHERISHED OBJECTS: CONTEXT FOR AGING WELL?

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Over the last half-century, a number of theoretical debates over key dimensions of aging well have arisen. Recently, researchers have begun to explore the importance of subjective indicators of aging well, pointing to the need for greater understanding of later-life meaning-making. Concomitantly, reminiscence practitioners have long believed that objects can support meaning-making, enhancing later life. However, limited research attention has been given to later-life relationships with objects.

This hermeneutic, inquiry responds to this need to explore later-life meaning-making. The focus of the analysis was cherished objects as part of a near environment that is home and that includes family and friends. To inform theorizing about later-life meaning-making relative to objects, disparate bodies of literature were examined, including attachment to home, transitional objects, gift-giving, and reminiscing in later-life families. The analysis revealed that cherished objects, particularly as they trigger shared reminiscence, support the creation and maintenance of personal identity and generational identity and the management of changing levels of resources and engagement. These findings suggest that individuals' relationships with cherished objects and their near environments support not only day-to-day but also evaluative meaning-making, which may serve as a meaningful, subjective outcome indicator of aging well worthy of further study.

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THE CLASS OF '52 FIFTY YEARS LATER

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Using a biographical and retrospective life course perspective, the objectives of this qualitative study are to explore attitudes and experiences of the aging process as well as significant life transitions across a 50 year period. A cohort of 30 including both men and women who graduated with a BA degree from an Arts and Science Faculty of a large Canadian University in 1952 were interviewed in 2002 using a semi-structured interview schedule. The men and women volunteered to participate in the study by responding to a flyer that was included in their invitation to the fiftieth anniversary celebration of their graduation. Significant life transitions in family and close relationships, work and retirement, health, as well as social and political involvement were explored. The in-depth interviews were analyzed using Glasser's grounded theory. This self selected sample without exception did not consider themselves "to be old"; did not identify or focus on health issues as significant parts of their lives even though they had experienced some age related health problems; demonstrated that there was considerable differences in the experiences of men and women particularly in the areas of work and retirement. This study suggests that comparative research with a larger and more heterogeneous sample would be productive.

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CORRELATES OF VOLUNTEERISM AND THE HEALTH AND WELL-BEING OF OLDER ADULTS

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The Determinants of Seniors Independence Study conducted in Southwest Manitoba provided data to investigate potential benefits of volunteering for older adults. Using a sample of 828 older adults with a mean age of 78 years, 49% (405) reported they do volunteer, 13% (107) would like to but are unable to volunteer and 38% (316) do not volunteer. Social demographic comparisons indicated consistency between older adult volunteers and the general characteristics of volunteers as indicated in the research literature. Overall, volunteers were younger, in better health and more functionally capable than non-volunteers; those who would like to but are unable to volunteer were the most extreme on these indices. Apart from volunteering, volunteers were more engaged and involved in a spectrum of social and personal activities; those unable to volunteer were most likely to want to but to be unable to engage in these other activities. However, volunteers demonstrated the greatest positive affect and well-being followed by those unable to volunteer who exceeded non-volunteers on these indices with controls for age, sex, health and functional limitations. The findings underscore the long-term benefits of volunteerism for older adults in terms of quality of life factors that extend well beyond retirement from volunteering.

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HEALTH BELIEFS, OLDER ADULTS AND COMPLIMENTARY & ALTERNATIVE MEDICINE USE: ANALYSIS OF THE NPHS

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There are two interesting trends facing health care use today. First, older adults are using complimentary and alternative medicine at greater rates than ever before. Not only are the absolute numbers of visits increasing, but also an increase in the diversity of CAM use is evident. Second, there are a growing number of people who report unmet health care needs. This begs the question: how are these trends related? Using the longitudinal panel of the National Population Health survey, this research will look at whether or not dissatisfaction with conventional medicine is associated with CAM use for three different groups: chiropractic, massage, and homeopathic/naturopathic/acupuncture. Results indicate that CAM use increased from 1994 to 2001, and generally, CAM users are not a generic group. With respect to health beliefs, as the CAM user moves further from the medical model, health beliefs play a more important role in predicting what type of CAM is used. Overall, need (pain, health status and comorbidity) was the best predictor of CAM use for this sample of older adults. Significant age effects were also found. The results from this research are discussed in terms of their implications for health care choices facing older adults.

64. Home Care II/Soins à domicile II

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A COMPARISON OF HOME CARE QUALITY INDICATORS BETWEEN TWO PROVINCES

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Background: Little evidence exists concerning the quality of home care in Canada. This project describes home care quality indicators (HCQIs) and compares the HCQI rates between Ontario and Manitoba.

Methods: As part of the RAI Health Informatics Project funded by Health Canada, 10 sites providing home care within the Winnipeg Regional Health Authority (WRHA) and 13 Community Care Access Centres in Ontario collected standardized data on their clients using the Minimum Data Set for Home Care. The HCQIs were developed by a team from the United States, Canada and Japan.

Results: The two regions were very similar on average age, sex, language, marital status and education level. Clients within the WRHA tended to have lower levels of cognitive and functional impairment. The most common HCQIs in the WRHA were ADL/rehabilitation potential and no therapies (87.7%), failure to improve/incidence of cognitive decline (44.0%) and failure to improve/incidence of decline on ADLs (39.1%). In Ontario the highest rates were for ADL/rehabilitation potential and no therapies (75.8%), disruptive or intense daily pain (39.1%) and hospitalization (36.1%). Risk adjustment, using client-level characteristics, had a small effect on these rates.

Discussion: The HCQIs developed provide an important step in assessing performance across home care agencies.

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BRINGING PRACTICE, POLICY, RESEARCH AND CLIENTS TOGETHER: AN EVIDENCE-BASED EMPOWERING PARTNERSHIP APPROACH TO IN-HOME CARE

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To optimize the independence of their predominantly senior clients, home care providers in Ontario and research colleagues have brought pieces together to achieve empowerment for all involved. The intervention home care program has promoted empowerment, or equitable exercise of knowledge, status and authority, amongst: clients (n=974), formal (n=300) and informal (n=300) care providers through care partnerships, responding flexibly to clients choices of role; and within and amongst home care agencies (n=5), through policies, procedures, staff education and continuous quality improvement. A second home care program implementing the brokerage model has served as a comparison. Researchers have used multi-measure quasi-experimental evaluative research and regression discontinuity analysis to compare one year of pre and one year of post-intervention data. At baseline, clients' health status and quality of life were lower than reported norms, and choice in care was lower than clients desired. Clients partnering effort was positively correlated with quality of life (r=.59), health status (r=.38) and satisfaction with care (r=.16), but not service costs. Providers partnering effort was positively correlated with their empowerment (r=.42) and job satisfaction (r=.39). On-going analyses of post-intervention data will be presented. Findings reveal the potential of bringing pieces together:- practice, policy, research and senior clients.

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HOW DO HOME CARE RECIPIENTS DIFFER FROM THE WELL-ELDERLY?

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Older Canadians who receive long-term home care services are a distinct group of community-dwelling individuals. The precise ways in which they differ from the well-elderly who do not receive such services may yield insights into the health of individuals residing in the community. Using data collected with the Minimum Data Set for Home Care, a group of randomly-recruited well-elderly individuals (n=355) is compared in multiple domains to a representative sample of long-term home care recipients (n=2050). As expected, rates of disease diagnoses and disability are much lower in the well-elderly. However, some similarities in characteristics and profiles can be detected. Results will be presented comparing and contrasting different strata of home care recipients to those not receiving formal care services.

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INDICATORS OF THE QUALITY OF CARE PROVIDED BY NURSING ATTENDANTS: PERSPECTIVES OF CLIENTS IN THE COMMUNITY

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Although nursing attendants (i.e., unlicensed health care workers) are providing substantial levels of care to older clients who are living in community (i.e., non-institutional settings), there has been limited research that has focused on their perceptions of quality of care. The findings of this community survey, which involved 45 nursing attendants, and the use of a modified tool entitled 'Quality care assessment instrument for Nursing attendants in long term care', that will be reported pertain to their perceptives regarding: (1) the level of importance they accorded relationship or rapport building with the older clients; (2) the nature of their involvements in day-to-day planning and decison-making regarding the older client's care and their satisfaction with same; and (3) the nature of their perceived needs for ongoing inservice education from their employer.

64. Home Care II/Soins à domicile II

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OPTIMIZING MEDICATION MANAGEMENT IN SENIORS RECEIVING HOME CARE: THE ROLE AND TRAINING OF HOME SUPPORT WORKERS

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The objective of this research is to reduce medication related illness in the independent elderly receiving home care and, equally important, stimulate a policy discussion related to the roles and practice of non-regulated home care providers. A situational analysis was done to identify barriers and facilitators to the involvement of home-support workers in assisting seniors with medication management. Data were collected from four sources: review of the relevant literature, review of existing legislation, interviews with key informants, and a survey of home care programmes and home support workers across Canada. Results: Home support workers are ideally placed to monitor and assist clients with medications but they are unregulated, lower paid and have less training than other health care professionals. Policies regarding the involvement of home support workers in medication management vary from province to province. Training requirements and programs are inconsistent and a lack of practice standards contributes to the difficulty in determining the appropriate role of these workers in medication management. Conclusions: There is a need to clarify the role of home support workers in medication management, develop training programs, and identify specific services which pharmacists can provide to these workers to optimise medication use in seniors.

65. Care of Persons with Dementia/Prise en charge des personnes atteintes de démence

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AN EXPLORATION OF WEIGHTING OF CASES ON INTERDISCIPLINARY PSYCHOGERIATRIC TEAMS

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The purpose of this study is to explore circumstances that contribute to how case are weighted, in recognition of the multiple dimensions and circumstances of the older person, the clinician, and the service environment. The weight or heaviness of a case contributes to workload and outcomes, and needs to be measured in a manner that recognizes these complexities. Defining the challenges of providing psychogeriatric outreach and identifying elements that contribute to the weight of a case builds a foundation for development of evaluation and measurement mechanisms. This exploration is timely in light of the current climate of best practices and accountability in health care. Psychogeriatric outreach teams made up of social workers, nurses, occupational therapists, physicians and psychiatrists work collaboratively within an interdisciplinary framework to address the multiple dimensions of mental health service to older adults. The results indicate that cases cannot be weighted based on the circumstances of the older person alone. This study has determined that case-weight is impacted by additional factors such as the circumstances of the mental health care professional, the work environment, and the resource intensity in a given area.

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OLDER ADULTS WITH ALZHEIMER DISEASE, COMORBID PAIN, AND PRESCRIPTION OF PSYCHOTROPIC MEDICATIONS

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Objectives: Past research suggests that analgesia is under utilized among persons with Alzheimer disease. The objective of this study was to examine the hypothesis that these patients may be mistreated with neuroleptics and benzodiazepines.

Methods: A secondary analysis of data from the Canadian Study of Health and Aging (CSHA) was conducted to examine this hypothesis. To test our hypothesis, prescribed analgesic and psychotropic medications were examined as well as dementia severity and dementia behavioral disturbance. Specifically, we compared prescription levels of analgesics and psychotropic medications for Alzheimer disease patients with (n = 245) and without (n = 215) musculoskeletal conditions (i.e., arthritis or rheumatism).

Results: Less than half of Alzheimer patients with arthritis or rheumatism were treated for pain (i.e., 109 of 245 patients); they are also more likely to be prescribed benzodiazepines as compared to Alzheimer patients without musculoskeletal conditions (subsequent to control for analgesia, dementia severity, and dementia related behaviors; ´ Ó2[´df =1] = 3.97, P = .046).

Conclusions: These findings are in accord with prior research attesting to the under treatment of pain among older adults. These results can be generalized with some confidence given the random composition of the patient sample.

65. Care of Persons with Dementia/Prise en charge des personnes atteintes de démence

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WORKING TOWARDS AN INTEGRATED SYSTEM FOR SERVICE, EDUCATION, RESEARCH AND PUBLIC POLICY IN DEMENTIA CARE IN OTTAWA

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The objective of this presentation is to highlight the features of the Dementia Network of Ottawa which have led to a dynamic first 5 years in existence and to give an overview of the gaps and challenges that lie ahead. The Network's mandate embraces an overall approach that seeks integration of service delivery, education, research and public policy.

The authors will describe how the Network has contributed to a better coordinated and more comprehensive system of dementia care in Ottawa (e.g. physician education initiatives, the first link and the quality of life at end of life for clients with dementia projects – both funded by the Trillium Foundation, a driving toolkit guide and a capacity assessment resource kit). They will also describe the next phase in the evolution of this already well-established Network which focuses on follow-up action on recommendations from the Dementia Care Forum II (November 2002), accountability, evidence-based results, and public policy issues.

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CARE OF PERSONS LIVING WITH DEMENTIA: THEORETICAL, PHILOSOPHICAL AND RESEARCH BASES

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The Canadian Study of Health and Aging estimated that 252,600 or about 8 % of all Canadians aged 65 and over experience a dementing disorder. The largest proportion of these individuals is over 85 years of age. Half of all people with dementia are institutionalized. People living with dementia are challenging to care for because they usually have limited ability to communicate their preferences for how they would like to spend their days and to describe the kind of care they would like to receive. Some dementia care research has focused on the quality of life of persons living in long-term care institutions. This work has drawn on a variety of theoretical and philosophical approaches although some of the approaches have no explicit theoretical underpinnings. Quality of life care of persons with dementing disorders ranges from individual approaches to care that focus on reducing specific behaviors including agitation and disruptive behaviors to group or facility wide approaches that purport to create a caring environment for all residents. The objective of this presentation is to elaborate the theoretical and philosophic bases of both approaches to care, to highlight research undertaken to date that evaluates the effectiveness of these approaches, and to discuss ways of linking individual and group approaches drawing on the theories and philosophies that seem most helpful for quality of life care.

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DEMENTIA AND DRIVING CESSATION: PRELIMINARY RESULTS OF GROUP INTERVENTIONS FOR INDIVIDUALS WITH A DEMENTIA AND THEIR CAREGIVERS

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Dautovich, N.D., Dobbs, A., Harper, L., Larabie, C., Wood, A., Bonli, R., Triscott, J., & Juby, A. (2003).

All individuals with a progressive degenerative dementia such as Alzheimer disease will, at some point in their illness, become unsafe to drive and have to stop driving. The loss of driving privileges can be difficult for the individual, and an emotionally charged and repetitive stressor for the caregiver. A psychotherapeutic intervention for individuals with a dementia and a psychoeducational intervention for caregivers have been developed and are currently being evaluated. There is unanimous agreement from those with a dementia and their caregivers that the groups have made a difference in their lives. The majority of individuals with a dementia indicated that the group had helped them cope with not driving and had helped them talk with their spouse. The majority of caregivers indicated that the group had helped them cope with their spouse's illness, and with their spouse not driving. The vast majority of those with dementia and caregivers indicated that the focus on driving positively affected their decision to attend the group interventions.

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PAIN MANAGEMENT IN THE COGNITIVELY IMPAIRED ELDERLY: A PILOT PROJECT IN A LONG TERM CARE FACILITY

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Pain is the most common symptom of many chronic diseases in the elderly (Ryden, 1998). People with cognitive impairment often have painful conditions that go unnoticed because of their communication difficulties. There is evidence to support the prevalence of poor management of pain in the cognitively impaired clients. Under-treatment of pain in this population is a major concern given the increasing number of clients involved and the clinical impact in their daily activities and hence their quality of life (Brochet et al.,1998). This pilot project was done on three nursing units for cognitively impaired clients in a large long term care facility in Toronto. A chart audit was done on 40% of the clients (N=94) to identify the prevalence of pain and its management. A needs assessment survey was given to the registered nursing staff (N=18 RN's & RPNs), then an educational program was developed to meet the needs identified. The presentation will describe the findings of the chart audit and needs assessment survey. It will also outline the educational program developed to address the learning needs identified. The RNAO's best practice guidelines on pain management were incorporated in the educational program. This project was realized through the RNAO's Advance Clinical/Practice Fellowship Program.

66. Community Services I/Services communautaires I

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THE DEVELOPMENT OF A HELPLINE FOR CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

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Chronic Obstructive Pulmonary Disease (COPD) is one of the leading causes of morbidity and mortality worldwide, with the greatest impact on older adults. The Lung Association conceived of a disease management program to aid Canadians with the disease, and partnered with the University of Toronto to develop a telephone-based helpline. The goal of the helpline is to assist individuals with COPD better manage their disease through improved understanding of COPD, its symptoms and treatment. This paper outlines the development process for the project through key informant interviews and content validation. An initial protocol for the Helpline aimed to provide: information and education regarding COPD and its management via the telephone and with written materials; guidance regarding course of management; resource links to other support services and programs locally, provincially, and/or nationally; and caring support and reassurance to those with COPD and their families. Many different topics were discussed, with medication and exercise being the most common. The availability of the call centre was identified as one means of replacing information sought from other health care providers, mainly physicians and pulmonary rehabilitation staff.

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THE BENEFITS OF CONTINUITY OF CARE FOR OLDER ADULTS: IS HAVING A REGULAR DOCTOR BETTER THAN HAVING A REGULAR CLINIC?

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In the current climate of primary care reform, the need to move away from solo physician practices to multi-provider team practices is increasingly being discussed, one goal being to enhance continuity of care. While the benefits of continuity of care – typically defined as a long-term relation with one physician – have been demonstrated extensively, few studies have focused on whether a regular clinic affords similar benefits. Using administrative data, we examined quality of care-related outcomes (influenza and pneumococcal vaccination) for four groups of older adults (N = ~ 22,000 age 65+): those without a regular physician or clinic; those who received most of their care from a solo physician, those who received most of their care from the same physician within a clinic, those who received most of their care from a clinic, but different physicians within it. Regressions revealed that both a regular physician and regular clinic increased the odds of being vaccinated. The odds of vaccination were further increased for seniors with a regular doctor within a clinic, compared to those with a regular clinic who saw different physicians. This suggests that while a regular clinic affords some benefits, having a long-term relation with one physician is superior.

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THE EQUITY OF ACCESS TO LONG-TERM CARE SERVICES AMONG THE AMERICAN ELDERLY LIVING IN THE COMMUNITY

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In the U.S., the elderly population has grown rapidly. Between 1990 and 2000 alone, the U.S. population aged 65 and over grew by 12% and the population aged 85 and older by 50%. This population growth among persons at high risk of disability cannot help but create a rising demand for long-term care services. Long term care is provided when individuals experience disabilities or chronic diseases and is, by consequence, largely reserved for the elderly, and generally provided until the end of life. Research is needed to understand those who do not currently have long-term care services and why and the access barriers that may exist for selected demographic subgroups. Although some research has addressed the access to medical care in the U.S., there has been little research conducted to explicitly evaluate the equity of access to long-term care among the American elderly.

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ROLE AND VALUE OF ELDERLY PERSONS CENTRES WITHIN THE CONTINUUM OF HEALTH SERVICES IN TORONTO

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Increasingly, Toronto health and social service providers face the challenge of meeting the needs of a highly diverse geriatric population. Of particular concern is the growing population of vulnerable seniors (those with low incomes, new immigrants, those with mild mental health problems, and those who do not speak English). Vulnerable seniors frequently experience barriers to accessing health services. The literature suggests that this population is at increased risk for long-term chronic illnesses and deteriorating health status.

A recent Toronto District Health Council study indicates that Elderly Persons Centres may mediate many of the challenges faced by at-risk seniors and that they facilitate access to health services for this group. Elderly persons centres are local not-for-profit recreation centres which offer preventive, health promotion, educational and social programming for seniors. Frequently they are part of a multi-service agency, but they can also be free standing or part of a municipal structure.

The Toronto District Health Council study, which included a literature review, survey, key informant interviews and consultations with consumers and providers, has lead to a better understanding of this service delivery model and its potential for playing a growing role within the broader health care system.

66. Community Services I/Services communautaires I

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AN INTERDISCIPLINARY CARE DELIVERY MODEL: THE SENIORS WELLNESS CLINIC (SWC)

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The Seniors Wellness Clinic at the Toronto Western Hospital is an excellent example of the Professional Nursing Practice Model at University Health Network (UHN) in action. The team brings together professionals with different roles and from different disciplines such as: registered nurse, social worker, dietitian, physiotherapist, pharmacist, occupational therapist and psychologist. Interdisciplinary principles are incorporated in all aspects of our services. Our team members work collaboratively to provide exemplary, competent and compassionate patient centered care. The interdisciplinary team actively participates in research initiatives and education of patients, staff and students in partnership with academic institutions and with the community.

The goal of the SWC is to help older adults remain independent and keep well longer. The focus of this ambulatory program is health promotion and disease prevention. The clinic provides seniors with interdisciplinary assessment, education sessions, individual counseling, referrals to other services and follow up visits.

The presentation will feature a case study, which will serve as a demonstration of the interdisciplinary care model and will reflect the UHN Professional Nursing Practice Model.

67. Empowerment & Self-Care/Habilitation et soins auto-administrés

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THE CITIZEN PARTICIPATION PARTNERSHIP PROJECT

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The Citizen Participation Partnership Project (CiPPP) is a two-year, multi-site study of how citizens, administrators and providers, work together through Community Health Centres (CHCs) to identify and resolve health issues. CiPPP involves a collaborative partnership with six regional health authorities and 17 CHC sites in eight Canadian provinces.

The partners have been involved with the development and implementation of the research through an advisory committee structure and individual consultation. In year one, initial site visits were held with all sites. During spring 2002, research instruments were pilot tested at two sites. The full roll out of the research occurred during fall 2002.

The paper will discuss the development and implementation of the project (facilitators/challenges) and some of the strategies employed for collaborative research between academic researchers and the community. Findings from the research will also be presented. Particular emphasis will be placed on findings related to seniors who access CHCs.

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BC OLDER ADULTS TAKING CHARGE OF THEIR HEALTH: FINDINGS FROM THE BC NURSELINE

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The BC HealthGuide Program is a tool for improving an individual's knowledge and access to health care information. It encourages people to take a more active role in managing their own health conditions and that is what is happening with older adults in British Columbia. The BC NurseLine is one of the five components of the BC HealthGuide Program. The BC NurseLine is a toll free health information line, staffed by knowledgeable, specially trained registered nurses who answer questions 24 hours a day, 7 days a week. The BC NurseLine helps older adults know when they can treat a problem safely at home, when they need to see a doctor or go to the emergency room. Since its inception in April 2001, there has been a steady increase in the number of calls from the 50+ population calling for health information and advice. Results from the BC NurseLine provide demographic and geographic information of the 50+ population, characteristics of their health concerns, and intended outcomes of the BC NurseLine intervention. The paper will discuss the policy implications on the health care system of provincial and territorial governments as they plan for an aging population.

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CANADIAN SENIORS SPEAK OUT ABOUT PRIMARY HEALTH CARE

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This paper describes findings from the Canadian component of a 5 country (Australia, Canada, Jamaica, Malaysia, Philippines) study commissioned by the World Health Organization as part of its Age Friendly Guidelines for Primary Health Care Project.

Method: 93 persons aged 52-92 participated in 12 focus groups held in four BC communities. Issues explored were: (1) Patterns of use of primary care providers; (2) Motivators for utilising primary care providers; (3) Attitudes towards forms of primary care available; (4) Use of preventive services and health screening; (5) Use of traditional healers or complementary medicine; (6) Use of non-prescription medications; (7) Barriers to use of primary care providers; (8) Suggestions to make primary health care centres "friendlier" to older people; (9) Key attitudes/services older people look for in primary health care.

67. Empowerment & Self-Care/Habilitation et soins auto-administrés

Results: While most respondents were satisfied with their primary care physician and/or used a walk-in clinic as a back up, a number expressed concern about long waits for elective surgery, changes to the provincial medical insurance plan that restricted access to physiotherapy, chiropractic and mental health services, lack of availability and cost of specialized transportation (HandyDart; ambulance), ageist and sexist attitudes, and feeling awkward about indicating dissatisfaction/leaving their primary care provider.

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SENIORS HELPING SENIORS: STOPPING FRAUD IN ITS TRACKS

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The ABCs of Fraud program is offered in 10 locations across Canada. Over 120 senior volunteers have been trained to deliver presentations to other seniors on how to reduce the chances of being scammed or defrauded. The presentations are interactive and involve role playing, discussion and videos. The senior volunteers benefit from participation in a program that teaches them new skills, team work and encourages active volunteerism. The program has been sponsored by Scotiabank since 1998.

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ILLNESS EXPERIENCES OF OLDER MEN AND WOMEN WITH CHRONIC ARTHRITIS: MEDICAL-, ALTERNATIVE-, AND LAY-CARE AND OTHER STRATEGIES FOR COPING

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A large epidemiological survey evaluating the extent of arthritis in the general population aged 55+ uncovered a discrepancy between medically assessed need and demand for treatment using total joint arthroplasty (tjr). In an attempt to understand this discrepancy, a qualitative study was undertaken to explore the experiences of arthritis among individuals with moderate-to-severe disease. Drawing on data from in-depth interviews, this paper examines arthritis patients' strategies for coping with the symptoms of the disease. These include the negotiation of conventional medical care in the complex setting of severe and sometimes degenerating disease and shrinking conventional treatment options. Patients' experiences with medical and complementary or alternative health care, and their consideration or adoption of other coping strategies (activity and diet regimentation, vocational changes, residential, marital and other re-locations, and psychological resignation to disability and other disease contingencies) are discussed.

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BEHAVIOUR CHANGES FOLLOWING A PAIN SELF-MANAGEMENT PROGRAM FOR HOUSEBOUND OLDER ADULTS WITH CHRONIC PAIN.

LES CHANGEMENTS DE COMPORTEMENTS SUITE À UN PROGRAMME D'AUTOGESTION DE LA DOULEUR CHEZ LES PERSONNES ÂGÉES ARTHRITIQUES CONFINÉES À LA MAISON.

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Introduction: Home-based pain self-management programs for housebound older adults are new and little is known about behavior change following programs delivered in these contexts.

Purpose: To describe the extent of health behavior change (exercises, relaxation/leisure and daily adaptation strategies) and individual characteristics changes following a home-based pain self-management program.

Methods: One hundred and thirteen housebound elderly men ($n = 11$) and women ($n=102$) diagnosed with either osteoarthritis (65%) or rheumatoid arthritis (35%) (M age = 77.70 years, SD=10.31) were randomized to an intervention group ($n=65$) or a wait-list control group ($n=48$) and were interviewed using standardized questionnaires.

Results: Immediately after the home-based pain self-management program, multilevel analyses show that participants in the experimental group did increase significantly their involvement of exercise activities compared to the control group ($p< 0.05$). As well, their level of helplessness decreased significantly following the program ($p< 0.05$).

Conclusion: A structured home-based pain self-management program can have a positive impact on short-term behavior change particularly on increasing exercises and decreasing helplessness. Follow-up assessments are in progress to examine long-term behavior change at 8 months, 1 year and 2 years.

Funded by Canadian Institutes for Health Research Grant # MOP42547

68. Falling Off the Retirement Conveyor Belt: Boomer Women and Mandatory Retirement

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FALLING OFF THE RETIREMENT CONVEYOR BELT: BOOMER WOMEN AND MANDATORY RETIREMENT

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During a period when timing of people's retirement has been given considerable attention in the literature, involuntary leaving from the workforce (and mandatory retirement of women, in particular) has largely remained in the shadows. Mandatory retirement issues are particularly pertinent to boomer women who are fast approaching what has been described as the normal age of retirement.

Purpose and Objectives: This roundtable will provide an opportunity to discuss the many structural and other variables that affect boomer women as they move en masse towards impending retirement. Many women experience pushes and pulls between retirement timing preferences (choosing to leave, wanting to stay) and retire-

68. Falling Off the Retirement Conveyor Belt: Boomer Women and Mandatory Retirement

ment timing necessities (lack of sufficient income to be able to stop working in later life, needing to leave to meet caregiving responsibilities).

In this roundtable the presenters will briefly describe mandatory retirement in the context of human rights (equality) law, and the socio-economic circumstances of women pre-retirees in Canada. Mandatory retirement needs to be considered through a gendered lens and with a view to its changing position in a neo-liberal environment of pension retrenchment and privatization. The Canadian courts also need to reconsider mandatory retirement, in light of a longer living population and more robust aging workforce, and with a view to avoiding continuation of ageisms.

Participants to the roundtable will be invited to consider: How will boomer women respond to being required to retire at a certain age? What are the primary arguments in favour of eliminating or retaining mandatory retirement? Is mandatory retirement an anachronism or safety feature? Will changes in mandatory retirement have differential effects for women in varying socio-economic circumstances? What is the relationship of social expectations to retire at specific age and the role of the public pension in assuring women an adequate standard of living throughout their retirement?

69. COPA Addictions Treatment for Older Adults with Substance Misuse. Innovations in Reaching to a Multi Problem Community “Location, Location & Location”

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COPA ADDICTIONS TREATMENT FOR OLDER ADULTS WITH SUBSTANCE MISUSE. INNOVATIONS IN REACHING TO A MULTI PROBLEM COMMUNITY “LOCATION, LOCATION & LOCATION”

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COPA, a Toronto based addiction treatment program for seniors (55+), has offered treatment since 1983. In the past two years, COPA has acquired office space in four seniors buildings owned and operated by the Toronto Community Housing Corporation. The round table will focus on aspects of COPA’s four community satellite offices located in four very different areas of the city of Toronto. Issues surrounding the geographic client population and service variability are reflected in the outreach workers experiences. Each worker will discuss barriers to accessing services, client profiles, and unique approaches to serving the surrounding community.

Teresa Morski: Community education and prevention programs in seniors housing.

Horacio Vindel Westlodge: Capacity building: making the connections.

Carl Kent: Partnerships within the Scarborough Addiction Network; geographic isolation from mainstream services for seniors in an age-mixed, multi-problem housing setting.

Marilyn White-Campbell: Challenges of working with seniors who have concurrent disorders, including illicit drug use and working within a supportive housing services framework.

70. The Challenge of Building Networks to Bring the Pieces Together

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THE CHALLENGE OF BUILDING NETWORKS TO BRING THE PIECES TOGETHER

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Building networks to bring together multiple participants from a diversity of backgrounds can prove both challenging and rewarding. In the field of gerontology, networks and coalitions have often come together informally around specific issues and areas of need with widely varying degrees of success and sustainability. While we live and work in an era where more formalized cross-sectoral and multidisciplinary partnerships are not only encouraged but often mandated, many in the field have not had the opportunity to share their experiences or learn from others who have survived the perils and pitfalls of network building. This roundtable will begin with a report on the lessons learned from the many and diverse experiences of two veteran network builders, and from the differing perspectives of networks initiated by government and through community development processes. Case studies will include the newly evolving Ontario Gerontology Association’s Older Persons’ Mental Health and Addictions Network, and the experience of building and supporting the Ontario Heart Health Network, Ontario Stroke Strategy and the Ontario Health Promotion Resource System. Through the participation of conference attendees, this roundtable will foster discussion about successful methods for creating networks and generating collaboration among different players, organizations and institutions, and across disciplines and sectors – including research, education, policy and practice. The discussion will conclude with a focus on the hazards to be avoided and the planning and monitoring necessary to create and sustain viable and valuable networks.

71. Narrative Gerontology: Theory, Research and Application/ Gérontologie narrative : Théorie recherché et application

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NARRATIVE GERONTOLOGY: THEORY, RESEARCH AND APPLICATION

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Narrative approaches present new opportunities for understanding the aging experience and intervening with older adults. Recent theorizing in the field of narrative inquiry considers issues of time, storytime, and restorying based on literary theory, as well as approaches to wisdom involving listening, contemplation, and meditation. Research in narrative examines the search for meaning and reactions to loss in the stories of AIDS caregivers by way of the varied themes of relationship, engagement, spiritual growth, and search for meaning. Research on intergenerational storytelling attempts to understand the relationship between generativity and the type and richness of stories. Applications of narrative are explored within both practice settings involving the facilitation of lifestory writing by older adults with sensory, cognitive, and language barriers and educational contexts involving the use of journaling as a storying technique to aid reflection on personal and professional identity. Throughout this symposium the emphasis will be on the integration and application of narrative approaches to the experience of aging.

Emerging Themes in Narrative Gerontology: Spirituality and Temporality

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Two emerging themes in narrative gerontology are time and spirituality. The discussion of time is based on literary theory and explores the way in which we live time as “storied” beings. Relying on such concepts as foreshadowing and backshadowing, the inquiry demonstrates the complexity and dynamic nature of storytime. Important implications relate to how we can come to understand time better and restorying time in biographical encounters. The discussion of spirituality emphasizes the role of silence in restorying a life towards the discovery of ordinary wisdom. The discussion proceeds on the basis of an approach to learning containing three movements: listening, contemplation, and meditation. The notion of “letting the story be” is an important topic for both research and practice in the field of aging: (1) a focus on this phenomenon may aid us in understanding better how wise people become wise, and (2) a contribution to the creation of a wisdom environment may be possible through the design of biographical encounters that take into account all three movements in this learning process.

The Consequences of Care: Narratives of Bereaved Aids Caregivers

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The AIDS Care Study is a longitudinal examination of the impact of AIDS caregiving and subsequent bereavement on friends, partners, and relatives (N = 283). Respondents were asked to reflect on their life and to assess how much their life is as they expected it to be. These narratives were content analyzed by three coders yielding 54 categories, further grouped into nine themes: Change in Life Perspective; Ego Strengths; Valuing Relationships; Uncertainty; Negative Emotional Reaction; Spiritual Growth; Engagement in Life; New Start; and Disengagement. Partners tended to respond within the themes of valuing relationships and disengagement with greater frequency than would be expected. Friends tended to emphasize themes of uncertainty and spiritual growth, the latter theme also emphasized by mothers along with the theme of negative emotional reactions. The newly bereft were less likely to identify this theme in their accounts but were more likely to emphasize disengagement. These narrative accounts reveal the search for meaning and the reactions to caring and loss in ways not noted in standard scalar approaches.

Generativity: A Moderator of Goals in Storytelling

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Stories play an important role in socializing the young to family histories, traditions, and values. One moderator of the way storytelling goals are manifested is generativity. We explored the relationship between generative strivings and themes of stories told to or about children within intergenerational families. Seventy-eight grandparents and 70 parents of 8-year-old children completed the Loyola Generativity Scale and wrote two stories, one about teaching a value and one about a time they were proud of the child. Generative grandparents were more likely to tell stories of value-teaching and pride that stressed specific episodes or qualities of the child, whereas those who were less generative often said that they could not recall any such episode or they did not see this as their role. This study suggests that for adult family members investment in future generations moderates the storytelling activity, resulting in a focus on values and issues considered important with the family.

Facilitating Lifestory Writing: Overcoming Sensory, Cognitive, and Language Barriers

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Recording one’s lifestory offers older adults many benefits: perspective on life, sense of accomplishment, legacy for family, deeper intergenerational relationships, and enhanced conversations. We are developing methods of facilitated communication to extend the benefits of lifestory writing to older adults unable to engage in this activity on their own. Group poems have been created for nursing home residents by recording comments during reminiscing and arranging them into poetry. Conversational memory boxes with photographs and brief stories or poems have been created with persons with cognitive impairment and their families. Older adults with visual impairment have told parts of their story in sessions with a helper who then typed it for subsequent editing. Finally, the stories of African-Canadian grandmothers not fluent in the lan-

71. Narrative Gerontology: Theory, Research and Application/ Gérontologie narrative : Théorie recherché et application

guage of their grandchildren have been interpreted and written for the enjoyment of all family members. Engaging frail older adults in facilitated written storytelling offers much promise for strengthening intergenerational communication within family, community, and institutional settings.

Journaling in the Development of Educational Narrative in Gerontology

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Storywriting and storytelling are essential components in the learning experience. Journaling allows students the opportunity both to record their emergent educational stories and to reflect on their learning as a development process. Earlier written stories may be recast, reinterpreted, and reinforced in subsequent reflection. This paper reports on the experiences of health professions students enrolled in a geriatric health care team course. The use of specific types of observational and interpretive notes will be discussed, and results from actual student narratives will be presented. Concepts to be presented include: (1) the importance of reflection in the experiential learning cycle, (2) the emerging awareness of self and professional identity in the journaling process, (3) the co-creation of the narrative as an element of the social basis for learning, and (4) the importance of individual "voice" in the team development process. Implications for instruction in interdisciplinary geriatric and gerontological settings will be explored, and recommendations for the use of journaling as a method to facilitate educational narrative will be summarized.

72. Communication, Technology and Aging: Opportunities and Challenges/ Communication, technologie et vieillissement : Possibilités et défis

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COMMUNICATION, TECHNOLOGY AND AGING: OPPORTUNITIES AND CHALLENGES

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As we move forward, we are faced with the convergence of two worldwide phenomenons: increased longevity and a growing dependence on technology in all of its forms. This juxtaposition poses interesting challenges for policy makers, researchers, educators, and service providers in the field of aging, as well as older adults themselves. This symposium will highlight how technology, particularly the use of the Internet, is being creatively utilized for the delivery of: gerontological education, interdisciplinary communication, research, and service deliver to older adults. Demonstrations will be given of how technology is being used in these various contexts. Particular emphasis will be given to a discussion of both the opportunities and challenges the integration of technology has created.

Supporting Rural Caregivers Through Computer-Internet Technologies

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The overall project goal is to evaluate the effects of a computer/internet-based health care support program on the physical and mental health of caregivers of chronically ill family members (dementia [Alzheimer's and other], stroke, and Parkinson's disease) living in rural and remote communities of two regions, Ontario and Alberta. It is postulated that computer-based home care support when compared to the absence of this support will result in a) better physical and mental health outcomes for the caregiver and care recipient; b) more efficient and effective use of social and health care services; and c) significantly lower health care costs. This presentation will review the opportunities and challenges faced in the delivery of the on-line caregiver support project as well as preliminary research findings.

The Delivery of Gerontological Education via the Internet: Reflections From a "Techno-Peasant"

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Increasingly educational institutions, in the delivery of their programs, are adopting technology to meet the changing needs of both their institutions and student bodies. This presentation will review how technology was used to deliver a graduate level course in social policy in aging at the Faculty of Social Work, University of Calgary. A demonstration of the software used to deliver both the asynchronous (BlackBoard) and synchronous (CentraOne) components of the course will be given as well as a discussion of the strengths and limitations of using this technology in this context.

Service Delivery on Line: Using the Seniors' Health Centre of the Canadian Health Network as a Case Study

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The last decade has witnessed a considerable increase in the depth and breadth of content specific to older adults and their health issues available via the Internet/World Wide Web. The Internet offers older consumers, family members, and health care professionals the potential to increase their access to and use of health information. Much of this information is free. Indeed, it is accurate to state that the Internet has become a service delivery tool for many government departments, non-governmental agencies, and associations.

The application of computer technology and the Internet to health information and service delivery holds the promise of improving care to and for older adults. The benefits are beyond dispute. Yet, there are problems, which must be addressed before the full potential can be realized. In this paper, both the benefits and the problems associated with service delivery are explored, and strategies to build upon current services developed. To give concreteness to the discussion, the Seniors' Centre of the Canadian Health Network, will be used as a case study.

73. Clinical, Service Delivery and Policy Applications of the interRAI Instruments/ Applications des instruments interRAI dans la pratique clinique, la prestation des services et les politiques

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CLINICAL, SERVICE DELIVERY AND POLICY APPLICATIONS OF THE INTERRAI INSTRUMENTS

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This symposium will focus on the applicability of the Minimum Data Set in research and clinical practices. The MDS series of standardized instruments, developed after extensive collaboration with a consortium of over 40 researchers from 22 countries, provides an integrated health information system across health care facilities. These instruments include versions for chronic care/nursing homes (MDS 2.0), home care (MDS-HC), mental health institutions (MDS-MH), acute care (MDS-AC), post-acute care-rehabilitation (MDS-PAC) and palliative care (MDS-PC). Data from each tool can be used in a variety of means, such as care planning, quality indicators, outcome measurement, case-mix-based funding and determining eligibility for services.

The papers within this symposium will demonstrate the breadth of unique applications of the MDS: (1) assessing frailty and its relation to health outcomes in seniors with cardiac disease (MDS-HC); (2) examining health behaviours and screening practices of older women (MDS-HC); (3) describing a new suite of integrated assessment instruments linking the major sectors of the health care system; (4) comparing risk factors for isolation from informal social ties among psychogeriatric in-patients (MDS-MH); (5) the appropriateness of treatment of depression in home care clients; and(6) creating a balanced scorecard (BSC) to support quality improvement and accountability for hospital complex continuing care (CCC) in Ontario. These studies provide evidence of the applicability of the MDS series of instruments to be used across the health care continuum with diverse populations.

Frailty as an Indicator for Risk Stratification and Outcomes of Seniors with Acute Coronary Syndromes

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Individuals with acute coronary syndromes (ACS) who require active interventions are becoming increasingly diverse with respect to their age and comorbidity status. What is unclear are the benefits and risk factors of cardiac surgical and medical interventions for seniors in the community with cardiac problems. This is partly because major cardiac clinical trials exclude patients 65 years and older or neglect to analyze outcomes by age. Given the elevated risks of mortality and morbidity in seniors undergoing invasive interventions, a method to quantify the risks and to predict health outcomes is needed. Frailty has been used in many studies as a tool to identify individuals at risk, to predict health outcomes and to target interventions. Over 14,000 seniors who were receiving home care services from community-based agencies were assessed using the Minimum Data Set for Home Care (MDS-HC) in this observational study. A frailty scale and several functional outcome measures based on the MDS, together with comorbidity, obesity, social support, and demographic factors, were used as the independent variables to predict mortality and institutionalization in elderly cardiac individuals. The applicability of this MDS-based, modified frailty scale in predicting outcomes in the elderly cardiac population will be discussed.

Health Behaviours of Elderly Women Receiving Home Care Services Using the MDS-HC

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There is growing concern to enhance the sensitivity of the health care system to various women's issues surrounding health, and make society more cognizant of determinants affecting women's health (Health Canada, 1999). This is of particular interest as life expectancy continues to increase and in times of fiscal restraint. Although women appear to reap the benefits by living on average 4 to 10 years longer than men, they typically experience more chronic diseases/physiological impairments, and consequently, decreased quality of life (Spirduso, 1995). Further, women have historically been understudied in health/disease research, resulting in a paucity of information concerning the distribution, causes and consequences of health practices/problems and areas where intervention is most warranted (Maxwell & Oakley, 1999). As such, this study describes the health behaviours of elderly women (n=1449) receiving homecare services. Staff from ten home care agencies utilized the MDS&#64979;HC for assessment purposes during regular visits to clients. The MDS&#64979;HC is a comprehensive, standardized assessment tool used to evaluate the needs and ability levels of older adults utilizing home care services. Specifically, statistical analysis will be used to compare women that engage in positive health behaviours (i.e., mammography, endoscopy, physical activity) versus that do not. Implications of these findings will be discussed.

Social Isolation Among Psychogeriatric Patients

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Research repeatedly finds individuals reporting higher levels of emotional support and social integration are associated with lower rates of both mortality and morbidity than the more isolated. Since social support and integration appear to matter importantly for health promotion and well-being in general populations, it may be both especially important and problematic among the institutionalized diagnosed with a serious mental illness. This paper compares risk factors for isolation from informal social ties among psychogeriatric in-patients (n=848). Analyses rely upon data derived from a new client-centered information system for in-patient psychiatry, the Resident Assessment Instrument Mental Health (RAI-MH).

Overall, the analyses demonstrate the harmful effects of an earlier experience with mental illness. A personal biography of institutionalisation was associated with an increased risk of isola-

73. Clinical, Service Delivery and Policy Applications of the interRAI Instruments/ Applications des instruments interRAI dans la pratique clinique, la prestation des services et les politiques

tion even after adjusting for current levels of functioning, symptoms and behaviour disturbance. In particular, individuals diagnosed with schizophrenia were especially vulnerable to social isolation. These analyses also reinforce the need for comprehensive geriatric assessment of patients on admission.

A Balanced Scorecard for Complex Continuing Care

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Objective: To develop a balanced scorecard (BSC) to support quality improvement and accountability for hospital complex continuing care (CCC) in Ontario, Canada.

Methods: Based upon literature reviews and consensus panel techniques, a set of indicators were elaborated to report on performance of hospital complex continuing care from four perspectives: Clinical Utilization and Outcomes (CUO), System Integration and Change (SIC), Financial Performance and Condition (FPC), and Patient and Family Satisfaction (PFS). Selection of indicators was guided by three essential principles: scientific soundness, high relevance to hospitals, and minimal additional data collection burden. CUO indicators were based on patient assessments using the RAI-2.0 Minimum Data Set, submitted to CIHI by all Ontario hospitals providing CCC services. FPC indicators were based on financial data submitted by hospitals to the Ministry of Health and Long Term Care. SIC indicators were based on a hospital survey. PFS indicators were derived from patient interview surveys and family mail survey responses.

Results: The indicators defined for each quadrant of the BSC will be reviewed and major findings for hospitals (in aggregate) will be discussed. Particular attention will be paid to indicators in the SIC, CUO and FPC quadrants, and their inter-relationships.

Development of the New Suite of interRAI Instruments

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Objective: To describe interRAI's efforts to develop a new suite of integrated assessment instruments linking the major sectors of the health care system.

Methods: The interRAI Restructuring Committee is a 7-country working group charged with updating all instruments that have been developed by interRAI, with the aim of creating a fully integrated health information system. The efforts of this group include: a) development of a comprehensive inventory of all items from all interRAI instruments; b) classification of items into core, optional, specialized and deleted categories; c) harmonization of item definitions and coding rules; d) specification of new assessment instruments for home care, long term care facilities, mental health (community and institutional), acute care, rehabilitation, palliative care, and assisted living; e) redevelopment and translation of all manuals for these instruments; and f) harmonization and updating of care planning protocols and outcome measures.

Results: The new suite of interRAI instruments represents the next major step forward in realizing an integrated health information system. The instruments have been: a) reduced in length to make them more focussed and efficient to use; b) updated to take advantage of new knowledge gained by interRAI and other researchers; and c) harmonized to reduce inconsistent measurement approaches.

74. Health Canada/Veterans Affairs Canada Falls Prevention Initiative: What We Have Learned

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HEALTH CANADA/VETERANS AFFAIRS CANADA FALLS PREVENTION INITIATIVE: WHAT WE HAVE LEARNED

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The issue of falls among the older population has been rapidly gaining momentum among practitioners and policy makers, in the past few years. Falls represent a serious health problem for Canadian veterans and seniors and have a grave impact on independence and quality of life. One third of seniors fall every year with a higher incidence among veterans.

In August 2000, Health Canada and Veterans Affairs Canada launched a four year pilot entitled the Falls Prevention Initiative (FPI). The FPI takes a population health approach in addressing the multi-factoral issues related to falls. The Initiative funds community-based projects to help identify effective strategies to prevent falls in the community among veterans, seniors and their caregivers. In total, forty pilot projects were funded (thirty-six in the three pilot regions, Atlantic Region, British Columbia and Ontario and four at the national level). The Initiative is in its final year and will conclude in March 2004.

The workshop will highlight both the effectiveness of a collaborative programming model involving government departments, and community-based organizations and as well as the capacity of community organizations to develop successful models of interventions, overcome barriers and enhance knowledge of success factors.

Community organizations will share their experiences of reaching community dwelling seniors and veterans using a population health approach to falls prevention. They will outline their experience in partnership development, raising community awareness, reaching and engaging seniors and veterans, researching needs of aging population, and developing innovative interventions.

The workshop will demonstrate to participants how investment and partnerships can foster the development of falls prevention programming at the community level, contributing to and drawing upon the capacity of the community to take action on an issue of utmost significance.

75. Shaping the Future: Continuing Care Redesign on Southern Vancouver Island

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CANCELLED

ANNULÉ

76. Psychosocial Approaches to Mental Health Challenges of Late Life: Strategies and Resources Developed at a National Symposium

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PSYCHOSOCIAL APPROACHES TO MENTAL HEALTH CHALLENGES OF LATE LIFE: STRATEGIES AND RESOURCES DEVELOPED AT A NATIONAL SYMPOSIUM

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This workshop will be conducted in French and English

In May, 2002 the BC Psychogeriatric Association (BCPGA) was awarded funding by the Population Health Fund, Health Canada to carry out a project Psychosocial Approaches to the Mental Health Challenges of Late Life.

The goal of this project is to develop the capacity of communities across Canada, to use psychosocial approaches to promote seniors' mental health, and to prevent and/or address mental health problems. In order to meet this goal the project intends to: (1) find out from seniors how they successfully cope with critical transitions and the key elements in programs and services that are helpful to them; (2) design short information pamphlets about preparing for and coping with critical transitions based on seniors perspectives; (3) identify and catalogue promising psychosocial approaches and models that promote seniors' mental health or prevent or address mental health problems; (4) develop a mental health impact model with which to assess the effect of policies and programs on seniors' mental health; (5) create a national network amongst organizations, sectors (ie: mental health, gerontology, researchers), and government related to psychosocial approaches to mental health and mental health problems.

A national invitational Joint Planning Workshop, attended by researchers, policy makers, service providers and seniors organizations, was held in the fall of 2003. The purpose was to (1) develop a common vision and strategy to promote psychosocial approaches to the mental health challenges of late life, and (2) design and disseminate project resources (# 2, 3, 4, above).

In this workshop the preliminary findings from the project, and the resources and strategies developed at the Joint Planning Workshop to promote them, will be presented to participants for their feedback. This feedback will then be incorporated into the next stage of the project.

77. Unique Components of Care in Community Based Addictions Treatment for Older Adults: Multicultural services to Older Polish and Volunteerism at COPA

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UNIQUE COMPONENTS OF CARE IN COMMUNITY BASED ADDICTIONS TREATMENT FOR OLDER ADULTS: MULTICULTURAL SERVICES TO OLDER POLISH AND VOLUNTEERISM AT COPA

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COPA has clinical and volunteer components of care. Community treatment of Older Adults with substance misuse problems presents challenges for treating the reluctant client and even more so for those whose first language is not English. COPA is the sole provider of addiction services for Polish speaking elderly. This workshop will discuss generational differences within the older Polish immigrant population particularly between the Second World War immigrants, their Canadian born children and the "Solidarity wave" of immigration. The workshop will also discuss patterns of alcohol use/abuse, mental health issues including posttraumatic stress disorder, and barriers to accessing services. Ethno-specific services and their appropriateness for COPA clients will be highlighted using case examples. We will discuss the use of Polish specific support groups and how through a therapeutic relationship we address language barriers and advocate for our clients.

The second half of the workshop will focus on the volunteer component of care in the COPA program. Efficient use of volunteers translates into agency efficiencies. The presenter will discuss volunteer recruitment, screening and supervision of placed volunteers and capacity building with clients. COPA provides client with an opportunity to do meaningful work in a professional environment. At the same time, appropriate clients are invited to volunteer at COPA, or they are referred to other organizations for volunteer opportunities. The workshop will cover the development of the volunteer program, components of volunteer training and use of clients as peer support and group assistants.

78. Integrating a Philosophy of Falls Prevention in PEI Policies and Programs: Building on Research, Knowledge and Experience

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INTEGRATING A PHILOSOPHY OF FALLS PREVENTION IN PEI POLICIES AND PROGRAMS: BUILDING ON RESEARCH, KNOWLEDGE AND EXPERIENCE

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Falls amongst seniors account for about 40% of hospitalizations for those above the age of 65 in Prince Edward Island, Canada. Research from a current Falls Prevention Initiative funded by Health Canada and Veterans Affairs Canada, prompted the development of an intersectoral alliance to integrate a falls prevention philosophy in provincial policies and programs. Recognizing that education and information sharing are essential to mobilizing collective action to prevent falls, three interactive workshops were organized. These workshops had five essential components to foster working together as a partnership:

1. Evidence based presentations – A review of literature on falls prevention and partnership development provided grounding and wisdom.
2. Information sharing activities – Activities such as Five Minute Spotlights enabled the wide base of participants to begin informal collaboration.
3. Use of the Circle of Health as a planning framework – Use of the Circle of Health enabled participants to think holistically, and identify key determinants of health, gaps in service, potential partners, and target areas for action.
4. Story telling – Reflective sharing of experiences allowed participants to draw on lessons learned in defining principles for working together.
5. Developing a partnership plan – Each workshop led to a progressive development of a shared vision, strategic direction, and plan of action for the partnership.

The Falls Prevention Alliance feels confident that educational workshops which included these five elements have provided a solid foundation for integrating a philosophy of falls prevention in PEI policies and programs.

79. Effective Partnership in Fall and Fire Prevention for Seniors

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EFFECTIVE PARTNERSHIP IN FALL AND FIRE PREVENTION FOR SENIORS

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The Adult Injury Prevention Network (AIPN), a member of the Peel Coalition for Injury Prevention, is a dynamic multi-sectoral, multi-disciplinary committee committed to raising awareness of predictable and preventable injuries among older adults in the Peel Region.

In February 2002, the AIPN received funding from the Veterans Affairs Canada – Falls Prevention Initiative, Health Canada to deliver Remembering When, an interactive fall and fire prevention program developed by the National Fire Protection Association. The program is centred on eight fall and eight fire prevention messages and is being delivered at senior safety events in Peel in response to the number of injuries that are caused by falls and fires. Currently 30% of Canadian community-dwelling seniors experience at least one fall each year, and seniors at age 65 are twice as likely to be killed or injured by fires compared to the population at large.

In addition to the fall and fire presentations, the events include a pedestrian safety segment, senior wellness displays, fitness demonstrations, lunch, entertainment and prizes. The events also include a well received video presentation that was produced by the AIPN to assist in the delivery of the program. In 2002/2003, approximately 1300 seniors have been reached through the Remembering When events. The lengths of the presentations have been customized for large and small venues.

Evaluation contributes to the continuous improvement of this program through surveys completed at the events by seniors, veterans and participating agencies. The next phase of the evaluation process involves conducting focus groups with seniors who attended the events to assess the impact of the program in reducing fall, fire and pedestrian related injuries.

The Workshop will include an examination of fall and fire related injuries among seniors, a presentation of the Remembering When program, a description of how the program is being rolled out in the Peel Region and a review of evaluation outcomes acquired thus far.

80. Living with Dementia/Vivre avec la démence

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LIFE AFTER A DIAGNOSIS OF ALZHEIMER'S DISEASE: THE INDIVIDUALS' PERSPECTIVE

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More and more people are diagnosed with early stages of Alzheimer's disease. Consequently, biomedicine, with its focus on individual pathology and interventions, has become a powerful and pervasive force in the definition and treatment of Alzheimer's disease. Individuals with Alzheimer's disease, however, have usually been excluded from or marginalized in studies about dementia to act as participants or respondents. Yet, as more people with Alzheimer's disease are diagnosed earlier in the disease progression, their perspectives, values and coping strategies demand closer attention. This paper presents the findings of a qualitative research, which examined not only the effects of medicalization, but also the social aspects of Alzheimer's disease for the diagnosed individual. The research found that individuals who have been diagnosed with early-stage Alzheimer's disease are fully capable of expressing their thoughts, feelings and experiences of living with this illness. A key finding, which has been neglected in previous work, is the communication gap between primary care physicians and the individual with Alzheimer's disease. Future research should encompass both psychosocial aspects of Alzheimer's disease and measures to narrow the communication gap between physicians and their clients.

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INCLUDING PEOPLE WITH DEMENTIA IN PLANNING AND EVALUATING HEALTH SERVICES: IMPLICATIONS FOR ALZHEIMER SOCIETY CHAPTERS

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This paper presentation will present findings from Phase 1 of my doctoral research, which explored considerations when including people with dementia in planning and evaluating health services, the experience of being involved in Alzheimer organizations by people with dementia, and opportunities and barriers for their greater inclusion in decision-making about health services and the implications for organizational characteristics for an Alzheimer Society chapter.

Interviews with Alzheimer Society staff and volunteers from two Chapters serving a mainly rural client base in Ontario conclude that barriers to greater inclusion of people with dementia include: governance structure; funding focused on caregivers; the person with dementia is not identified as the central client; and the person with dementia is referred to the Alzheimer Society much later in the disease process. Possibilities for inclusion include: having already had some experience connecting with people with dementia and having an attitude and culture that is friendly, flexible, open to learning, and collaborative.

Interviews with fourteen international experts in dementia care

80. Living with Dementia/Vivre avec la démence

about considerations when including people with dementia in decision-making found that: it is more effective to separate the caregiver and the person; approaches to involvement need to be individualized; a skilled facilitator is necessary; inclusions needs to be evaluated, and involving the person with dementia needs to be relevant to them. And, eleven interviews with people with dementia from North America concluded that many of them had very challenging experiences with their local Alzheimer chapter i.e. not feeling welcomed or included in activities or decision-making but they continue to want to be actively involved in decision-making opportunities.

This presentation will elaborate on these major findings.

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PAIN AND DEMENTIA

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The experience of pain and its recognition is dependent upon communication. The undertreatment of pain in the elderly is well documented. When an elderly individual also has a diagnosis of dementia this problem is further compounded. When the effects of dementia on language ability are combined with the emphasis on verbal report of pain, the result is often unrecognized pain and discomfort. There are many reasons why individuals with dementia may be experiencing pain or discomfort. Some individuals may have chronic physical conditions such as arthritis that may cause pain in many different parts of their bodies. Former injuries may have left them with chronic painful conditions. They may experience pain continuously or as a result of certain movements. Other illnesses may contribute to their discomfort. This might include things that are not easily detectable such as toothaches, headaches, migraines, urinary tract infections, etc. Past traumatic events in their lives due to wars, being victims of violence for example may also serve to heighten anxiety around procedures. The memory of past pain can stay with a person for a very long time. Procedures that they may be subjected to that may also cause pain might include insertion of catheters, injections and blood tests. Depending on the stage of their dementia, they may not be able to retain the information that the procedure will take place. This inability to be prepared psychologically renders them incapable of anticipating the potentially painful event and may result in a highly anxious reaction.

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HEALTH CLAIMS IN FOOD AND FOOD SUPPLEMENT ADVERTISEMENTS IN QUÉBEC: LE BEL ÂGE VERSUS CHÂTELAINE

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As baby boomers approach retirement, they are seeking alternative ways to protect their health. Food and food supplement manufacturers are making numerous health claims aimed at attracting their consumer dollars. This study analysed health claims in 349 food and food supplement advertisements from 1999-2002 in Le Bel Âge (n=235) and Châtelaine (n=114). In Châtelaine, 81% of ads making health claims were for foods; in Le Bel Âge, 74% of ads making health claims were for food supplements. Ads from Le Bel Âge tended to promote 2+ products per ad, while those from Châtelaine tended to promote only 1. 63% of Le Bel Âge advertisements employed words judged to be incomprehensible to the general public; 25% of ads in Châtelaine used incomprehensible words. 44% of ads in Le Bel Âge suggested a place of purchase, compared to 8% of those in Châtelaine. 68% of ads in Le Bel Âge claimed to treat, relieve or prevent symptoms, illnesses or aging itself; 20% of ads in Châtelaine made similar claims. Among health claims in Le Bel Âge, 28% were correct, 30% questionable and 11% false; for ads in Châtelaine, these percentages were 56%, 19% and 0% respectively. Such large differences in ads appearing in Le Bel Âge and Châtelaine offer strong evidence that food supplement manufacturers target older consumers by using questionable or false health claims and invoking fear of symptoms, illnesses, and even aging itself. Health care professionals working with seniors need to be aware of these advertising tactics, to question seniors about their use of food supplements and to become sources of valid information about the health efficacy of substances contained in food supplements.

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NUTRITIONAL STATUS IN A CHRONIC CARE POPULATION: PREVALENCE AND INTERVENTIONS

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The purpose of this study was to determine the prevalence of nutritional problems and nutritional interventions received by chronic care facility residents, examine changes in Body Mass Index (BMI) over a one-year period, and determine the efficacy of various nutritional interventions. We used RAI data collected on 657 patients who were residents of a chronic care hospital between May 1996 and April 1998. Sixty-four percent of patients had at least one nutritional problem (i.e., low BMI, considerable weight loss, or regularly leaving 25% or more of their food uneaten) and the average BMI was below normative data. Also, 87.2% were receiving at least one nutritional intervention, with some patients receiving as many as four simultaneous interventions. The mean BMI for the sample did not change significantly over a one-year period, ($p = .678$). These data highlight the importance of screening for nutritional status among seriously ill older adults. Further work to improve nutritional status in this population is warranted.

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"BRINGING NUTRITION SCREENING TO SENIORS": NUTRITIONAL RISK PROFILE OF CANADIAN SENIORS, A NATIONAL PERSPECTIVE

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BNSS is a national demonstration project funded by the Population Health Fund of Health Canada. The primary objective of the project is to identify and evaluate various models for nutrition risk screening of community living seniors. A second objective and the purpose of this presentation was to determine nutritional risk of the Canadian senior population and highlight key differences and risk profiles. 1220 seniors were screened for nutritional risk using SCREEN (Seniors in the Community: Risk Evaluation for Eating and Nutrition) in Saint John (NB), Toronto, Timmins (Francophone), Interlake (MN), and Vancouver. Seniors were recruited using various methods from convenience to random sampling at over 15 different types of programs. 77% of the participants were female, the average age was 74 years and 60% lived alone. Almost half (47%) had less than a high school education. Nutritional risk (score < 50) was common at 42%. Common nutrition risk items were: weight change (42%, weight loss 27%); low fruit and vegetable intake (40%); diet restrictions (20%); chewing difficulties (19%); cooking (27%) or shopping (20%) difficulties; and swallowing problems (14%). Differences were evident across the five sites in the level of nutritional risk and the SCREEN items that put seniors "at risk".

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MAKING SENSE OF IT ALL: HEALTH LITERACY AND LOW RISK DRINKING GUIDELINES FOR SENIORS

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There has been an explosion of health research in the past five years associating moderate drinking with reduced risk of certain common health problems in later life (e.g. heart disease, dementia, osteoporosis). Low risk drinking guidelines and the overall advice being provided by health care providers often draws on this new information. A key issue is how to interpret this epidemiological information for seniors and the general public. The current low-risk guidelines offer gender differences, but are for the most part, age and health-condition neutral. This paper reviews the key controversies for the guidelines (levels, frequency, drink free days, whether to start) in light of the current health research on alcohol risk/benefit; the levels of health literacy in the senior and general population; and key health promotion concepts. Drawing from senior focus groups in Seeking Solutions: Canadian Community Action on Seniors and Alcohol Issues, media articles, and online health literature, it is argued that the current guidelines not only fail to take into account the prescription drug use of seniors, they also ignore the way the public and the media are currently interpreting the information being given. Seeking Solutions is funded through the National Population Health Fund.

82. Mental Health, Homelessness & Aging/Santé mentale, itinérance et vieillissement

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A COMPARISON OF OLDER AND YOUNGER ADULT USERS OF COMMUNITY MENTAL HEALTH SERVICES

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The goal of this study was to compare the situation and needs of older adults with a serious mental illness to those of younger individuals. We used a representative sample of individuals with serious mental illness who accessed community mental health services in northwestern Ontario (n=532). Older adults (age 65 and over) differed from their younger counterparts (ages 18 to 64) on several measures. Twenty-nine percent of clients over 65 were diagnosed with an organic disorder as compared to only 4% of younger clients (p=0.001). The majority in the older group had an additional medical diagnosis (59%) and was prescribed psychotropic medication(s) (84%). Older clients were more likely to be non-ambulatory (p=0.001), and have a hearing (p=0.001) or vision (p=0.017) impairment. When compared to younger clients, they required significantly more support regarding the need for specific services such as medication management, physical health care,

82. Mental Health, Homelessness & Aging/Santé mentale, itinérance et vieillissement

selfcare, other activities of daily living and support to the client's family/caregiver. Furthermore, staff indicted significantly greater problem severity for older adults in areas such as basic needs (p=0.021), antisocial behaviour (p=0.019), family issues (p=0.001) and medical illnesses (p=0.000). Older adults have complex psychiatric problems that cannot be effectively treated without addressing comorbid conditions. The differences between older and younger users of community mental health programs point out the necessity of ensuring that treatment plans are tailored to clients across the lifespan.

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HOMELESSNESS AMONG OLDER ADULTS

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Although only a small proportion of older people are homeless, this population has not been studied in Canada. While there is a distinction between older people who are "chronic", "new" or "at risk" for homelessness, there is lack of empirical evidence about their specific characteristics, circumstances and service needs. The objectives of this study were to describe the characteristics and needs of older people who are "chronic", "new" or "at risk" for homelessness, and to identify how current mainstream services meet the needs of older people. A survey of older homeless people (N=60), aged 50 years and over, was conducted in the Greater Toronto Area. Older homeless people were recruited from the following three groups; those in the bed sector (n=20), those in congregate areas (n=20) and those using public services (n=20). Results from the interviews provide a socio-demographic profile of each group; the "chronic", the "new" and those "at risk" for homelessness. The results provide information about housing and employment history, health, income, and the use of services, including barriers to services, services required but not used, and services required but not available. The implications for policy, funding, and the delivery of health and social services are discussed.

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URINARY INCONTINENCE AND PSYCHOLOGICAL WELL-BEING IN OLDER ADULTS

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Purpose: To examine the relationship between urinary incontinence (UI) and psychological well-being in older adults.

Design & Methods: Secondary data analysis using a large sample of older adults (60+). Multiple regression is used to test if the relationship between UI and distress can be accounted for by the principal components of the stress process model.

Results: Incontinent older adults are significantly more likely to report higher levels of distress than continent adults. There are no differences in major depression between these groups. Chronic stress, mastery and self-esteem mediate a substantial amount of the relationship. We did not find evidence of a buffering effect for psychosocial resources or social support on the UI-distress relationship.

Implications: UI is associated with greater stress and lower self-esteem and mastery, all of which are associated with greater psychological distress. Given the relationship between UI and distress, physicians and other clinicians should be cognizant of the potential for psychological problems among their incontinent older patients.

83. Environments/Milieux

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THE FINE BALANCE: LIVING ARRANGEMENTS AND CARE*

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Fewer seniors reside in health care institutions then in the past. This is a decline for both senior men and women and for all age groups. But, seniors are also more likely to live alone (Census, 2001). With the aging of the population and changes in the living arrangements of seniors, have come concerns as to the type and amount of care required to maintain this growing population.

In 1996, 22% of seniors living in the community received care because of their long-term health problems. Using time series data from the 1996 and 2002 Statistics Canada General Social Surveys, we are able to determine if there has been an increase in the proportion of seniors receiving care. We also examine the type of care received: informal, formal or a combination of both and its link to age. Finally, we present profiles of seniors receiving care and living with a spouse, living alone or living with their children. Discussion is focused on age, gender and living arrangements and the impact they have on care received.

* 2002 GSS will be released in June 2003. Until the data is released the findings from this study are "protected" and may not be disseminated outside the Agency. The data will be available for the 2003 CAG.

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BUILDING BRIDGES TO RENEW SOCIAL POLICIES AND PRACTICES REGARDING LIVING ARRANGEMENTS FOR THE ELDERLY

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This paper examines a research and partnership experience financed by the FQRSC (Action concertée «Vieillissement de la population et les impacts économiques et sociodémographiques»). This three-year project investigates social housing and other living

83. Environments/Milieux

arrangements initiated by the public, private and social economy sectors as well as the social policies that facilitate or regulate their development. This study derives its originality from the intention to explode the usual dualistic representation of the sector with social housing on one side and public institutional settings on the other and to reconsider the bonds between the state, the market and the social economy. Major actors at the provincial level such as Société d'habitation du Québec, Association des résidences pour retraités du Québec, Réseau Québécois des OSBL d'habitation, etc. are active in the research process. The study also addresses the question of the role exerted by the partners and the discussion and debate mechanisms between all parties.

The principal researchers thus propose to explain the parameters of the study (context of emergence, objectives, methodology), present initial results and offer work-in-progress remarks regarding the bridges concept and research in partnership.

Établir des passerelles visant le renouvellement des politiques et des pratiques sociales en matière de logement et d'hébergement pour les aînés

La présente communication vient jeter un premier regard sur une expérience de recherche et de partenariat menée dans le cadre de l'action concertée sur le vieillissement de la population, financée par le FQRSC. Le projet, d'une durée de trois ans, s'intéresse aux initiatives de logement social et d'hébergement provenant des secteurs public, privé et d'économie sociale, et aux politiques sociales qui viennent faciliter ou régulariser leur développement. L'étude puise son originalité dans sa volonté de briser les représentations dualistes entre le logement social et l'hébergement, et de repenser les liens entre l'État, le marché et l'économie sociale. Regroupant les principaux acteurs provinciaux concernés (Société d'habitation du Québec, Association des résidences pour retraités du Québec, Réseau Québécois des OSBL d'habitation, etc.), la démarche de recherche soulève aussi un intérêt quant au rôle exercé par les partenaires et aux mécanismes de concertation mis en place.

Les chercheurs responsables se proposent donc d'exposer les paramètres de l'étude (contexte d'émergence, objectifs visés, méthodologie), de présenter les premiers résultats et d'amorcer une réflexion sur le concept de passerelles et de recherche en partenariat.

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HOUSING OPTIONS FOR ELDERLY AND CHRONICALLY ILL SHELTER USERS

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In Canada, both the number and acuity of need of elderly and chronically ill homeless persons is increasing. An exploratory study of this situation was carried out in 2002-2003. Central research questions focussed on:

> Understanding the Problem: Why are elderly and seriously ill or disabled people living in shelters? What are their residential care needs? What are the barriers to their accessing mainstream residential long-term care? What are the options for providing housing and care to this population?
> Seeking Canadian Solutions: What strategies have been developed in Canada to address their needs?

Research methods included: an informal survey of informants in the housing, homeless, long-term care, and aging fields; an international literature review; telephone and email interviews with 20 providers of shelter and long-term care; and "snapshot studies" of 13 examples of solutions in four jurisdictions of Canada.

Outstanding findings from the literature search, interviews and snapshot studies will be reported, along with suggestions for future research.

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EVALUATION OF A MULTI-SERVICE MODEL TO PROMOTE CONTINUITY OF HOUSING AND HEALTH FOR DISADVANTAGED SENIORS: PRELIMINARY FINDINGS

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Homelessness is a growing problem in our society that requires innovative solutions. This paper describes preliminary findings from an evaluation of a multi-service model to promote continuity of housing and health services, including home care, for disadvantaged seniors who are homeless or at risk of becoming homeless. All three components of this program are being evaluated – a homelessness prevention outreach service, transitional housing with life skills training, and service co-ordination in rent geared-to-income housing. Both quantitative and qualitative data have been collected using a mixed-methods design which combines a case study approach with a quasi-experimental non-equivalent control group design. Factors which facilitate or detract from these services having an optimal impact have also been documented. The data have been analyzed using qualitative content analysis and quantitative cross-sectional comparisons. Preliminary quantitative process findings six months into the evaluation, which describe the kinds of problems being addressed and the services provided, are discussed and illustrated using the qualitative data.

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CANADIAN SNOWBIRD CULTURE IN CHARLOTTE COUNTY, FLORIDA: SPACES OF AGE AND THE GERONTOLOGY OF MOBILITY

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Places of retirement and aging have become increasingly important to gerontological issues of mobility, residence, community and autonomy. This study explores the theoretical relevance of Canadian snowbird migrational culture in Charlotte County, Florida to spatial gerontology and the sociology of aging, in three parts: 1) A survey of spatial gerontological inquiries including institutional ethnographies, aging-in-place debates and community network research, 2) A review of postmodern critiques of 'Sun City' commercialized environments and their exaltation of selective leisure lifestyles, 3) A discussion, drawing upon recent sociological theories of global processes, of the author's fieldwork in Charlotte County and the experiences of Canadian retirees who live there. Conclusions consider how a gerontology of mobility contributes a dynamics of spatial flow to retirement research concerned with the timing of lifecourse transitions.

84. Community Services II/Services communautaires II

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DISCREPANCIES IN SELF-REPORT VERSUS VISIT-BASED MEASURES OF CONTINUITY OF CARE: IMPLICATIONS FOR PRIMARY CARE REFORM

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That a reform of the primary care system is needed is increasingly being discussed in Canada. One aspect of a reform involves patient registration with one physician. Surprisingly little discussion, however, has been focused on potential difficulties in moving toward patient registration, the assumption presumably being that because most people report having a regular doctor (RD) they also receive most of their care from that physician. In this study we examined this assumption by comparing reports of having a RD with actual health care use derived from administrative data in a sample of 2857 Aging in Manitoba study participants. Among these, 93% reported having a RD; however, only 85.5% of those made over 50% of their visits to the same physician, and only 66.7% made 75% of all their visits to the same physician. Seniors who reported having a RD but who actually received care from multiple doctors did not differ from those who said they had a RD, but received most of their care from the same physician in terms of health and socio-demographic variables. This suggests that introducing a system where people are expected to receive care from one provider would require adjustments in seniors' physicians use patterns.

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TORONTO RIDE PARTNERSHIP MODEL: LINKAGE BETWEEN HOME AND COMMUNITY SERVICES

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Transportation is an integral link to a variety of services in the community. As an individual ages, health concerns may prevent access to readily available modes of transportation i.e. personal car and public transportation services. The inability to access transport may restrict access to services including vital health care services, which may result in isolation and deterioration of wellbeing. This, in turn, can lead to an individual's need for acute medical attention, costly institutional services, increased dependence on caregivers, etc.

Seniors advisory groups, community organizations and policy makers have recognized the increased demand for specialized transportation services for the frail elderly. Environmental factors that have contributed to this demand include: the growth in seniors' population, hospital restructuring, and the restrictive eligibility criteria and difficulties experienced using conventional transit services.

Toronto Ride formed as a grassroots initiative of neighbourhood community support agencies to address this growing community need for accessible assisted transportation for the frail elderly who "fall between the cracks" in service provision. Toronto Ride's goal is to develop a coordinated community transportation partnership network that builds community capacity through sharing resources and knowledge amongst partners towards the overall goal of providing the most rides to the target population – seniors and adults with disabilities.

This paper will provide an overview of Toronto Ride's innovative partnership model, highlight the partnership's approach to building community transportation capacity and identify some challenges encountered in striving to meet the community's need for essential assisted transportation.

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THE TORONTO DISTRICT HEALTH COUNCIL SENIORS PROJECT: MOVING TOWARDS INTEGRATION OF SERVICES FOR SENIORS

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As the population ages, politicians, policy makers and providers demonstrate increasing interest in how to serve the growing number of seniors in our communities. Integration of information and service is often touted as the ideal way of helping seniors access the most appropriate level of care, in the most timely manner.

In a multi-year project, the Toronto District Health Council (TDHC) has examined services to seniors across health sectors (hospital care, primary care, mental health, long-term facility care, in-home care, and community). Using multiple approaches (surveys, key informant interviews, consultations and literature reviews) the Seniors Project has developed over ten reports and service inventories.

In particular, the Project has been concerned with access to services, transitions between services, service coordination, prevention, risk management, and impacts of system changes on seniors and their caregivers. In the penultimate phase the TDHC is identifying attributes of ideal service delivery systems for Toronto seniors, and developing optional models which would achieve integration at the level of the individual client.

This presentation will highlight the overall findings of the TDHC Seniors Project, and showcase ideal models and best practices for serving seniors in a large ethno-culturally diverse urban environment.

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COMPARING THE HEALTH SERVICES UTILIZATION OF THREE SENIOR SUB-POPULATION GROUPS: LONG-TERM-CARE RESIDENTS, HOME CARE RECIPIENTS, AND THE WELL ELDERLY

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Long-term-care (LTC) residents typically comprise the oldest and most ill or dependent sub-population group in any society. As such, there are often thought of as high users of health care services. Although few research studies have actually assessed the health services utilization of LTC residents, widespread concern exists about an aging population and a subsequent rise in health services utilization. For this and other reasons, a research study was undertaken to explore and describe the health services utilization of LTC residents by comparing their utilization of health services with that of senior home care recipients and the well elderly (those seniors who were not institutionalized nor continuously receiving home care). This study was based on a complete set of 1997/98 and 1998/99 Alberta Health and Wellness health services data, for all seniors classified as LTC residents over the two years (n=4,771), all seniors who received home care over the same two years (n=7,026), and a 10% sample of the well elderly (n = 30,000). Individual-anonymous data, including physician-claims data, hospital data, outpatient care data, emergency room data, and home care data were obtained for all such persons.

Quantitative analysis (using the SPSS program for primarily descriptive and bivariate statistical procedures) revealed a number of surprising findings. By all measures, LTC residents were: (a) the least likely to be hospitalized, (b) the least likely to use emergency departments, and (c) the least likely to use other ambulatory care (i.e. outpatient and day surgery) services. For instance, only 20.1% of LTC residents were admitted to hospital over the two years, compared to 55.2% of home care recipients and 21.9% of the well elderly. LTC residents also had the shortest stays when admitted to hospital (2.6 days compared to 16.4 [home care] and 2.8 [well elderly]). Although some may be concerned about stigmatization or unfair rationing of health care services, LTC residents were the highest users of physician services and had the highest physician care costs. Other utilization indicators showed LTC residents were actively treated in hospitals and ambulatory care settings. This study, as did a previous one that showed a reduction in health services utilization after admission to LTC, indicates daily nursing care, routine medical attention, and other LTC supports are beneficial for stabilizing or improving the health of the frail elderly and reducing the need for episodic illness-oriented care.

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EVALUATION OF THE FRIENDS AND VISITORS CLUB: AN INTEGRATED ALZHEIMER DAY VISIT PROGRAM

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The Friends and Visitors Club (F&VC) is a day program for adults with Alzheimer disease or related dementia that was opened in 2002 by The CAPITAL CARE Group in Edmonton. Two unique features distinguish it from traditional adult day care programs: developing the program around the concept of a friendship/visiting theme and its integration into the daily life of a residential Alzheimer care centre. A comprehensive evaluation study was designed to determine its success in meeting program objectives and the objectives of stakeholders (e.g. the regional health authority, the Alzheimer Society, and the granting agency which funded the first two years of the program), and the impact on residents of the Alzheimer Care Centre that acted as host site for the Friends and Visitors Club. Research tools and methods included functional assessment measures, chart reviews, caregiver questionnaires, satisfaction surveys, observation, videos of program participants, interviews, utilization statistics, program costing, and focus groups. Preliminary results available at the time of abstract submission indicate the program has been successful and is a potential model for future day programs for this population group. Final evaluation results will be presented.

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INTEGRATION FROM A POPULATION-BASED PERSPECTIVE

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Following reorganisation within the Calgary Health Region in 2000, a new portfolio was created, primarily focussed upon non-hospital based care. Within this portfolio, a non-operational program was developed with the mandate of bringing together the other disparate programs within the portfolio and co-ordinating the activities of these programs such that, as a whole, the portfolio moved forward to provide care for seniors.

Year one was foundational, involving collaborative development of the scope of the program, production of foundational documents reflecting themes and strategic directions for the program, and establishment of a Steering Committee. The collaborative administrative model involving an administrator and a physician was used in this process. Additionally, a Seniors Health Forum was established, intended to bring the views of Seniors firmly into the planning process.

Year two operationalised the work of year one, primarily through development of the Regional 10-Year Continuing Care Strategic Service Plan. This collaborative initiative involving Regional and community partners brought together a planning process in 9 key strategic areas required for sustainable service development and provision over a ten year time horizon. This presentation outlines approaches used to develop and operationalise this program.