AGING

Navigating the Winds of Change

Abstracts / Resume

001

ONTARIO'S STRATEGY TO COMBAT ELDER ABUSE

Chair: Elizabeth Esteves, Ontario Seniors' Secretariat

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It is estimated that more than 4 percent of Ontario's 1.5 million seniors experience some type of abuse. Elder abuse can occur in the home, a residential setting or the community, and take the form of financial, emotional or physical abuse or neglect. Abusers may be family, caregivers, authority figures or strangers. Ontario's Strategy to Combat Elder Abuse, announced on March 28, 2002, addresses 3 key priorities: coordination of community services; training for front line staff working with seniors; and education to raise public awareness. The Strategy is the result of a government/community partnership and extensive community consultations led by a Round Table on Elder Abuse. The Ontario Government dedicated $4.3 million for this 5-year Strategy. The Ontario Seniors’ Secretariat is partnering with the Ministry of the Attorney General and the Ontario Network for the Prevention of Elder Abuse to implement the Strategy. Regional Staff have been in place for 2 years to enhance communities' capacity to detect and respond to abused seniors or those at risk of abuse, based on regional requirements. Quarterly Stakeholder Networking Days are being held across the province to provide a forum for those working on the issue of elder abuse to discuss opportunities for collaborative work at the local level. Annual provincial conferences promote information sharing, address training opportunities, and raise public awareness about this growing problem. This symposium will provide an overview of the Strategy and the opportunity for participants to respond to this initiative.

ONTARIO’S STRATEGY TO COMBAT ELDER ABUSE - ONPEA

Teri Kay

Elder Abuse is most often defined as any act that harms a senior or jeopardizes his or her health or welfare. It can take the form of financial, emotional or physical abuse and neglect, and can take place in the home, a residential setting or in the community. The Ontario Network for the Prevention of Elder Abuse (ONPEA), formed in 1989 listens to the voices of seniors, promotes best practices, shares knowledge/resources, facilitates special projects, and advances education on elder abuse. ONPEA employs 8 Regional Elder Abuse Consultants to support the implementation of the 3 priorities of Ontario’s Strategy to Combat Elder Abuse: coordination of local community services, training for front-line staff serving seniors, and public education to raise awareness of this growing problem. Regional staff are key resources for communities across the province, supporting efforts to combat elder abuse and strengthening partnerships between local service providers and committees/networks. They work to strengthen communities across the province by building partnerships, promoting information sharing and coordinating community services.

ONTARIO’S STRATEGY TO COMBAT ELDER ABUSE - MAG

Susan James

The Ministry of the Attorney General (MAG) provided $3.78M funding over 5-years and the Ontario Seniors’ Secretariat (OSS) provided $0.55M in one-time funding to implement Ontario’s Strategy to Combat Elder Abuse (the Strategy). The 3 Strategy partners bring their unique strengths to implementing the Strategy: the Ontario Network for the Prevention of Elder Abuse’s thirteen-year history of working in the field of elder abuse; OSS’ mandate to undertake policy and public education initiatives that improve quality of life of Ontario’s seniors; and MAG’s expertise in providing leadership across government in victim service policy development and in funding a wide range of services to victims. Through the Strategy, justice sector training initiatives are now underway, including those undertaken at the provincial police college. There is also increased knowledge in the justice sector regarding the issue of elder abuse. Expected Strategy outcomes include enhanced coordination of services; use of protocols and best practices; increased understanding by the public on where to go for help; better trained staff on recognizing and responding to elder abuse; and increased public awareness of elder abuse.

ONTARIO’S STRATEGY TO COMBAT ELDER ABUSE - OSS

Elizabeth Esteves

The Ontario Seniors’ Secretariat (OSS) undertakes or supports policy initiatives that improve quality of life of Ontario seniors and public education efforts for Ontario seniors. OSS policy initiatives have a multi-ministry focus. OSS public education efforts increase awareness about programs and services to which seniors are entitled, healthy aging/lifestyles, and seniors’ ongoing contributions to community. In 1999, a Round Table comprised of opinion leaders reflecting the private and broader public sectors that relate to seniors on a daily basis was established; it convened 3 working groups of 75+ local experts and seniors. On March 28, 2002 Ontario's new $4.3M 5-year Strategy to Combat Elder Abuse (the Strategy) was announced. The OSS is partnering with the Ontario Network for the Prevention of Elder Abuse and Ministry of the Attorney General to implement the Strategy. Strategy outcomes include enhanced coordination of services; use of protocols and best practices; increased understanding by the public on where to go for help; better trained staff on recognizing and responding to elder abuse; and increased public awareness of elder abuse. The Ontario government marked its first Elder Abuse Awareness Day on October 19, 2004.

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NARRATIVE GERONTOLOGY COMES OF AGE: NEW APPLICATIONS IN DIVERSE CONTEXTS

Chair: Phillip Clark, ScD, Program in Gerontology, University of Rhode Island

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Interest in narrative gerontology has grown in recent years, due to its power to provide insight into the multiple dimensions of aging, provoke discussion of the experience of growing older, and promote the application of story-writing and story-telling methods in service settings with older adults. Its interdisciplinary lineage and multidimensional heritage provide unique opportunities for application across a wide variety of settings for different purposes, which are surveyed in this symposium. The first paper explores the creation-discovery paradox—based on insights from the spiritual narratives of Christianity, Taoism, and the Swami tradition—to characterize the way in which gaining wisdom in these diverse narratives involves both activity (doing) and receptivity (being). The second paper draws on literary theory as a conceptual framework for understanding the poetics of aging and the intricacies of "reading our lives" to contribute to a theoretical validation of the "tell your story" movement. The third paper is based on empirical research on Ethical Wills, which often take on the form of a letter in which the authors reflect on the events and circumstances of their lives and offer to their families a statement of life lessons, guiding principles, and spiritual and other beliefs. Ethical Wills offer narrative gerontology a new and exciting venue for research; and it, in turn, offers Ethical Wills a framework for their examination. The final paper outlines the major elements in a critical narrative framework to be utilized in interrogating social policies affecting older adults. Particular attention will be directed to the central role played by values in policy discourse, as they shape the definition of policy "problems" and point toward certain types of "solutions" to them. Overall, this symposium seeks to provoke expanded discussion of the theory and practice of narrative gerontology to enhance our understanding of aging and its significance.

THE CREATION-DISCOVERY PARADOX OF WISDOM: EXAMPLES FROM SPIRITUAL NARRATIVES

Gary Kenyon

This paper will consider a particular aspect of the phenomenon of wisdom as viewed from a narrative perspective. The first part of the paper will provide an overview of a narrative conception of wisdom. This will involve a discussion of the concepts of facticity and possibility, storytime, and the storying moment. Following this overview, the main part of the paper will explore the creation-discovery paradox itself. The elaboration of this paradox will be based on insights from several spiritual narratives, including Christianity, Taoism, and the Swami tradition. To give one example, the discussion will compare the notion of self-surrender in Christianity with that of yielding and adhering in Taoism. The purpose of this inquiry is to characterize the way in which gaining wisdom in these diverse narratives involves both activity (doing) and receptivity (being). Moreover, this paradox manifests itself in the context of each of our unique lifestories. The paper will conclude with a discussion of the implications of this inquiry for personal and cultural meanings, as well as directionality of the story of human aging.

TELLING YOUR STORY IN LATER LIFE: A VIEW FROM LITERARY THEORY

William Randall and A. Elizabeth McKim

Interest in the psychological benefits of a narrative approach to the study of aging—including guided autobiography, life-writing, life review, and reminiscence—has been steadily increasing. Yet in many respects it remains peripheral to mainstream gerontology, in part because of its sympathy with insights on aging that are more at home in the humanities than the sciences, and because of what some may consider its inadequate theoretical basis. Conviction concerning the value of "telling your story" has roots in numerous sources, including psychotherapy, developmental psychology, and cognitive science (in relation to autobiographical memory). Oddly enough, a source that to date has been comparatively untapped is literary theory, much of whose history has been devoted to understanding the dynamics and complexity of storytelling. Against the background of narrative gerontology and literary gerontology, the presenters will draw on their inquiries into the poetics of aging and the intricacies of "reading our lives" to contribute to a theoretical validation of the "tell your story" movement.

ETHICAL WILLS: BEQUEATHING VALUES, HOPES, AND LIFE MEANING

Brian de Vries and Monica Wynn

Contemporary society encourages individuals to complete legal wills that bequeath the property and tangible assets that they have accumulated over the course of their lives. Surprisingly, life's intangible assets of values, hopes, and meaning are rarely considered with the same commitment. The modern version of the Judaic practice of writing an Ethical Will is an exception to this statement and is the focus of the study reported herein. Thirty Ethical Wills (60% of which were authored by women; 45% of which were authored by adults over the age of 60) were content analyzed to examine characteristics of the authors, the thematic content provided, and the style in which such content was presented. Analyses revealed that the prototypic Ethical Will assumed the form of a letter in which authors reflect on the events and circumstances of their lives and offer, mostly to their children, a statement of life lessons, guiding principles, and spiritual and other beliefs. Ethical Wills fit neatly under the rubric of a narrative gerontology, in which the former offers the latter a new and exciting venue for research and in which the latter offers the former a framework for its examination.

DECONSTRUCTING POLICY DISCOURSE USING NARRATIVE METHODS

Phillip Clark

Narrative approaches in gerontology have usually focused on the level of individual experience. However, their application in policy contexts represents an emerging use that can be helpful in understanding the hidden content and underlying structure of policy positions, recommendations, and debates. This paper outlines the major elements in a critical narrative framework that can be utilized in interrogating social policies affecting older adults. In particular, the factors of facts, ideologies, assumptions, and values will be reviewed as they relate to an understanding of policy discourse. Taken together, these factors can be employed both as a lens—to better understand the "fine structure" of hidden elements in policy approaches—and as a prism—to break policy positions apart into their constituent elements. Particular attention will be directed to the central role played by values in policy discourse, as they shape the definition of policy "problems" and point toward certain types of "solutions" to them. Examples will be drawn from current policy positions on home care for older adults and adults with disabilities in Canada. This research, a part of the Hidden Costs/Invisible Contributions (HCIC) Project, was funded by the Social Sciences and Humanities Research Council (SSHRC).

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CAREGIVING AND HEALTH: MULTIPLE APPROACHES, MULTIPLE REALITIES, COMMON THREADS

Chair: Brenda Beagan, PhD, Dalhousie University

Pamela Fancey, Robin Stadnyk, Brigitte Neumann, Shelley Phipps, Janice Keefe, Martha MacDonald and Nancy MacDonald, Atlantic Centre of Excellence for Women's Health # 305 - 5475 Spring Garden Road, Halifax, NS, B3J 3T2, (*barbara.clow@dal.ca*), Tel: (902) 494-7790, Fax: (902) 494-7852

The Healthy Balance Research Program is a five-year program of multi-disciplinary research about the relationships between women's health and well-being and their paid and unpaid work, including unpaid caregiving. Through a process of engagement and policy analysis with community and policy audiences, health risks of caregiving are being identified and health outcomes, quality of life and economic status of women caregivers in Canadian society will improve as knowledge translation initiatives bring the findings to the policy arena in a meaningful way. One of the strengths of the program is the array of approaches being used to study the issues. Secondary analysis of census data, focus groups of caregivers in different sorts of situations and from different ethno-cultural groups, micro-ethnographies of households in which caregiving is taking place, a population-based survey and commissioned studies of various aspects of caregiving have all been instrumental in gaining new insights into the realities of caregiving. Another strength is the commitment to diversity, operationalized through four Equity Reference Groups (Aboriginal women, African Nova Scotian women, immigrant women, and women with disabilities) who have consulted with the researchers on appropriate methodologies and avenues of dissemination. The emerging findings are characterized both by an in-depth understanding of unique caregiving situations and growing realization of cross-cutting themes that run through all of the studies and all of the reference groups. In this symposium, Healthy Balance researchers will present their studies and talk about the commonalities that have been identified. There are five papers: one reports the results of the survey; one presents findings from the secondry data analysis; one discusses the financial implications of caregiving; and two explore aspects of the caregiver portraits.

EXAMINING CAREGIVING IN NOVA SCOTIA: RESULTS FROM THE 2005 SURVEY

Pamela Fancey, Glenda Hawkins, Janice Keefe and Brigitte Neumann

More than two million Canadians aged 45 and over provide care to seniors with a long term health problem, many of whom are employed. While national data sets are informing, they often do not provide sufficient sample for analysis by province, such as Nova Scotia. One component of the Healthy Balance Research Program is a telephone survey to better understand the relationship between caregiving and health, family life and employment for Nova Scotians.

The paper presents a portrait of caregiving in Nova Scotia including socio-demographic characteristics of caregivers, relationship to receiver, type and extent of care, and availability of support network. Select variables will be compared with regional and national level caregiving data to understand any distinctiveness among Nova Scotia caregivers and rationale for any difference discussed. Analyses of an early sample indicate that the majority of caregivers are women, married and Canadian born. More than 60% are over the age of 45 and more than half are employed. These results suggest similarities with national data, however differences may emerge when examining income and health variables.

Since home care policies to support caregivers are under provincial jurisdiction, understanding unique differences in caregiving populations will be useful for policy planning.

TAKING ITS TOLL: THE INFLUENCE OF PAID AND UNPAID WORK ON WOMEN'S WELL-BEING

Martha MacDonald, Shelley Phipps and Lynn Lethbridge

This paper examines gender differences in the impact of paid and unpaid productive activities on well-being. Using recent Canadian data, we examine the time spent by prime-age women and men (25–54) on paid work, childcare, elder care, household work, volunteering, and education, and then assess its impact on stress and work-life balance. Using multivariate analyses, we show that women's greater hours of unpaid work contribute to women experiencing more stress than men, and of that work, hours spent on elder care and housework are more stressful than those spent on childcare. We also examine the influence of job characteristics and spouses' paid and unpaid work time on stress. Neither spouse's unpaid work nor most job characteristics alleviate stress, once work hours are controlled. However, the evidence suggests that women, more so than men, use strategies such as self-employment to improve work-life balance.

FINANCIAL REPERCUSSIONS OF CAREGIVING: SUPPORTIVE POLICIES THROUGH THE TAX AND TRANSFER SYSTEMS

Brigitte Neumann

Women take on caregiving roles for a variety of reasons, often without a clear understanding of the short and long term financial repercussions. Measures to enhance women's economic security can alleviate these negative outcomes. The Healthy Balance Research Program has undertaken to highlight the joint impact of the tax system and the income supports available to caregivers and to emphasize the importance of examining the total effect of various tax and transfer measures on individual recipients. Women are disadvantaged by many of the supports in their current form. Reasons for the continued disparity for men and women include lower pay for women throughout the life course. That pay differential is particularly associated with marriage and motherhood in the prime working years, and is exacerbated for those 9% of women who retire early to take on caregiving of elders. As more and more women of the baby boom generation enter the "retirement years", we will find more and more women with serious problems in retirement income due to irregular labour force participation patterns and lower incomes throughout their lives. This paper examines the complex interplay of tax and income support measures and suggests ways of creating a more equitable approach to supporting caregivers.

ASSUMPTIONS WE MAKE IN PROVIDING SUPPORTIVE SERVICES: THE EXPERIENCE OF FAMILY CAREGIVERS

Robin Stadnyk and Brenda Beagan

What kinds of assumptions do policy makers and service providers make about family caregivers? How do these assumptions impact on the way that services are delivered to, and experienced by, family caregivers? Previous literature has contributed gender and policy analyses of home caregiving issues. This paper adds to that knowledge by grounding its critical analysis of policies and services in the experiences caregivers in diverse contexts.

The data for this paper comes from the Caregiver Portraits project, which involved in-depth interviews and participant observation of fourteen women's everyday experiences of home caregiving and support services. Participants were from lesbian, first nations, African Nova Scotian, disability, immigrant, urban and rural communities in one Canadian province. This paper focuses on the experiences of the six participants who were caring for elderly persons.

This paper presents a brief overview of the supportive services available to caregivers, and then shows, through the experiences of participants in our study, the often invisible assumptions upon which those services are based. Assumptions that support services make about caregivers' time use, trust,personal responsibility, and availability figure prominently in the participants' stories. These assumptions disadvantage some caregivers and create barriers to service use.

WOMEN CARING FOR ELDERLY FAMILY MEMBERS: "WHAT COULD BE MORE SATISFYING, OR MORE MEANINGFUL, OR MORE DUTIFUL THAN LOOKING AFTER YOUR OWN MOTHER?"

Brenda Beagan, Barb Hamilton-Hinch, Charlotte Loppi, Judy MacDonald, Nancy MacDonald and Robin Stadnyk

This paper explores the positive and negative impact of informal caregiving on 6 women who were part of a larger qualitative investigation with 14 women caregivers in Nova Scotia, one of Canada's Eastern-most provinces. Each of these 6 participants provides care to an elderly person she considers family. We conducted at least three interviews with each caregiver, and (when appropriate) one with other family members and/or with the recipient of care. We conducted approximately 24 hours of participant observation with each caregiver in her usual environments. The 6 women include 1 African-Nova Scotian; 1 woman with disabilities; 1 lesbian; 1 immigrant woman; 1 White able-bodied urban woman; and 1 White able-bodied rural woman. Not all of the women experienced negative health impacts of caregiving, nor did all of the women experience positive impacts. The implications for women's well-being varied in part by relationship with the care recipient and with others in the family, as well as by the woman's own identification with the caregiver role.

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SUCCESSFUL AGING "ENHANCING PHYSICAL & MENTAL HEALTH THROUGH WELLNESS PROGRAMMING"

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Delegates will hear and learn how specifically designed and professionally delivered Wellness programming (i.e.) Fitness & Strength Training programs, challenging intellectual programming and other social activities have conclusively been shown to significantly improve an older adults physical and mental health.

This workshop involves lecture and participation. Attendees will leave with the “tools” needed to design their own wellness program, either for an older adult population they may be working with or for their own personal “Successful Aging” program.

1) What types of exercise are best for older adults and how to design and implement an effective exercise program. The importance of strength training will be emphasized.

2) Recognize the multi dimensions of mental programming- its not just Bingo! Attendees will be able to list examples and create new programs.

3) Build an exceptional Wellness Program when funds and/or space are limited.

Target audience

The intended audience for this workshop is for beginning - intermediate.

Recommended attendees are Independent Living and or Assisted Living administrators, programmers, recreation staff and fitness trainers.

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THE HEALTH CARE CONSENT ACT (HCCA-SP)AND SUBSTITUTE DECISIONS ACT (SDA-SP)OF ONTARIO : WHAT HAVE WE LEARNED IN TEN YEARS?

Judith Wahl, LLB, Advocacy Centre for the Elderly

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The SDA and HCCA together form the legal framework that governs decision making, health care consent, and capacity issues in Ontario. This legislation came into effect in 1995. How has this legislation impacted on the older population? How has this legislation affected practices of physicians, social workers, other health providers, other service providers in interacting with older adults? Is the approach to mental capacity and capacity assessment as outlined in the legislation adequately reflect present knowledge and experience? Do health and social service providers use the legislation appropriately? Are there problems in respect to implementation and why do these problems still exist after ten years? Is there need for reform of this legislation, based on the lessons learned in practice? Does this legislation succeed in balancing autonomy and protection or does the experience show that it fails to meet the needs of older adults at risk? This workshop will include presentations and discussion of these issues from the perspective of a geriatric psychiatrist working in the community, a lawyer who represents seniors in proceedings under this legislation, and a representative from the provincial public guardian and trustee's office that acts as a last resort decision maker for incapable persons

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“MEDICAL AND LIFESTYLE STRATEGIES FOR THE PREVENTION OF COGNITIVE DECLINE: A RESEARCH UPDATE."

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Recent epidemiological studies suggest that lifestyle and medical factors may influence the risk of our developing memory loss, cognitive decline, and even dementing illnesses like Alzheimer's disease. This lecture/discussion will highlight the central elements researchers have identified that may contribute to our maintaining cognitive fitness and reducing the risk of dementia as we age.

The talk will review the positive impact on cognition that studies are finding for mental activity, physical fitness, healthy nutrition, and social connectedness. It will also explore the deleterious role that is increasingly being identified for such factors as hyperlipidemia, hypertension, obesity, diabetes, and smoking.

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THE GENTLE PERSUASIVE APPROACHES (GPA) PROJECT: A STANDARDIZED CURRICULUM TO TEACH PERSON-CENTRED BEHAVIOUR MANAGEMENT TO FRONT-LINE STAFF IN LONG-TERM CARE

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Residents of long-term care facilities who have dementia can express responses to unmet needs (i.e., responsive behaviours) in a catastrophic manner. Often, front-line staff are not well prepared to predict or respond appropriately to responsive behaviours because of the lack of training they receive in behaviour management. Without proper training, the inappropriate response techniques that staff use may have a pervasive and profound negative impact on both residents and staff. This workshop will describe a collaborative project focused on the development and evaluation of a dementia-specific training program - The Gentle Persuasive Approaches (GPA) curriculum. Guided by a person-centred care philosophy, the GPA is designed to teach front-line staff how to respond in appropriate and respectful ways to responsive behaviours of an escalated nature. This workshop will describe the key components and method of delivery of the curriculum and provide a demonstration of training techniques used in the program such as experiential exercises and guided role play. In addition, it will describe the results of an evaluation study undertaken to assess the impact of the GPA curriculum on front-line staff. In the evaluation phase of the project, the GPA curriculum was piloted three times in each of seven long-term care settings randomly selected from all long-term care facilities in Central South and Central West, Ontario. A total of 205 front-line staff from a range of departments participated in the curriculum. Both quantitative and qualitative data collection strategies were employed pre-training, immediately post-training and at six week follow-up. The results of the data analyses suggest that educating staff about responsive behaviours and providing them with specific strategies for responding appropriately to these behaviours will expand the skill repertoire of staff, increase their sense of competency and confidence in responding to behaviours, and help them build a stronger sense of teamwork.

Theme: WORK, RETIREMENT AND GENDER

Chairs: Aine Humble and Claudine Auger

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PUSH AND PULL FACTORS AFFECTING THE RETIREMENT DECISION

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The policy objective was to examine ways in which changes to the retirement decision (1) can improve the retirement income of low earners and (2)can extend the work lives of highly skilled workers. Policy analysis is based on data from the labour market survey and the Census. The results show that there is some increase in the numbers of older workers who continue to work beyond the age of early retirement and age 65. However, the retirement patterns vary by gender, income and occupation. There are push as well as pull factors affecting the retirement decision. Highly skilled workers in certain sectors tend to retire early and it appears that they trade off future earnings for leisure. Low income workers without pension benefits may not substantially improve their retirement income with additional years of work. Women may retire for family reasons such as care responsibilities or because the spouse has retired rather than economic reasons. The reasons for retirement of low earners and high earners are likely to be different with a different balance between push and pull factors. Therefore, policy experience with partial retirement and incentives through the tax system is mixed.

009

INADEQUATE INCOMES: WOMEN WHO ARE SEPARATED/DIVORCED IN RETIREMENT

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This SSHRC funded study documented the circumstances associated with the retirement income of separated and divorced older women. Also addressed are the effects of income on their health and well-being. 60 women interviewed in Hamilton, Toronto and Calgary who are separated or divorced in retirement were interviewed using a guided interview schedule. The interviews varied from one to two hours and analyzed using computer assisted technology (NVIVO). The results have shown that women who are separated or divorced indeed are living on minimal incomes. Retirement planning appears to have been neither available nor successful. As a consequence incomes are low, health and well-being is poor. In addition, a troubling discovery is that these women were not aware of their entitlements when it came to public pensions. Thus, many women were not receiving the incomes they are entitled to. However, even when all public sources of income are attained these women continue to find themselves in low economic income situations. Much more attention needs to be given to women who are divorced and separated. Public pension policies need to address the inconsistencies of pension credit-splitting as well as how we ensure all Canadians received the public pensions they are entitled to.

010

CANADIAN PENSION POLICIES FORGOTTEN CITIZENS: WOMEN WHO ARE SEPARATED/DIVORCED IN RETIREMENT

Kathy McKnight, Box 116, Burford, ON, N0E1A0, (*kathy.mcknight@sympatico.ca*), Tel: (519) 449-2695

This dissertation study examines Canadian public pension policy and its relation to older women, in particular older women who are separated/divorced in retirement. This mixed method study uses focus groups and secondary data analysis to examine the incidence of poverty in older women who are separated and divorced, as well as to understand how the current policies impact their living conditions. An analysis of the current Canadian pensions system, including a comparative analysis with Australia, Sweden and the United States will generate guidelines for policy reform with women in mind. Focus groups will ask older women, who are separated/divorced in retirement, to discuss the current pension polices and to comment on the proposed guidelines for reform. This data will be analyzed using a grounded theory approach to form a theory to enable us understand the impact of pension policy and the reforms needed. Next, using data from the SLID, the Canadian census and the GSS (17), analysis will further our understanding of this important issue by mapping the circumstances of women in Canada that contribute to low retirement incomes. From this research recommendations for appropriate policy directions will be generated to eradicate the inequality in our current public pension system.

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GENDERED AGEISM/AGE(ED) SEXISM: THE CASE OF UNEMPLOYED OLDER WORKERS

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As is the case with sexism, ageism encompasses both negative attitudes and behaviours and has been identified as a significant issue for older workers. Yet, relative to sexism very little is known about the mechanisms through which ageism is manifested in paid work environments. We know very little about whether older workers are discriminated against, whether they are harassed on the basis of their age, whether they are patronized, or considered invisible. Even less is known about how ageism is gendered or how sexism is age(ed). In order to better understand this relationship, this paper draws on qualitative data from unemployed older workers (n=30) to examine how gender and age relations mutually constitute one another through ageism and sexism. Findings suggest that the search for employment occurs within a specific gendered and age(ed) context and thus barriers are in place that put older women at a disadvantage in their search for employment. We conclude that the lived experiences of being female in a male-centred labour market with unequal processes of production, reproduction, and distribution cause women to experience challenges throughout the life course that translate into heightened inequalities in later life employment.

Theme: DEMENTIA: RISK FACTORS AND LOGITUDINAL STUDIES

Chairs: Holly Tuokko and Heather Cooke

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EXPECTATIONS AND ALZHEIMER DISEASE: FINDINGS FROM A PILOT STUDY

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Objectives: Examination of the existing literature in respect of health expectations revealed relatively little work relating to how abstract theories of expectancy in the psychological literature might be utilized in empirical research into the influence of expectations on attitudes and behaviours in the real world. This paper presents a conceptual model for the development of health expectations, with specific reference to Alzheimer disease.

Method: Case study of a person with newly diagnosed early stage Alzheimer disease, with her caregiver.

Outcome: Our model envisages the development of a health expectation as incorporating several longitudinal phases (precipitating phenomenon, prior understanding, cognitive processing, expectation formulation, outcome, post-outcome cognitive processing).

Conclusion: Expectations are an important but relatively poorly understood phenomenon in relation to the experience of health and health care. We present a pragmatic conceptual model designed to clarify the process of expectation development, in order to inform future research into the measurement of health expectations and to enhance our understanding of the influence of expectations on health behaviours and attitudes.

013

USING DURATION OF MEMORY LOSS TO IMPROVE DIFFERENTIATION OF MILD COGNITIVE IMPAIRMENT FROM NORMAL COGNITION

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Mild cognitive impairment (MCI) may be an intermediate stage between normal cognition (NC) and dementia in seniors. However, neuropsychological tests are unable to diagnose MCI accurately. This study examined the usefulness of combining duration of memory loss with scores on the AB Cognitive Screen (ABCS) to improve its ability to distinguish between MCI and NC.

Retrospective chart analysis of patients assessed at a geriatric outpatient memory clinic in Southcentral Ontario included receiver operator characteristic (ROC) curves and binary logistic regression. NC participants were family and friends of MCI participants without self-reported memory loss. Of 230 participants 81 had NC, 149 had MCI, 58% were female, and mean age was 77.8 years, (95% CI 76.9-78.8). ROC analysis found combining ABCS total score and duration of memory loss to produce greater sensitivity and specificity (Area under the curve [AUC] = 0.798) than the ABCS (AUC = 0.662), Standardized Mini-Mental Status Examination (SMMSE) (AUC = 0.528) and SMMSE combined with duration of memory loss (AUC = 0.707) in identifying MCI versus NC participants.

Including a weighted estimate of duration of memory loss in combination with total ABCS scores significantly improves the ability of the ABCS to differentiate between MCI and NC.

014

ATELIER

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Objectifs:

1- Sensibiliser les professionnels de la santé aux manifestations cliniques du delirium et leurs répercussions chez la clientèle âgée.

2- Présenter différentes stratégies de soins infirmiers non pharmacologiques permettant un soutien au traitement médical du delirium. Discussion au sujet de stratégies appliquables cliniquement

3- Présentation de quelques cas et discussion interactive afin de voir l'application de ces stratégies.

Méthode: Présentation théorique et discussion interactive basées sur histoire de cas.

En soins de longue durée, il est fréquent de rencontrer une désorganisation de la pensée chez les personnes fragilisées au plan physique et cognitif dans un contexte d'atteinte physique ponctuelle. L'agitation, la désorientation et même des modifications de l'humeur sont alors manifestées. Il est particulièrement éprouvant, tant pour l'équipe soignante que pour la famille, de voir ainsi la personne se désorganiser, perturbant la communication des émotions et empêchant ainsi l'expression même des besoins base. Comment entrer alors en contact avec la personne altérée congnitivement, en delirium? Comment interagir pour permettre une amélioration potentielle de son état? Comment, en tant qu'infirmières, nos activités de soins peuvent venir appuyer le traitement médical en cours et éviter que la personne se dégrade ou souffre de déconditionnement secondaire. Ces différentes stratégies qui sernt présentées ont pu démonter leur efficacité dans plusieurs contextes gérontologiques vécues par l'auteur.

Les différentes découvertes cliniques des dernières années nous permettent d'entrevoir une voie de communication qui nous donne accès à la personne âgée: c'est ce que cette séance tentera de vous présenter.

015

PSYCHOSOCIAL FACTORS THAT ARE ASSOCIATED WITH THE RISK OF DEVELOPING DEMENTIA: RESULTS FROM THE AGING IN MANITOBA (AIM) LONGITUDINAL STUDY

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Background: With the aging of the population of Canada, dementia has become an important health issue. Despite the large body of literature on psychosocial risk factors of dementia, the results are not consistent and much has still remained obscure.

Methods: We used linked AIM and provincial health administrative data for a disease free cohort of seniors who participated in three consecutive waves of the AIM study to investigate the association between education, marital status, income, leisure activities, and social contacts and the risk of developing dementia over time.

Results: Low education, not being married, and having less mental leisure activities and low level of social contacts were significantly associated with increased risk of developing dementia.

Conclusion: These results emphasize the importance of increasing facilities for leisure activities and socialization of seniors to prevent dementia. Moreover, unmarried seniors and those with low education should be the target of dementia screening programs.

Funding Source: Manitoba Medical Service Foundation

016

CHRONIC DISEASES AND CONDITIONS THAT ARE ASSOCIATED WITH INCREASED RISK OF DEMENTIA: RESULTS FROM THE AGING IN MANITOBA (AIM) LONGITUDINAL STUDY

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Background: With the aging of the population of Canada, dementia has become an important health issue. Many chronic diseases have been proposed as risk factors of dementia; however, the results are not conclusive.

Methods: We used linked AIM and provincial health administrative data to identify incidence of dementia among a cohort of participants in the AIM study. Hierarchical logistic regression was used to investigate the association between a number of chronic diseases and risk of developing dementia over time.

Results: After controlling for demographics, socio-economic status, health behaviors, and lifestyle, hypertension [OR=1.93 (1.35-2.75)] among the youngest old and heart diseases [OR=1.61 (1.14-2.28)] and anemia [OR=2.43 (1.24-4.77)] among the oldest old cohort were significantly associated with increased risk of dementia.

Conclusion: Our results support the role of cardiovascular diseases in the development of dementia and suggest the control of cardiovascular diseases for prevention of dementia.

Funding Source: Manitoba Medical Service Foundation

017

EXPLORING THE ACCEPTABILITY AND FEASIBILITY OF CONDUCTING A LARGE, LONGITUDINAL POPULATION-BASED STUDY ON AGING IN CANADA

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In recent years, a number of long-term, complex, population-based studies have been undertaken around the world. Despite this, there are few empirical data on the factors that influence the decision to participate or not participate in studies that place relatively high demands on individuals over a number of years. As part of a series of developmental studies for the Canadian Longitudinal Study on Aging (CLSA), focus groups of Canadians 40 years and older were conducted in six centers across Canada to explore: (1) attitudes towards providing health, psychosocial, lifestyle and biological data in a 20-year longitudinal study; (2) views on willingness to participate, response burden and data collection, including providing biological samples, and (3) beliefs and attitudes around privacy issues associated with data collection and storage. Results are organized around recurrent themes identified by participants. Based on the findings, recommendations are made regarding longitudinal study design elements which could improve the experience of participants, resulting in increased recruitment and retention. Results of this study will be used to help design the CLSA, but are also readily applicable to other longitudinal studies, particularly those with older participants. Study funded by CIHR.

Theme: ACTIVITY, PARTICIPATION AND FUNCTION

Chairs : Elaine Gallagher and Aleksandra Zecevic

018

MEASURING 'HOW' PERSONS WITH DEMENTIA PERFORM ACTIVITIES OF DAILY LIVING.

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Objectives: The objective of this paper is to introduce a measure of activities of daily living that will enable caregivers to build on remaining skills in persons with dementia

Method: Five funded studies examining the reliability, validity, responsiveness and clinical utility of measure will be presented.

Results: Data supporting the psychometric properties and clinical utility of the measure will be presented.

Conclusion : The Functional Performance Measure is reliable, valid, responsive and clinically useful observation measure of occupational performance in activities of daily living.

Funding: Alzheimer Society of Canada, NHRDP, Scottish Rite Foundation, Health and Welfare Canada.

019

LONGITUDINAL STUDY OF FUNCTION IN ELDERLY PATIENTS AFTER HOSPITALIZATION: PILOT RESULTS

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Objective: To describe ADL function and community ambulation of patients admitted to an acute care for elders unit (ACE) and explore relationships between walking ability and balance at discharge with function 3-months later.

Methods: Prospective study. Cognitively intact men and women were followed 3-months after discharged to their home. In hospital, patients performed the timedup-and-go [TUG], 2-minute walk [2MW]) and balance tests. ADL was assessed using the functional autonomy measurement system (SMAF) while community ambulation was assessed using the life-space diameter (LSD) and Ambulatory Self-Confidence (ASCQ) questionnaire.

Results: During hospitalization subjects (age 83.4+/-5.4) had impaired walking speed (TUG 29.5+/-17.4seconds) and endurance (2MW 62.4+/-25.8meters) and 37.5% had moderate/sever balance problems. At 3-months most subjects had considerable disability (SMAF score -11.7+/-6.9) and handicap (SMAF score -1.7+/-1.8), tended to stay in their neighbourhood (LSD score 3.4+/-0.8) and had a relatively low confidence for community ambulation (ASCQ score 6.9+/-2.1). Disability, handicap, community ambulation and confidence were moderately correlated with TUG time (r>.3) but not balance or walking endurance.

Conclusion: Elderly patients with impaired ambulation and balance during hospitalization required supervision and/or help with ADL and stayed close to home 3-months post discharge. Walking speed may be a good measure to predict ADL and community ambulation.

Funding Source: Vancouver Coastal Health - In it for life

020

PARTICIPATION AFTER STROKE COMPARED TO NORMAL AGING

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Stroke may lead to restrictions in participation in daily activities and social roles. Aging itself may also lead to a decline in these areas. The objective of the study was to compare participation of people who had had a stroke with that of healthy older people. Participation of 46 people with stroke and 46 healthy people matched on age, sex and living environment was estimated with the Assessment of Life Habits (LIFE-H). Scores of healthy subjects did not reach the maximum value (9/9) on the LIFE-H, their mean scores varying from 6.3 to 8.6, depending on the category. These scores were higher than those of participants with stroke for all categories (scores from 3.9 to 6.5; p values 0.002 to < 0.001), except interpersonal relationships (score of 7.8 vs. 8.0), where no significant difference was found (p = 0.49). Disruption in participation after stroke was greater in the LIFE-H daily activities categories. Comparison of the two groups suggests that part of the reduction in participation after stroke is attributable to normal aging and not entirely to the stroke itself. This should help to focus interventions on activities and roles in domains where disruption is really attributable to stroke.

Study funded by CIHR

021

INDIVIDUALIZED GOALS IN GERIATRIC REHABILITATION: CORRESPONDENCE TO THE ICF

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The complexity of clients in geriatric rehabilitation necessitates a broad and flexible framework to guide assessment and outcome measurement. The objective of the study was to evaluate the correspondence of individualized goals in geriatric rehabilitation to the World Health Organization's International Classification of Functioning, Disability and Health (ICF). Individualized goals were identified for clients admitted to geriatric rehabilitation programs in London, ON and Halifax, NS. A multi-disciplinary team set goals in conjunction with clients and families using Goal Attainment Scaling (GAS) (Kiresuk & Sherman, 1968), in which goals are identified and scaled using five-point individualized scales. Most goals related to mobility or ambulation, corresponding to the activities and participation component of the ICF. Other common goals included bowel/bladder function, discharge planning and cognition; their correspondence to the ICF will be discussed. Assessing individualized goals of clients in geriatric rehabilitation sheds light on the aspects of functioning and disability most relevant in this setting. The ICF and GAS are both attempts to ensure that clinicians consider goals that are meaningful to clients. GAS has potential as a flexible, client-centred method to evaluate outcomes identified as important in the ICF that may not be well-captured by standardized scales.

022

THE RELATIONSHIP BETWEEN DIFFERENT TYPES OF ACTIVITY AND WELL-BEING AMONG THE OLDEST-OLD

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Research indicates that participation in both physical activity, as well as leisure activity that is not explicitly physical in nature, such as social activity, is positively related to psychological well-being. Few studies, however, have investigated these relationships among very elderly individuals. The objective of the present study was to examine the association between different types of activities and well-being in a sample of individuals ranging in age from 80 to 101 (N=100, mean age=85.8). Participation in a wide range of activities was assessed, with activities subsequently grouped as physical (e.g., housework, sports), social (e.g., visiting friends, social group), and sedentary-solitary (e.g., reading, crafts). Well-being was measured with a 12-item happiness scale (SHARP), and a 10-item depression scale (CES-D). Controlling for age, gender, and self-rated health, both physical activity and social activity were related to happiness when each was analyzed separately. However, the effect for physical activity disappeared when social activity was simultaneously entered into the regression model. Participation in social activities, but not physical activities, was also related to less depression. Sedentary-solitary activity was not related to either happiness or depression. These findings corroborate previous research on the importance of social activity for seniors' psychological well-being, including the very elderly.

Theme: UNDERSTANDING CULTURAL CONTEXT OF ELDERLY PERSONS

Chairs: Daniel Lai and Heather Lambert

023

PARTNERING WITH AN ABORIGINAL GRANDMOTHERS GROUP TO DEVELOP CULTURALLY RELEVANT ASSESSMENT PROTOCOLS FOR A RURAL AND REMOTE MEMORY CLINIC

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In a recently established multidisciplinary Rural and Remote Memory Clinic, a culturally appropriate assessment protocol was developed for Aboriginal adults referred from rural and remote regions. This development work was facilitated through a partnership with an Aboriginal Grandmother's Group affiliated with the Saskatoon Community Clinic. The group, composed of 3 Aboriginal grandmothers representing diverse ethnic identities, geographical backgrounds, and ages, participated in 6 focus group discussions over a period of 8 months. Goals of the partnership included development of culturally appropriate clinic procedures, revision of assessment protocol to reflect Saskatchewan Aboriginal identity and experience and to facilitate accurate diagnosis, and cultivation of a culturally-based understanding of dementia for Aboriginal persons. The focus groups were transcribed and analyzed according to Luborsky's thematic analysis (1994). Key findings include the experience of family and caregiving roles in dementia, the importance of incorporating humour and colour into neuropsychological assessment tools, and the identification of appropriate translation procedures for the Rural and Remote Memory Clinic. The clinic protocol and assessment materials were significantly modified as a result of this successful partnership.

Shawnda Lanting is a recipient of the Public Health in Agriculture and Rural Ecosystems Training Fellowship, a training initiative of the CIHR.

024

UNDERSTANDING AGING HOLOCAUST SURVIVORS: AN EVOLVING CONCEPTUAL FRAMEWORK

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Holocaust survivors and their families have been studied and the focus of numerous research projects ever since they were liberated in 1946. The epistemology of the time and the theoretical frameworks of the professions involved limited early studies. This paper will follow the changes in methodological approaches; social constructs and studies as they pertained to Holocaust survivors in the post war years. It is only in the last decade, when the survivors have all reached the final phase of their lives, can they be understood within their respective social, historical and individual perspectives within their life course. The challenge is to deal with the complexity of whole lives in context. The discussion will present a rationale for considering survivors' through the lens of a life course perspective and a critical gerontological paradigm. Before the last of the Holocaust Survivors passes away, there remains a unique window of opportunity to build upon the existing literature and to further study, learn and understand. Approaching the study of aging Survivors in the context of a life course perspective may also further illuminate the issues and challenges for survivors of subsequent genocides.

025

RESEARCH AND DEVELOPMENT OF A HEALTH PROMOTION PROGRAM FOR THE EDERLY IN RURAL THAILAND

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The objectives of the study are 1) to research and develop a health promotion program for the elderly through collaboration between the investigators and health-center staffs at sub-district level in Thailand 2) to promote good physical and mental health for the elderly at sub-district level in Thailand so that they can be healthy and able to take care of themselves and 3) to promote and develop health centers at sub-district level to become main supporters in health promotion for the elderly. This study employed an action research design to assess the effectiveness of community-based interventions in implementing a health promotion program for the elderly and qualitative techniques were used. Two health centers covered 300 elderly people at two sub-district levels in Kanchanaburi province in Thailand were selected. Through the use of a systematic approach and attentive evaluation, the health promotion activities found to be appropriate and responsive to the demand of the elderly in the two sub-districts. The results in the first stage of the study showed that most of elderly people satisfied all activities and had good attitudes toward the program. They wanted to prolong the program and needed not to change any activities. The main outcomes of the program were the setting up "an elderly group" at the two sites. This indicates the empowerment of the community and the local administration offices at both sites will provide financial support for the program in the next year.

026

CENTENARIANS IN BARBADOS: SOCIAL AND DEMOGRAPHIC CHARACTERISTICS AND ASSOCIATED POTENTIAL INFLUENCES IN EXTREME LONGEVITY

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Objectives: To describe the population of centenarians in this developing Caribbean nation having a high prevalence of those living past the century mark, which may contribute to explaining possible factors associated with the extreme longevity of this national, census-based, culturally unique cohort.

Method: Inclusion in the study was based on the respondents' scores from a cognitive screening instrument along with the interviewer's assessment of their ability to complete the interview and the availability of an auxiliary or proxy informant. Survey interviews were conducted in the residences of both community-based and institutionalised centenarians, and in-depth qualitative interviews were carried out with those who were deemed cognitively able to do so.

Results: Significant gender differences were noted in the context of the socio-demographics of the respondents while comprehensive levels of available social support were identified in the case of both sexes.

Conclusions: The findings indicate that in the context of century-long survival, marriage may be more beneficial for men than for women, a long employment span may contribute to longevity, particularly for women, and a comprehensive social resource base may play a role in improved coping strategies and life satisfaction which may also serve to enhance longevity.

027

5 YEARS: WHAT A DIFFERENCE

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Objective and Method: The Fredericton 80+ Study has started collecting data for its second cohort born in 1923 (N=246 participation rate 19%). The first cohort was born in 1918 (N=149 participation rate 23%). The recruitment strategy for both cohorts was identical and participants were interviewed in their 80th year.

Result: Based on the demographic profile of the two groups of participants, there are substantial differences between them. In cohort 2, fewer participants live in rural areas and in self-contained houses. Also a substantial number of participants in cohort 2 are afraid to go out at night, while for cohort 1 this number was small. Almost 20% fewer participants have an educational level of grade 12 or less in cohort 2. In cohort 1, 52% reported an income less than $20,000 while in cohort 2 this number dropped to 28%.

Conclusion: In this paper we are going to examine the reasons for the change in the demographic profile of the study cohorts. Are the changes due to the recruitment strategies? Are they due to the higher number of urban dwellers participating in the study? Or are they due to historical factors of the people's time of birth?

Funded: CIHR MOP # 49569

Theme: HOME CARE

Chairs: Mark Rosenberg and Kristine Votova

028

AN EXAMINATION OF CHANGES IN HOME CARE USE IN EASTERN CANADA

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The focus of home care service provision is changing to acute care substitution. As a result the patterns of utilization need to be examined to assess policy changes and support future policy direction.

The goal of this presentation is to examine the utilization of government supported home care services in Eastern Canada. This presentation will explore changes in the use of individual home care services, the profile of home care users and the predictors of home care utilization over a five year time period.

Analysis of the 1996/97 National Population Health Survey and 2000/01 Canadian Community Health Survey revealed that the proportion of Eastern Canadians aged 45 and over receiving nursing services increased by 14% between 1996 and 2001, while the proportion receiving homemaking services declined by a similar amount over the same period. Home care users differ over time in regards to age, income, staying overnight in a hospital or institution and consulting with a family doctor. The implications of these changes in utilization for home care clients, caregivers and health human resource planning will be presented. Funding for this research was provided by the Nova Scotia Health Research Foundation and the Healthy Balance Research Program.

029

THE MECHANICS OF POLICY CHANGE: HOME CARE HISTORIES IN THREE PROVINCES, 1985-2000.

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This study concerns home care policy evolution. Demographic realities suggest that the policy paths of public home care must shift direction if programs are to adequately meet the needs of the frail elderly and their carers in future decades. But escalating medical costs drive policy toward increased medicalization and correspondingly, reduce support services. Predictably, the consequences will include an expanded gap between elder client need and service availability, unprotected marginalized seniors, little regard for social aspects of health and caregiving, and at-risk collective responsibility.

How did we get from there to now? How does policy evolve over time? The history of policy-making in three provinces is analyzed using a comparative analysis and neo-institutional framework. The findings: policy characters are defined by their first action, and usually evolve by incrementally. New directions are forged rarely, only when (a) powerful government actors commit (b) to a larger change agenda (c) that includes home care and (d) ensures satisfaction of governments, physicians and hospitals, i.e. the health care sector elite.

Home care policy evolution reflects short term vision, subordinated needs of seniors, caregivers, domestic labour and social health. If future policy-making replicates, the findings are relevant, timely and offer an aid to strategic thinking for advocates of the frail elderly.

Funding: NSHRF and HBRP

030

THE IMPACT OF ONTARIO'S HOME CARE RESTRUCTURING ON THE RETENTION OF HOME CARE WORKERS

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Over the past decade, virtually every province in Canada has reformed its home care system. In 1997 Ontario implemented a managed competition system under which both for-profit and non-profit care providers compete for contracts to provide nursing, home support and therapy services. This paper addresses the impact of the shift to managed competition on turnover and the propensity to leave for home care workers in a mid-sized city in Ontario. Data come from two sources: information on turnover from three home care agencies for the years 1997-2002, and a survey of 834 home care workers reported having worked in home care prior to restructuring in 1997. The study shows that over 50% of home care workers left their agencies during the five year period. For those who remained factors related to the propensity to leave their agency included a number of factors associated with the restructuring of home care including a shift to a business focus, staff shortages, work intensification, fewer resources, job insecurity, dissatisfaction with pay and fewer hours worked per week.

031

TRANSCENDING PUBLIC-PRIVATE: NARRATIVES OF NON-PROFIT AND FOR-PROFIT PROVIDERS OF LONG-TERM CARE IN RURAL ONTARIO

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This paper contributes to the current debates on public versus private provision of long-term care by addressing the distinctive challenges, constraints and opportunities facing non-profit and for-profit caregivers in rural places. Specifically, we present narratives of in-home providers in rural Ontario, where extensive restructuring of long-term care, under the rubric of managed competition, has been underway since 1997. In-depth interviews with 72 key-informants from local governments, public health institutions and authorities, non-profit and for-profit provider organisations, community groups and volunteers form the platform for the analysis of the implications of managed competition as it relates to the provision of long-term care in the countryside. The results suggest that despite different strategies for coping with long-term care restructuring, both non-profit and for-profit providers are struggling to reconcile the uneven development of health services in rural areas with the downloading of responsibilities for direct service provision. We contend that the long-standing issues of caregiving in rural situations transcend the differences between non-profit and for-profit provision, and that understanding the changing nature of long-term care in the countryside requires a re-focussing of research beyond the public-private dimension. The research is funded by CIHR, CHSRF and SSHRC.

032

NAVIGATING HOME CARE: ADJUSTING CARE MANAGEMENT TO AN EMPOWERING PARTNERING APPROACH

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Prolonged home care case management may undermine clients' potential for involvement in care. This evaluation of client-driven care management compares the costs of offering clients three options for care management. Data from 279 clients indicated that seniors (72.2%) and adults with disabilities (59.7%) were most likely to choose brokerage case management. Seniors were equally likely to opt for integrated team (13.2%) or consumer-managed (14.6%) approaches, while adults with disabilities (aged 18-64 years) were more likely to choose consumer-managed care (32.8% versus 7.5%). Across the three approaches there were no significant differences in age or functional independence, suggesting that choice, not physical status, was important. Regression analyses revealed that changes in clients' costs/month did not differ across the three approaches, except that clients most involved in care management had lower increases in costs. Researchers concluded that adjusting care management to create more empowering partnering with clients does not affect costs.

Theme: FAMILY CAREGIVING

Chairs: Neena Chappell and Sherry Ann Chapman

033

FAMILY/FRIEND CARE NETWORKS AT THE INTERFACE: IS FORMAL SUPPORT A SUBSTITUTE OR COMPLEMENT?

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Caring for persons with long term illnesses is an increasingly important policy issue, in part because of growing pressures from the 'demography of dollars' (more frail older adults coupled with government cost containment) in acute and community care. Part of the debate about public involvement in caring for frail seniors, and/or supporting their family/friend caregivers, revolves around the question of whether care provided through publicly funded programs substitutes for, or complements, care provided by family and friends. In this paper we investigate whether there is evidence for substitution or complementarity of care resources, and whether the type of care network in which the frail senior is embedded predicts use of formal supports.

Our sample, drawn from Statistics Canada's 2002 General Social Survey, comprises 2597 respondents aged 65+ who received care because of a long term health problem or disability. Using cluster analysis we created family/friend care network typologies based on

network size and composition characteristics. Evidence from subsequent cross-tabular and multivariate analyses showing that type and amount of family/friend care varies by care network type but only health predicts the amount of formal care provided, suggests that family/friend care is a complement to rather than a substitute for formal care.

034

CARE EXPECTATIONS: MULTIPLE VOICES IN THREE-GENERATION FAMILIES

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Social and demographic changes have altered multigenerational family life and raised questions about the provision of care to family members. With few exceptions (Matthews, 2002), scholars have explored caregiving from the vantage point of the caregiver or care receiver and, less often, the caregiver-care receiver dyad. The circumstances of caregiving relationships are the outcome of family dynamics that are rarely explored. Understanding the ongoing negotiations that lead to a particular outcome at a given point in time enhances our understandings of family relationships and the surrounding societal context. An important starting point is appreciating the extent to which family members have similar views and expectations about who will provide care if it is needed. Using qualitative data from a study of 10 multigenerational families (n=86), we examine multiple voices from the same families, concerning who would provide care to various family members and why. Perceptions of individual responsibility, definitions of desirable and accessible arrangements, relationship history, geographic proximity, marital status, care history, employment status and type are raised as factors influencing who is expected to provide care. Variations within families and the connection between family dynamics and structured social relations are related to current theoretical discussions about family relations.

035

‘TOO MUCH SPACE: TOO LITTLE TIME’ THE SPATIAL AND TEMPORAL DIMENSIONS OF CARING

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As more dual income families juggle work and care and often commute in different directions, the spatial dimension of caring and work location are increasingly complex issues to be considered. The care literature has traditionally focused on co-resident care or looked at proximity of caregiver and receiver based on home location. Work location also needs to be addressed in both the care and work-life literature, along with the issue of distance and use and perception of space. This is significant as more people own multiple homes, become even more mobile, and engage in transnational migration.

The paper is based on a study of 204 carers juggling work and home life in two public sector organisations in England. Both quantitative and qualitative data will be presented on how distance, space and time is negotiated and managed between work, home and caregiving. This paper argues that despite developments of post modernity and globalisation geography remains important and leads to a distinct form of caring.

036

SPINNING THE FAMILY WEB: GRANDPARENTS RAISING GRANDCHILDREN IN CANADA

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Policy makers and professionals are grappling with the increasing numbers of children identified as needing care outside their homes. The phenomenon of grandmothers fulfilling the role of caregiving parent is growing at a rapid rate in many parts of the world. Further, as First Nations People in Canada assume statutory responsibility for child welfare, there is growing awareness about the longstanding role that grandparents and extended family members have played in raising children. Our research project, funded by SSHRC, involved interviewing First Nations and non-First Nations grandmothers who were raising their grandchildren. This presentation will describe the demographics of grandparent led families Canada and highlight the key themes that emerged in the grandmother's narratives. The presentation will identify how the findings underscore the need for the reconceptualization of kinship caring, a greater appreciation of the family labour performed by women caregivers of all ages and an acknowledgement of the economic, health and social consequences of this caregiving work. The presentation will conclude with recommendations for rethinking the policy and practice initiatives that could support grandparent-led families.

037

FAMILY QUALITY OF LIFE, AGING AND INTELLECTUAL DISABILITY

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Aging, family caregiving and quality of life are prominent themes in public policy and practice. Throughout the lifespan, families play a vital role in the lives of people with intellectual disability. Older families of adults with intellectual disability face inevitable transitions in caregiving and ways to support these families are needed. Family quality of life is a new field of study that seeks to understand the rewards and challenges of caregiving and identify means to enhance the quality of life experienced by families.

This presentation provides an overview of the concept of family quality of life and reports the findings of a research project. Focus groups, individual interviews and questionnaires explored family quality of life from the perspective of parents who had adult children with intellectual disability aged 40+. Older parents reported overall satisfaction in a number of family quality of life domains and positive aspects of lifelong caregiving. They raised concerns about health, the social lives of their adult child, long term living arrangements and the future role of siblings. Service issues related to funding and finances, staffing and the need to adapt to age-related changes. Implications for supporting older families and future research are discussed.

038

TRADUCTION ET VALIDATION DU WORRY ABOUT VICTIMIZATION (WAV) AUPRÈS D'UNE POPULATION ÂGÉE

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Mon mémoire s'inscrit dans une étude dirigée par Beaulieu, Dubé et Cousineau : « Les impacts des insécurités liées à la victimisation criminelle dans la vie des aînés ». Problématique : Les aînés sont ceux qui manifestent le plus la peur du crime même s'ils sont le groupe le moins à risque d'être victimisé. On connaît mal la peur du crime en raison du peu d'outils validés. Un outil mesure les insécurités : le WAV de Williams et al. (2000). Il n'est pas traduit en français ni validé auprès de diverses populations âgées. But : traduire en français et valider un outil permettant de répertorier les multiples insécurités des aînés en lien avec la victimisation criminelle. Objectifs : 1) Traduire le WAV en français. 2) Déterminer sa validité de contenu. 3) Déterminer sa validité de construit. 4) Déterminer sa stabilité temporelle. Méthodologie : Le WAV (65 énoncés) sera validé auprès de 654 sujets (nombre égal d'hommes et de femmes pour chacun des groupes d'âge suivants : 60-69 ans, 70-79 ans, 80 ans et plus) à Sherbrooke, Trois-Rivières et Montréal. Résultats : Nous allons présenter les résultats des deux premiers objectifs ainsi que les analyses préliminaires du 3e et 4e objectifs.

039

PSYCHOSOCIAL PREDICTORS OF SUBJECTIVE AND OBJECTIVE EVERYDAY MEMORY FUNCTIONING IN OLDER ADULTS

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In the laboratory setting, well-established relationships exist between memory beliefs (meta-memory) and memory performance, but little is known about these relationships in everyday memory functioning in older adults. Also, little is known about relationships between meta-memory and other psychosocial predictor variables (e.g., demographic, cognitive, personality). The goal of this study is to better understand the influence of psychosocial variables (e.g., cognitive, meta-memory, personality) on older adults' everyday memory functioning. Forty-five older adults completed the 3MS, Buschke Cued Recall Protocol, Hopkin's Verbal Learning Task, NEO-PI-R, Meta-Memory Questionnaire, and Memory Controllability Inventory (predictor variables). The Multi-Factorial Memory Questionnaire (subjective memory) and four everyday memory tasks (objective memory) served as the dependent measures. We found that memory beliefs (e.g., anxiety, controllability, knowledge) and personality characteristics (e.g., neuroticism, conscientiousness) were important predictors of subjective memory. Memory performance, general cognitive functioning, and memory anxiety scores predicted objective memory. Results suggest that different psychosocial variables predict subjective and objective memory functioning in older adults, and that interventions aimed at reducing memory anxiety, and increasing memory control and knowledge may improve older adults' everyday memory functioning.

Funding: Michael Smith Foundation for Health Research, Alzheimer Society of Canada

040

ATTEMPTING TO CONCEIVE A WIDE-SCALE, SYSTEMATIC EXERCISE PRESCRIPTION TO TYPE-2 DIABETES MELLITUS ELDERS: INTRODUCING THE CONCEPT OF RESPONSIBILITY

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Sedentarity threatens human health, with epidemiological evidence to let us remind. The 'lifestyle misconduct' consisting of a chronic paucity of movements may conduct to type-2 diabetes mellitus (DM) concomitant to obesity, now being called diabesity. Since aerobic exercise training (AET) shows both preventive and remedial benefits regarding type-2 DM, to what extent this non-pharmacological intervention could be prescribed systematically?

Objectives: To present different models of responsibility linking AET habits and type-2 DM. Methods: To search, on an interdisciplinary basis, theories and bioethical principles underlying the responsibility of individuals upon health in relation to AET habits.

Results: Three models were identified: 1) Individual Responsibility, where type-2 DM would be imputed exclusively upon the individual, thus being highly responsibilized; 2) Societal Responsibility, where society would be responsible for type-2 DM, and with the individual being 'deresponsibilized'; 3) Shared Responsibility, where the individual and his society would interact together, therefore being co-responsible for sedentarity-induced type-2 DM.

Conclusion: A model of shared responsibility between the individual and his societal environment regarding aerobic exercise habits is proposed as an integrative model, aiming to attenuate the escalating occurrence of sedentarity-induced type-2 DM cases in Canada. *Supported by Genome-Quebec, Genome-Canada, and the Sherbrooke Research Center on Aging.

041

WHAT'S IMPORTANT WHEN: PERSONAL VALUES AND GOAL ADJUSTMENT IN THE TRANSITION FROM WORK TO RETIREMENT

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This study investigates the stability of personal values across the transition from work to retirement, and how the ability to adjust goals is related to satisfaction in retirement. The following self-report measures were administered to retirees in the Montreal region who had recently retired from at least 20 years of full-time work: the Portrait Value Questionnaire (PVQ), the Goal Adjustment Scale (GAS), and the Life Domains Satisfaction Scale (LDS). Two versions of the PVQ (current and retrospective) were used to assess self-perceived change in values from pre to post retirement. Preliminary results with 68 participants indicate that there were significant self-perceived changes in 6 of 10 value constructs from pre to post retirement. Increases were found in benevolence, universalism, hedonism, and security values; decreases were found in achievement and power values. There was also a significant positive correlation between goal disengagement ability and overall life satisfaction in retirement (r=.43, p<.001). These results suggest 1) that individuals shift personal values in retirement to match the opportunities and constraints of this stage of life; and 2) that the general ability to disengage from unattainable goals is related to satisfaction in retirement.

042

ATTENTION ET MÉMOIRE ÉPISODIQUE DANS LA MALADIE D'ALZHEIMER : ÉTUDE DES POTENTIELS ÉVOQUÉS CÉRÉBRAUX

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La démence de type Alzheimer (DTA) est une maladie dégénérative qui entraîne une atrophie cérébrale causant des déficits cognitifs. Les mécanismes cérébraux sous-jacents aux déficits attentionnels et de la mémoire épisodique survenant en début d'évolution ont été peu étudiés.

Objectif : caractériser ces déficits par l'analyse des potentiels évoqués cérébraux (PEC) N100 et P300. Méthodologie : cinq personnes atteintes de DTA en stade léger à modéré et 14 aînés sans atteinte cognitive effectuent un oddball auditif et visuel de même que quatre tâches visant à évaluer l'attention partagée, soutenue (Continuous Performance Test) et sélective (Stroop) ainsi que la mémoire épisodique.

Résultats : les temps de réaction et pourcentages de bonnes réponses sont significativement inférieurs chez les participants atteints de DTA. Les données préliminaires obtenues avec les oddballs démontrent que les amplitudes de la P300 sont significativement diminuées chez ces participants comparativement au groupe témoin. Aucune différence n'est observée au niveau des latences des PEC et des amplitudes de la N100 entre les deux groupes. Les données concernant les autres tâches restent à être analysées.

Discussion : cette étude permet de mieux comprendre le fonctionnement cérébral lors de tâches demandant des ressources attentionnelles chez les personnes atteintes de DTA.

Étude supportée par la Fondation Desjardins.

043

UNDERSTANDING AGEING ISSUES IN INDONESIA

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Indonesia is in a period of demographic transition which is expected to give rise to a significant ‘elderly’ population in 2020. However, ageing in our society is still considered “invisible”. Elderly people are socially excluded, structurally alienated, and publicly unrecognized as a target group for social intervention and social policy. This paper discusses the findings of qualitative interviews, policy document review, observation and group discussions conducted with workers (formal and non formal institutions) and caregivers of frail elderly people in Indonesia. Findings will be discussed in relation to the way that religion, culture, and gender shape attitudes and experiences of aging in Indonesia. Understanding ageing issues in Indonesia is a first step to build policies in Indonesia which improve social intervention for the older person.

044

ACCELEROMETERS AND THE OLDEST-OLD: A FEASIBILITY STUDY

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Accelerometers are watch size instruments that provide continuous recording of movement. The number of days an accelerometer should be worn by older adults to record habitual physical activity has not yet been established.

The objectives were to determine the feasibility of using accelerometers with the oldest-old (i.e., 80 years and older) and examine the stability of accelerometer readings over a three-day period.

Fifty oldest-old participants were asked to wear an accelerometer on the wrist for three days. Compliance was determined with proportions of participants who wore it for one, two, and three days. Regressions were used to verify intercepts and slopes of day-combinations did not deviate from 0 and 1, respectively.

Compliance were over 90, 80, and under 50% on the first, second, and third day, respectively. Most intercepts and slopes did not significantly deviate from 0 and 1, respectively, for 1- and 2-day, 1- and 3-day, and 2- and 3-day combinations.

Rates of compliance suggest that accelerometers can be successfully used with the oldest-old for up to two days. Simple regressions indicate that accelerometer readings are stable over a three-day period. Therefore, studies with oldest-old participants that include accelerometers must collect data for a minimum of one day.

045

BELIEFS ABOUT AGING AND ALZHEIMER DISEASE

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Seminal work by Baltes has shown that the behaviours of staff of continuing care facilities can encourage dependent behaviours of the older adults for whom they care. It has been proposed that negative beliefs about aging contribute to this disposition of staff toward dependence-supportive behaviour. This social creation of dependency has been studied with participants who are oriented to person, place, and time, but not with persons with Alzheimer disease (AD). The first step in the examination of the social creation of dependency in AD is to determine what people’s beliefs about AD are. In this study we developed an instrument to measure beliefs about aging and AD in the cognitive, physical, and social domains and then assessed beliefs about aging and AD held by undergraduate students and staff caregivers of persons with AD using this instrument. For both groups, beliefs about aging were most negative in the physical domain, less negative in the cognitive domain, and the least negative in the social domain. Cognitive beliefs about AD were most negative, social beliefs were a little less negative and physical beliefs were least negative (even positive for students). The study of beliefs is important because beliefs are modifiable.

046

LE SYNDROME DES APNÉES DU SOMMEIL (SAS) DU SUJET ÂGÉ EN MOYENNE DE 50 ANS

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Le SAS représente un trouble de sommeil pouvant s’aggraver sous l’effet de l’âge. Après 50 ans, la prévalence du SAS atteint 7-8%.

Les apnées causent des hypoxémies nocturnes et entraînent une fragmentation de sommeil. L’impact clinique du SAS se traduit par une hypersomnolence diurne, un trouble attentionnel et psychomoteur.

L'objectif visé est d'explorer la performance attentionnelle/psychomotrice en lien avec l'activité cérébrale. Treize patients SAS âgés de 53 ans (8) ont été étudiés. Les sujets étudiés présentaient un SAS sévère (45.11 apnées/hypopnées par heure de sommeil et saturation moyenne d'oxygène de 76.07%).

En plus de l'enregistrement du sommeil en laboratoire, nous avons procédé à l'analyse spectrale de l'électroencéphalogramme. L'activité relative de la bande Thêta (4-8 Hz) a été mesurée pour 5 régions cérébrales (préfrontale, centrale, pariétale, occipitale, temporale). La performance attentionnelle /psychomotrice a été évaluée par des épreuves de Labyrinthe, de Purdue Pegboard et de Tracé B.

Des corrélations positives (p 0.001) ont été trouvées entre l'activité de la bande Thêta et les Labyrinthes et le Purdue Pegboard, pour toutes les régions corticales (sauf préfrontale).

Il apparaît que les apnées causent un ralentissement psychomoteur et des difficultés de planification visuo-spatiale reflétés par un ralentissement de l'activité cérébrale à l'éveil le matin.

046A

FORMATIVE AND PROCESS EVALUATION INTERVIEWS FOR A MULTIDISCIPLINARY RURAL AND REMOTE MEMORY CLINIC

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A same-day multidisciplinary Rural and Remote Memory Clinic was developed as one component of a CIHR New Emerging Team project. The clinic involves a pre-assessment and follow-up through telehealth and a full day in-person visit including assessments by a neurologist, neuropsychologist, geriatrician, neuroradiologist, and physical therapist. The diagnosis and treatment plan are discussed at an end-of-day multi-disciplinary team meeting. The clinic visit takes a full day and patients travel from various rural and remote communities to be assessed.

The clinic process and experience are evaluated through a telephone interview with the caregiver following the in-person clinic visit. Methods of process and formative evaluation assess satisfaction with the clinic day, personnel, facilities, and overall experience. Evaluation data is used to refine and improve the program on an on-going basis and will help identify critical program elements to inform planning of similar interventions.

To date, a total of 38 interviews have been completed; the interview process will continue in order to address individual concerns and validate initial findings. Most report that the full-day clinic, although tiring, is preferable to making multiple trips to the city and the majority have endorsed categories of satisfaction with the clinic process, experience, personnel, and services received.

047

THE WORK OF BEING SOCIAL: AN INSTITUTIONAL ETHNOGRAPHY

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This study incorporates institutional ethnography to examine the work of being social inherent within the everyday experience of an individual diagnosed with mental illness. My methodology consisted of several interviews with one elderly informant and written accounts of her journey with mental illness. Additional text from mental health organizations was also incorporated.

My informant's social interactions are centered around her mental illness. Being labelled mentally ill makes it difficult for her to meet people outside of the hospital. So she attempts suicide, to gain admittance into the hospital. When in the hospital she enters an environment that has people, allowing her leave a home environment, which is isolated and lonely.

My informant's life has been structured so that any social interaction has become situated around psychiatric hospitals. She has been admitted to these institutions since she was twenty, over four decades ago. Her work to be social is extreme, but it guarantees her access to others. These findings suggest that the work processes involved with forming social relations are situationally dependent. Hence, the work processes necessary to form social connections differentiate depending if the individual constructs their daily routine or whether another person or organization mediates their routine.

048

SYSTEMATIC REVIEW OF THE FACILITATORS AND BARRIERS TO PHYSICAL ACTIVITY IN OLDER ADULTS

Edwin Hanada, Aileen Davis, Pia Kontos, Mary-Jane De Souza and Gary Naglie

049

AGING IN PLACE: THE RELATIONSHIP BETWEEN INCOME AND HOUSING FEATURES

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There is increased emphasis on "aging in place", or delaying or eliminating seniors' entrance into institutional care. However, with age can come declining health and decreased mobility. This may cause some seniors to no longer be physically capable of living in the family home. But, certain housing features may make it possible to remain in the home or community longer. Concern arises, however, over lack of income and whether this may prevent some seniors from making necessary housing modifications. Using data from the 2002 General Social Survey on 7,063 respondents 65 years and over not living in senior's housing who reported their household income, this study examines the relationship between income and having certain housing features in one's home.

Respondents were asked if they had these features: bathroom modifications, access ramps, widened doorways, and/or an elevator or lift device. More than 40% of seniors reported at least one with the frequency greater for women and with age. A series of logistic regressions indicates that household income is a strong predictor of housing modifications.

Discussion is focused on quality of life and whether it is only those who can afford these housing features who have the opportunity to age in place.

050

MEDICATION USE AMONG RURAL AND URBAN OLDER ADULTS

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Limited attention has been given to differences in medication use among rural and urban older adults. Drawing on data from the 1996/97 Manitoba Study of Health and Aging, the proportion of rural (n=382) and urban (n=541) older adults aged 70 and over living in the community using at least one medication is examined. Factors related to use according to place of residence are also explored. Medication use was measured as the dispensation of at least one prescription medication, based on administrative data provided by Manitoba Health, over a one-year period. The proportion of older adults filling at least one prescription did not differ between rural and urban areas; 90% and 91% respectively. Logistic regression analysis confirmed the lack of differential access to pharmaceuticals between rural and urban residents with women and those with more chronic health problems more likely to have filled a prescription. Separate analyses found that more chronic health problems were significantly associated with medication use for individuals in both rural and urban areas. Among urban residents only, poorer self-rated health also emerged as significant. Age, education, perceived adequacy of income, functional impairment and depression were not significantly associated with medication use. Implications for future research are highlighted.

051

AGEING, HEALTH AND QUALITY OF LIFE: THE WORK OF THE RESEARCH GROUP ON AGEING AT THE SPANISH COUNCIL FOR SCIENTIFIC RESEARCH

Fermina Rojo, Ph.D., Spanish Council for Scientific Research

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The aim of this poster is to show the beginning, developments and current projects of the Research Group on Ageing at the Spanish Council for Scientific Research (http://www.ieg.csic.es/grupos/gie/). Since 1988, the team has been carrying out research on the ageing process in Spain and its spatial, economical and socio-demographic implications. Topics on residential strategies, health and accessibility to services, quality of life, and dependence related to ageing are the current research interests of the group. The main results of different projects will be briefly presented, as well as recent preliminary outcomes of two projects on quality of life among the elderly living in Madrid Region. A Website Information Service about the Spanish Elderly was created in 2001, in collaboration with the National Institute for Older Persons and Social Services(http://www.imsersomayores.csic.es).

052

"FLU SHOTS": WHO SHOULD BE TARGETED FOR INFLUENZA IMMUNIZATION PROGRAMS FOR SENIORS?

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The health of older Canadians is of great interest to seniors themselves and to a variety of stakeholders. Of particular concern are annual outbreaks of influenza that result in direct and indirect costs to a variety of parties. Despite the fact that government provides cost-free influenza immunizations for those 65 and older, numerous influenza cases occur, some of which require hospitalization and in some cases, result in death. The objective of this study was to identify the characteristics of those older adults who do obtain immunization for influenza compared to those who do not. Data are from the 2001 Aging in Manitoba study in which 684 community dwelling, cognitively intact participants aged 77 and over completed in-person interviews. Results indicate that 71% of the sample received a flu shot in the fall of 2000, with the majority being female (60%), younger than 85 (62%), living in urban areas (56%), and having 9 or more years of education (61%). The results of this study inform policy makers as to those least likely to participate in immunization programs (e.g., males, those older than 85, rural dwellers and those with less education) in order to allow them to target health promotion messages to these specific groups.

053

"TAKING THE RUDDER OF HEALTH CARE: ATTITUDES AND AGENCY AMONG NOVA SCOTIA SENIORS"

Norman Okihiro, Ph.D., Mount St. Vincent University

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This poster aims to examine seniors' perceptions of their health, strategies of health maintenance, attitudes towards the roles of doctors and pharmacists in maintaining their health, and levels of drug use and adherence to drug prescriptions.

The data come from a survey of 424 respondents from seniors' groups representing every county in Nova Scotia. Statistical techniques employed included factor analysis of attitudinal items. The quantitative analysis was supported by qualitative data from in-depth interviews with 20 seniors.

The results indicate that most seniors take measures to maintain their health, and that perceptions of health are affected by not only medical conditions and age, but by subjective factors like the meaning of health held. While almost all seniors view pharmacists positively, a significant minority held critical attitudes towards the role of doctors in their overall health care. Almost all seniors took prescription drugs, but about one quarter chose not to adhere to a drug prescription in a given year. Overall, seniors exhibited behaviours and attitudes indicating active agency in their own health care, albeit there were differences related to socio-demographic variables.

This study was funded through an unconditional educational grant from Merck Frosst Inc.

054

UN OBSERVATOIRE ORIENTÉ VERS LES AÎNÉS

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Le concept d'Observatoire est un terme qui de nos jours a été repris pour analyser et décrypter des problèmes humanitaires. L'Observatoire Vieillissement et Société (OVS), seul en Amérique, vise à promouvoir la réflexion et la prise de décision individuelle et collective sur les défis qu'engendre le vieillissement de la population et ses conséquences sur la société et le bien-être des individus. Il est un instrument essentiel dans la lutte contre l'âgisme. L'OVS joue un rôle de vigie sociale, il est aussi un agora pour des échanges de points de vue entre le public, les experts et les décideurs publics. L'Observatoire s'est donné plusieurs objectifs qu'il a déjà commencé à réaliser: Site Internet interactif, grands dossiers sur des sujets d'actualité, conférences publiques, réalisation et diffusion de documents audiovisuels. L'Observatoire est un réseau pan-canadien formé d'experts des principales universités canadiennes auquel se joindront des représentants du milieu des affaires. Indépendant, l'Observatoire possède le recul nécessaire pour se permettre une vision plus impartiale des phénomènes sociaux du vieillissement. Cette communication montrera comment l'Observatoire peut contribuer à mieux informer nos aînés sur les enjeux actuels du vieillissement en les aidant à "bien viellir".

055

OPTIONS AND CHALLENGES PERTAINING TO DATA COLLECTION, FLOW, STORAGE, AND ANALYSIS FOR THE CANADIAN LONGITUDINAL STUDY ON AGING

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Large, longitudinal, multi-centre studies are increasingly being planned and conducted to better understand the complex interplay of factors that influence adult development and aging. Application of advances in computer technology to the collection, transfer, storage, and analysis of large quantities of information has played an important role in facilitating the growth of these studies, but also presents numerous challenges. As part of the development of the Canadian Longitudinal Study on Aging (CLSA), a national, long-term study of 50,000 Canadians 40 years and older, an in-depth review of the issues related to efficient and secure data collection, flow, storage, linkage, and access was conducted through a search of the literature and consultation with information technology experts. The proposed data flow for the CLSA is presented through a comprehensive flow chart, highlighting important issues at each step in the process. The results of the review are also applicable to the data flow requirements for other large-scale, population-based studies. Study funded by CIHR.

056

THE IMPORTANCE OF PAIN IN PREDICTING DEPRESSION IN NURSING HOME RESIDENTS

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Depressive symptomatology is a common mental health issue facing nursing home residents (Parmalee, Katz, & Lawton, 1992). The literature suggests that history of depression, lack of social support, compromised physical and functional health, subjective experience of pain, and shorter duration of residency predict depression in this population. Data from a larger treatment investigation comparing cognitive-behavioural group intervention for depression and treatment as usual were used to examine predictors of depression over a 3-month period. Forty-three residents (mean age = 81.09) were administered the Geriatric Depression Scale (GDS) at baseline and 3-month follow-up. Hierarchical regression, controlling for baseline levels of depression and treatment assignment, in concert with subjective ratings of pain accounted 58.9% of the variance in 3-month follow-up GDS scores. This is consistent with findings reported by Cuijpers and Lammeren (1999) and underscores the importance of pain management in improving the quality of life of nursing home residents. The additional finding that several established variables failed to predict depression is inconsistent with the broader depression literature. Potential reasons for the current results will be noted and discussed.

057

THE DEVELOPMENT AND VALIDATION OF THE SENIOR ALCOHOL MISUSE INDICATOR (SAMI)

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Senior alcohol misuse can lead to adverse effects, but remains under-detected due to inadequate screening tools. There has yet to be an assessment tool that addresses the unique needs of senior drinkers, and is also client- and health care worker-friendly. The objective of this Canada-wide study was to develop and evaluate a brief screening tool, the Senior Alcohol Misuse Indicator (SAMI) to elicit alcohol-related information from seniors. The focus of the study was to ensure that the voices of health care workers was integrated in its development. A preliminary form of SAMI was prepared, and a focus group of health care professionals (n=11) and field-testing (n=158) were organized to obtain feedback. After SAMI was finalized, it was validated using a follow-up interview based on the Structured Clinical Interview for DSM-IV and a collateral informant interview to determine problem, at-risk, and non-risk and non-drinkers. Ten problem drinkers and 43 at-risk drinkers were identified from the interviews (n=91). Sensitivity (78.8%), specificity (55.3%), and the Area Under the Receiver Operating Curve (0.706) indicate that SAMI is effective in engaging seniors to talk about their alcohol use, is endorsed by health care workers, and may flag seniors at risk for alcohol-related problems.

058

PROCESSUS INTERACTIONNEL IMPLIQUÉ DANS LES COMPORTEMENTS VERBALEMENT AGRESSIFS LORS DES SOINS DU MATIN CHEZ DES PERSONNES SOUFFRANT DE DÉMENCE

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La présente étude examine l'interaction au moment des soins du matin entre les soignants et les personnes souffrant de démence qui résident en CHSLD. L'objectif consiste à vérifier si certains comportements physiques et verbaux des soignants provoquent l'émission de CVA par le bénéficiaire. Neuf participants et leurs soignants ont été observés pendant les soins d'hygiène du matin. Les analyses séquentielles montrent que les énoncés négatifs, les consignes, les touchers liés au soin et les comportements physiques non liés au soin sont plus susceptibles de provoquer les CVA, comparativement aux énoncés positifs et aux comportements verbaux non liés au soin. Les soignants répondent aux CVA par des énoncés négatifs. Les résultats suggèrent qu'il y aurait un manque d'habiletés chez les soignants pour la gestion des CVA. Ces résultats permettront de contribuer à l'élaboration de méthodes d'intervention efficaces dans le traitement des CVA.

(Ce projet a reçu le soutien financier du Conseil de recherche en sciences humaines du Canada)

059

MINIMIZING DISABILITY ASSOCIATED WITH DEMENTIA: THE FUNCTIONAL TRANSITIONS MODEL

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Objective: A Functional Transitions Model (FTM) is proposed, which incorporates the progressive functional changes associated with Alzheimer Disease (AD), the notion of excess disability, and opportunities for treatment associated with transitions.

Description of the Model: Although the progressive loss of cognition and ability to perform activities of daily living has been described for AD, the rate of decline and the degree of functional loss can vary from the level warranted by AD alone. This may signal the presence of excess disability: that is functional impairment greater than is warranted by an individual's disease or condition. Numerous factors may contribute to excess disability in people with AD, and these may provide opportunities to reverse it. In the clinical setting much functional decline is gradual and subtle; however, sometimes the decline is significant and sudden. Such "transition points" in the illness trajectory may be anticipated.

Results: The FTM is in the early stages of development. Work is in progress is to validate the model.

Conclusions: Excess disability may provide opportunities for therapeutic intervention, and anticipation of the transition points in the progression of AD may guide the timing of intervention.

Funding Source: Alberta Heritage Foundation for Medical Research

060

NET CHRONICLES: A NEW EMERGING TEAM FOCUSES ON DEMENTIA CARE IN RURAL AND REMOTE AREAS *

Chair: Debra Morgan, PhD, Unniversity of Saskatchewan

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With approximately one-third of Canada's seniors living in predominantly rural regions, and a projected doubling of the prevalence of dementia in the next 30 years, there is a growing need for specialized dementia services and personnel in rural Canada. The Canadian Institutes of Health Research (CIHR) New Emerging Team (NET) program was designed to provide five years of support for the creation of new teams or the development of existing teams of investigators conducting collaborative multidisciplinary research in identified areas of focus. A NET group at the University of Saskatchewan was funded under the Cognitive Impairment in Aging Focus for a project titled Strategies to Improve the Care of Persons with Dementia in Rural and Remote Areas. The proposal included three "core" studies aimed at improving availability, accessibility, and acceptability of services and programs supporting persons with dementia and their caregivers. The central project, which all team members participate in, involves the development and evaluation of a new streamlined Rural and Remote Memory Clinic for assessment, diagnosis and management of early-stage dementia. A unique component of this research is the development of culturally appropriate strategies for assessment of cognitive impairment and dementia in aboriginal seniors. We are also examining health service utilization by persons with and without dementia in rural and urban locations, and are evaluating continuing education needs and strategies for nursing aides employed in rural nursing homes and home care agencies. In this symposium we will describe the early development of the team and research projects; review the extended deliberations involved in choosing the research design for the clinic evaluation; describe the clinic process, procedures, and evaluation methods; share our reflections on what we have learned so far and our plans for the future; and describe the growing number of related projects that have developed to date.

FROM CONCEPTION TO BIRTH: DEVELOPMENT OF THE TEAM AND NET RESEARCH PROJECTS

Debra Morgan, Norma Stewart, Margaret Crossley, Carl D'Arcy, Jay Biem, Andrew Kirk and Dorothy Forbes

Our story begins with a request for applications for New Emerging Team grants in 2002, the second year that the NET program was offered. Several members of our current team had briefly discussed the idea of submitting a grant for the first call but over the year the idea gradually took hold. From among our existing networks, we easily identified other researchers who would make a strong initial team, which met for the first time on June 10, 2002. All team members had participated in research groups with some other NET members, but not as one group. These prior connections accelerated the team-building process because of the existing level of trust and comfort, and have contributed to team cohesiveness over time. Many of the major decisions were made at our first meeting, including team leadership, project title, and potential studies. Through a process of wide-ranging consultations, weekly meetings, and countless emails, the Letter of Intent was prepared and submitted August 1, 2002. After a brief break we resumed weekly meetings to plan the full proposal, optimistic that the LOI would be approved. Two full-day retreats provided focused time to discuss and debate key issues prior to the January 2003 deadline.

EVALUATION OF A TELEHEALTH-SUPPORTED MULTIDISCIPLINARY MEMORY CLINIC: TRADING OFF VALIDITY, GENERALIZABILITY AND FEASIBILITY IN HEALTH SERVICES RESEARCH

Jay Biem, Debra Morgan, Margaret Crossley, Carl D'Arcy, Dorothy Forbes, Andrew Kirk, Lesley McBain, Norma Stewart and Allison Cammer

To improve rural and remote dementia care, we aimed to streamline services and reduce travel with a one-stop clinic and telehealth. To determine acceptability, we discussed (during grant writing, investigator meetings and community visits) patient selection, interventions (pre-clinic teletriage, telehealth follow-up), outcomes (satisfaction, quality-of-life, time-to-long-term care) and designs (randomized-controlled, quasi-experimental and observational). For validity, patients optimally would be randomized to either usual in-person care or a telehealth-supported one-stop clinic. Because of inability to blind and because patients could come from the same area, we considered cluster-randomization and matched-controlled designs. However, validity would be threatened by referral bias and loss-to-follow-up since controls would have lower participation, a point made clear during our community visits. Furthermore, recruitment would be insufficient to avoid confounding. For generalizability, a spectrum of patients would be recruited representative of jurisdictions considering such service. However, for study feasibility, patients must be able to adhere to either telehealth versus in-person visits but repeated in-person visits may be impossible. Trading-off validity, generalizability, and feasibility, we chose to do a randomized crossover study to determine relative satisfaction with telehealth and in-person follow-up. We also survey satisfaction with the pre-clinic screening and the one-stop clinic. Challenges in evaluating health services are discussed.

DESIGN OF A RURAL AND REMOTE MEMORY CLINIC USING TELEHEALTH TECHNOLOGY

Andrew Kirk, Margaret Crossley, Sheri Harder, Jenny Basran, Vanina Dal Bello-Haas, Debra Morgan, Norma Stewart, Carl D'Arcy, Jay Biem, Dorothy Forbes and Leslie Holfeld

In order to better serve needs of persons with dementia and other memory concerns in rural Saskatchewan, we developed a Memory Clinic. Upon receipt of a referral from a family doctor, a telehealth visit using videoconferencing technology allows patients and families in their own communities to meet with the clinic nurse and neuropsychologist for orientation to clinic procedures and for preliminary data collection. Blood taken at that visit screens for treatable causes of dementia. A few weeks later, patient and family travel to Saskatoon for an in-person clinic appointment. In the morning they see a neurologist, neuropsychologist, and geriatrician for history-taking and physical examination. Neuropsychological testing, CT evaluation, and physiotherapy assessment are then carried out. At day's end, clinic staff meets to discuss results, diagnosis, and management of the two new patients seen that day. The neurologist and neuropsychologist then meet with each patient and family to provide feedback, discuss plans, and answer questions. Patients are then seen in follow-up by the neurologist at 6 and 12 weeks, 6 and 12 months, and then annually. Patients are randomly allocated to a 6 week appointment either in-person in Saskatoon or via telehealth with subsequent appointments alternating between in-person and telehealth.

NET REFLECTIONS: WHAT HAVE WE LEARNED AND WHERE WILL IT TAKE US?

Margaret Crossley, Carl D'Arcy, Debra Morgan, Andrew Kirk, Dorothy Forbes, Norma Stewart, Jay Biem, Sheri Harder, Jenny Basran, Vanina Dal Bello-Haas and Leslie Holfeld

With the first year of our Rural and Remote Memory Clinic behind us, we will review both the benefits and the ongoing challenges inherent in coordinating and evaluating "one-stop" interdisciplinary assessment, intervention, and follow-up care for rural dementia patients and their caregivers. By sharing our diverse perspectives and experiences as members of an interdisciplinary team, we have learned much about quality of care, professional roles, shared leadership, challenges associated with cross-cultural assessment, barriers in providing care and conducting research with residents of remote regions, and threats to the sustainability of this unique interdisciplinary initiative. We will reflect on our experiences using telehealth for preclinic assessment and follow-up, and describe the positive and negative aspects of teleconferencing technology, taking into consideration the perspectives of rural caregivers, our patients and family members, and the telehealth coordinators. The Rural and Remote Memory Clinic is a rich resource for teaching and graduate training, and for new research opportunities and collaborations. The establishment of a brain bank for our patients is one future initiative that will maximize our team's potential to contribute importantly to interdisciplinary diagnosis and ensure the future utility of our rich and multifaceted dataset.

NET EFFECTS: AN EXPLOSION OF SUCCESSFUL COLLABORATION

Sheri Harder, Vanina Dal Bello-Haas, Debra Morgan, Lesley McBain, Margaret Crossley, Carl D'Arcy, Norma Stewart, Dorothy Forbes, Andrew Kirk and Jay Biem

The initial New Emerging Team was comprised of 6 investigators representing four disciplines (nursing, psychology, medicine, and sociology/population health) and encompassed three CIHR themes (clinical, health services/health systems, and health of populations). The team has grown since its inception to include four new investigators: a PhD in geography, a neuroradiologist, a geriatrician and a physical therapist. Staff associated with the NET include a clinic nurse, a clinic psychometrist, 5 research assistants and a project coordinator. Numerous student-training opportunities have been developed with 4 graduate students, several medical students and 5 clinical psychology students linked to the NET. Nine related studies funded by various agencies are underway and an additional two proposals have recently been submitted for external operating funds. Team members have prepared over 20 abstracts for conference presentation and three graduate students have been awarded external scholarships. Much effort has gone into launching the initial studies, as well as planning new projects that have emerged from the synergy of the multidisciplinary group. Despite the potential challenges of team research (e.g., scheduling difficulties, maintaining communication, reconciling diverse view points, ensuring pay-off for all investigators), the benefits of working within a multidisciplinary team environment are already evident.

* Sponsored by CIHR Institute of Aging

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APPLIED RESEARCH IN LONG TERM CARE FACILITIES: THE VET-LINK COLLABORATION

Chair: Maggie Gibson, PhD, St. Joseph's Health Care, London, Ontario

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The Vet-link applied research network represents a collaborative alliance among clinicans, researchers, facility administrators and academic partners committed to the goal of improving health and well-being for elderly Canadian war veterans and related cohorts. Vet-link partners include veterans care facilities in British Columbia, Alberta, Manitoba, Ontario, Quebec, New Brunswick and Nova Scotia. Values that underpin the Vet-link alliance for applied research include: the belief that national collaboration can enhance quality, build capacity and maximize cost-efficiency in applied research endeavours; the belief that person-centredness is a cornerstone of quality health care; and the belief that attention to knowledge exchange is an integral component of responsible and ethical research. The network targets research issues that are clinically-relevant, represent gaps in the long term care landscape, add value in relation to broader Canadian clinical and health service research priorities, and include aspects that are relevant to veterans care.

These values underpin ongoing research programs designed to (1) improve pain control for veterans and other older adults in long term care facilities; (2) customize end-of-life care to the cohort and culture of veteran's care; (3) position best practices in depression management within the context of complex comorbidity; and (4) promote organizational learning on environmental issues in long term care design, especially post-occupancy evaluation.

Representatives of the research teams that are collaborating on each of these priority areas will present completed, ongoing and anticipated aspects of the work in progress.

IMPROVING PAIN CONTROL IN LONG TERM CARE

Maryse Savoie, Sylvie Lemay, Maggie Gibson, Kim Hay, Gail Woodbury, Maureen Gorman, Jan Gunness and Sarah Brown

The purpose of this collaboration is to advance clinical knowledge, values, beliefs and behaviours to improve pain control for veterans and other older adults in institutional care settings. A qualitative study of nurses' knowledge, values and beliefs about pain was conducted in a large veterans long term care hospital. Focus group interviews with a representative sample of care providers were content analyzed (N'VIVO software) to develop common themes and response categories. This data formed the basis of a questionnaire that was administered to staff in three other veterans care facilities in a follow-up validation study. Interviews with a small sample of veterans with pain conditions were conducted on each site to infuse the interpretation of the focus group and questionnaire data with a client-centred perspective. A two-year change management project is ongoing to test the feasibility of using the Readiness for Change model to align pain management practices with best practice recommendations in three long term care services including approximately 800 beds. Next steps in this research collaboration will meld content and process in the development of an e-based learning protocol. The protocol will be validated in multiple sites.

POST-OCCUPANCY EVALUATION IN LONG TERM CARE

Doris Milke, Maggie Gibson, Maryse Savoie, Carole Lamarre, Janice Robinson, Marlene Collins and Maureen Gorman

Most seniors want to maintain their independence and stay in their own homes or other residential settings. However, a significant minority of the aging population experiences an increasing need for both physical and mental health services over time. These individuals frequently come to reside in facilities that attempt to provide all their needs (long term care, nursing homes, chronic care hospitals, etc.). This collaboration is active in supporting this more intensive end of the housing continuum in the effort to become more home-like. Vet-link partners conducted an internal survey of renovation and redesign activities completed in the past five years and anticipated for the next five years, to determine where they could make a unique contribution to the field of environment-behaviour relationships. Post-occupancy evaluation (POE) was identified as a critical research need. Four major facilities are currently engaged in large-scale renovations, and a comparison of POE practices among these facilities is ongoing. The team members are in a position to both conduct applied research and function as knowledge brokers. Such collaboration is recognized as critical for translating POE research from academia to practice (Vischer, 2004).

END-OF-LIFE CARE PRACTICES IN VETERANS CARE FACILITIES

Jan Gunness, Sandra Stec, Melanie Parsons-Brown, Barry Clarke and Maggie Gibson

Many people who reside in institutional care facilities die “at home”, in these same facilities. While excellent best practice models to guide end-of-life care are available (CHPCA, 2002), there is limited research on how to implement recommended practices within distinct service environments or for population subgroups (NHPCO, 2004). Veterans have both unique needs related to their history of military service, and universal needs related to the processes of aging and dying. Major veterans care facilities participated in an environmental scan to identify current practices in end-of-life care using the CHPCA “Square of Care” as a frame of reference. Ongoing projects include piloting on one site to obtain health care providers' perspectives (using the "Concept of a Good Death" scale; Schwartz et al, 2003) and focus groups on a second site to obtain residents' and family members' perspectives. Pilot study findings will guide development of a comparison of perspectives across sites and among veterans, family members and providers to operationalize best practice recommendations in this health service context.

DEPRESSION MANAGEMENT IN THE CONTEXT OF COMPLEX COMORBIDITY

Michael Stones, Leah Clyburn, Maggie Gibson, Ljiljana Mihic, Woodbury, Evelyn Williams, Gary Teare, Maryse Savoie, Bernard Groulx, Maureen Gorman, Ken LeClair and David Conn

Over the past decade, best practice guidelines and recommendations have proliferated. Unfortunately, the literature suggests that adherence to best practice recommendations is low in institutional care of older adults. An under-recognized but important contributing factor may be that available best practice guidelines offer limited direction for treatment integration to address comorbid conditions and symptoms, the hallmark of geriatric care. In the interests of quality improvement, the existing best practices literature should be supplemented with practical knowledge on how to integrate treatments under conditions of comorbidity. The object of this collaboration is to build this knowledge with respect to older adults who live in long term care facilities. Completed research using the interRAI Minimum Data Set has demonstrated that the detection and treatment of depression is complex in this environment and that comorbidity with other biopsychosocial conditions (e.g., dementia, pain, apathy, disordered sleep) is common. Ongoing work is focused on developing a synthesis of relevant best practice recommendations. Future directions include development of integrative treatment algorithms for this population and these settings.

062

NEW DIRECTIONS FOR FINANCIAL COMPENSATION POLICIES FOR FAMILY CAREGIVERS: INTERNATIONAL PERSPECTIVES

Chair: Janice Keefe, PhD, MSVU

Pamela Fancey, Caroline Glendinning, Gail Hunt, Beth Rajnovich, Sheri White, Tamara Daly and Lisa Tay, Maritime Data Centre for Aging Research and Policy Analysis Mount Saint Vincent University, Halifax, NS, B3M 2J6, (*janice.keefe@msvu.ca*), Tel: (902) 457-6466, Fax: (902) 457-6226

Financial compensation for caregivers is one public policy approach which could support family caregivers and thereby sustain a vital component of the support system for dependent adults. According to a ten-country review as part of the Hidden Costs/Invisible Contributions project, funded by SSHRC, a number of countries offer some form of financial compensation. They involve direct compensation (e.g., hourly wage, stipends) and indirect compensation (e.g., tax relief). Countries, however, are at different stages of policy development in this area owing to distinctive socio-cultural value systems, economic vitality, demographic pressures, labour market, and jurisdictional structures. In view of the concerns with the availability of family and friend caregivers, public policy in this area is timely.

This symposium brings together international perspectives to examine the barriers and enablers to advancing policy on financial compensation. The first presentation explores the debate on financial compensation for caregivers as a policy option for Canada juxtaposed with current notions of familial obligation and the role of the state. Second, an international examination of various approaches and reasoning for providing financial support to family caregivers is provided by our UK colleague. Recent developments and proposals on financial compensation policy in the US are addressed next. The forth presentation analyzes the motivating forces behind development of public policy to support employed caregivers in Canada, Sweden, and the Netherlands.

These presentations are complementary both examining the models, reasoning and underlying values of the policies and addressing the experiences and drivers of the policies within specific countries. The symposium will facilitate a larger discussion on advancing financial compensation policy.

EXAMINING THE PRINCIPLES UNDERLYING INTERNATIONAL FINANCIAL SUPPORT POLICIES FOR FAMILY CAREGIVERS

Janice Keefe, Beth Rajnovich and Tamara Daly

One project within the Hidden Costs/Invisible Contributions project is a systematic evaluation of financial compensation programs in ten countries to understand the scope of such initiatives elsewhere and which may be relevant for Canada. Part of the evaluation process is understanding the values underlying international policies and the Canadian appetite for public policy in this area.

Debates regarding financial support for caregivers focus on issues such as family responsibility, the appropriate role of the state in family caregiving, and quality of care, as well as administration and cost of policy alternatives. This presentation examines approaches to thinking about these issues grounded in the frameworks put forth by Nussbaum (2000) and Kenny (2004). These frameworks challenge us to dissect traditional ways of thinking about intergenerational relationships, family responsibility, state obligation, and the role of women in caregiving. This presentation uncovers the principles informing public policy development and leads to alternative ways of thinking about financial support as policy option to support Canadian caregivers.

An examination of values and underlying objectives of select international approaches is offered to situate financial support as a public policy option in current political, ethical and moral debates.

VARIATIONS IN WELFARE STATES' APPROACHES TO FINANCIAL SUPPORT FOR FAMILY CARERS – A CRITIQUE OF RECENT DEVELOPMENTS

Caroline Glendinning

The development of new approaches to providing financial support for family care-giving is common to many welfare states. These approaches take a wide range of forms: in some, wage or quasi-wage payments are involved; in others, financial allowances are offered as alternatives to services in kind. However underlying these variations, a number of models and associated rationales can be identified.

Drawing on comparative research into long-term care funding arrangements1 this paper will delineate and discuss the different models and rationales for providing financial support to family care-givers. The paper will also then a critical commentary on the different approaches, focusing particularly on the appropriateness of the different models to current and future demographic and economic scenarios and on the balance between the interests of disabled and older people and those of family care-givers.

EVALUATING FINANCIAL COMPENSATION POLICY FOR CAREGIVERS IN THE UNITED STATES: THE NATIONAL ALLIANCE FOR CAREGIVING'S PERSPECTIVE

Gail Hunt

Countries have taken diverse approaches to supporting caregivers rooted in their different economic, demographic, and socio-cultural contexts. Policy approaches are also influenced by the distribution of jurisdictional responsibilities. At the national level in the United States financial compensation policy for caregivers has been focused on tax relief measures. No federal policy on financial compensation exists in the United States and states differ widely in their approaches to financial compensation.

The National Alliance for Caregivers is a key caregiver advocacy organization in the United States. This presentation provides their perspective on developments in financial compensation policy for caregivers in the United States, with a particular focus on the National Family Caregiver Support Program which provides an envelope of funding to states to develop supports for caregivers. Strengths and weaknesses of this approach are addressed and select state level initiatives funded through this program are highlighted. The National Alliance for Caregivers' views on proposed initiatives such as the Senior Eldercare Relief and Empowerment Act and the Ronald Reagan Alzheimer's Breakthrough Act are also examined.

PUBLIC POLICIES FOR EMPLOYED CAREGIVERS: UNCOVERING THE MOTIVATING FORCES OF THEIR DEVELOPMENT

Pamela Fancey, Janice Keefe, Lisa Tay and Sheri White

Employees with caregiving responsibilities often incur lost earnings, lost opportunities, and reduced savings/pension due to employment interruptions. Policy that provides income security during workplace absences for caregiving is one approach used to sustain this vital source of support for dependent adults. Countries are however at different stages of policy development in this area. Further, a country's approach to financially supporting its caregivers is embedded in tradition, ideology and social policy debates which may change over time.

This presentation compares and contrasts national-level labour policies supporting caregivers in Canada, Sweden and the Netherlands and examines the socio-political drivers of these policies. For example, what were the motivating forces for the recent introduction of the Compassionate Care Benefit in Canada? Why have other countries either implemented or revised existing policy targeting employed caregivers over the past decade?

In the absence of public policy to support employed caregivers, employees with care responsibilities for a dependent adult incur immediate as well as long term economic consequences. This presentation will illustrate what forces have brought some financial relief to employed caregivers.

WORKSHOP SESSION II

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NARRATIVE THERAPY: WORKING WITH OLDER ADULTS WHO ARE EXPERIENCING CONCURRENT DISORDERS

Margaret Flower, R.N.,RSSW, Social Work

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The presenters will briefly discuss their experience in providing 1-1 therapeutic conversations, with the primary thread being based in Narrative Therapy.

The objectives of this session include: introducing Narrative Therapy as an option working with older adults; understanding the movement of the story from past to present; and examining the effect of breaking free from negative stories. Four of tenets of the therapy (developing the Preferred story, developing a Team; Externalizing the Problem and Thickening the Thread) will be discussed with participants looking at why these specific aspects of narrative were used and how the clients responded.

There will be discussion with the participants on integrating narrative with existing practices and one's own style. Practical demonstrations will be used to respond to the participants' concerns, interests and hopes.

064

TRANSITION TO OLDER ADULTHOOD: NEW VISTAS IN COLLABORATION AND INNOVATION

Ron W. Coristine, M.P.A., Ontario Partnership on Aging and Developmental Disabilities

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People with Developmental Disabilities are now living into the third age in increasing numbers. This is a new phenomenon for which the developmental services sector lacks prior experience and training. The Ontario Partnership on Aging and Developmental Disabilities is forging a cross sector knowledge exchange and planning process between the long term care and developmental services sectors. This cross sector partnership supports applied research and the piloting of innovative projects at the local level to test for best practices in supporting older adults with developmental disabilities. The partnership has completed a study on transition planning using the findings of a provincial survey, a review of current literature, interviews with practitioners and the expertise of partnership participants. This session will provide an overview of the partnership's purpose and activities and describe the process and findings of the transition study. Discussion will also focus on the efficacy of cross sector partnerships to build systemic capacity as the aging boom arrives.

065

DEPRESSION IS JUST PART OF GETTING OLD, RIGHT? WRONG! - ADDRESSING DEPRESSION AND AGING

Randi Fine, MSW, Older Persons' Mental Health and Addictions Network of Ontario

Karen Liberman, 609 Vesta Drive, Toronto, ON, M5N 1J2, (*rfine@sympatico.ca*), Tel: (416) 782-1601

Depression and aging should be a topic of great concern for both professionals and older adults themselves. While reliable Canadian information is difficult to ascertain, conservative estimates place the rate of serious depression between 10 and 20% of the aging population. Of grave concern are the disabling and isolating effects of this condition and the fact that suicide rates are particularly high in the elderly, especially among older males.

When diagnosed and treated in a timely and appropriate manner, depression in the older adult is a treatable medical condition. Unfortunately there is a pervasive mythology that depression is a normal part of aging, and an accompanying stigma to any discussion of mental health concerns among older adults. It has also been suggested that ageist attitudes have mitigated against more attention being paid to this debilitating condition. Whatever the reasons, what is known is that relatively few older adults seek treatment specifically for depression - and many suffer as a result.

To address these important issues the Mood Disorders Association of Ontario and the Older Persons'Mental Health and Addictions Network of Ontario have joined forces to launch a provincial public and professional awareness campaign under the banner: "Depression is just part of getting old, right? WRONG!"

This presentation will focus on the planning and delivery of this unique campaign, including discussions of funding partnerships with the corporate sector, sharing of table top displays and brochures exhibited in physicians' offices and beyond, and public and professional educational initiatives. Participants will emerge with a heightened awareness of opportunities and methodologies to address depression and aging in their own communities

066

IDENTIFICATION OF PSYCHOSOCIAL NEEDS IN LONG TERM CARE USING PRE-ADMISSION DATA

Maureen Gorman, Ph.D., Capital Health Halifax NS

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This workshop is both interactive and didactic, designed to instruct participants in the use of a screening tool that identifies psychosocial service needs for new admissions to long term care (LTC) facilities. The screen was found to be helpful in identifying factors that predict relocation adjustment to LTC (e.g., social support, medical conditions, preparedness and control over admission), as well as raising staff awareness about an individual's specific concerns (e.g., depression, behaviour problems). This workshop will benefit two groups of health care professionals: (1) LTC staff responsible for developing care plans and providing intervention (end users) and (2) assessors whose pre-admission assessments form the basis of the screen ("data gatherers").

The workshop will (1) provide an overview and rationale of the screening tool and describe the LTC placement assessment used to glean the information, (2) discuss the changes in the more recent "typical" resident profile, compared to those of 10 and 20 years ago (e.g., now older, medically more frail, with shorter life expectancy), (3) discuss the emerging need in Veterans' LTC facilities for greater awareness of the post trauma sequelae in veterans of the Great Wars, and present ways to identify it in terms of psychological and social service needs for those whose lives have been influenced by less visible scars of battle; and (4) serve as a demonstration of the collaborative efforts involved in achieving the transfer of a resident from community to institution.

Finally, the workshop will (5a) introduce participants to interviewing skills that can help uncover subtle and/or underlying psychological concerns, (e.g., screen for PTSD) and (b) suggest ways to help develop the initial interdisciplinary care plan with intervention strategies ready for implementation following the resident's first care conference.

Theme: HOUSING AND COMMUNITY SERVICES

Chairs: Marlene MacLellan and Sean Keyes

067

RESOURCE INTEGRATION FOR SENIORS IN THE COMMUNITY (RISC): QUALITY IMPROVEMENT WITHIN EXISTING SYSTEMS

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Many integrated service delivery initiatives for frail elders have developed separate service delivery systems. RISC is an approach to functional integration focusing on quality improvement within existing systems. The goals of RISC are more efficient and effective service delivery and improvements in individual outcomes, utilization of acute care and satisfaction with service.

From December 2003 to 2004, RISC targeted frail elders eligible for home care in Ottawa. The model provided comprehensive assessment, rapid access to geriatric medicine and community support services, links with primary care and intensive case management. Participants were assessed using the MDS-HC. 70% were also assessed by specialized geriatric services. Individual health outcomes, participant satisfaction, cost of community care and acute care utilization were the primary outcome measures.

RISC participants had 35 ED visits and 20 acute care admissions – a considerable improvement over the project targets of 49 ED visits and 35 admissions. There was no increase in the cost of community care. Participant satisfaction with service was excellent.

Existing service delivery systems can be modified to better serve the needs of frail elders. The success of the RISC pilot has lead to expansion of the model in Ottawa and Eastern Ontario. RISC requires further controlled study.

068

THIS FULL HOUSE - A PILOT INTERVENTION PROGRAM TO ASSIST ELDERLY COMPULSIVE HOARDERS

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Compulsive hoarding by older adults is a disorder characterized by the accumulation of, and inability to discard excess items of limited use and questionable value. These items eventually impede an individual's ability to use one's living spaces appropriately and cause significant distress or impairment of functioning. Existing research suggests, not only is this condition on the rise, but that it runs a chronic and unchanging course. Hoarding behaviours may result in deterioration in personal, as well as public health and safety, and may ultimately render the individual homeless due to intervention by public health or fire safety officials.

Through a grant from the Winnipeg Foundation, Age & Opportunity has been piloting This Full House, an intervention program that aims to improve the health and quality of life of chronically self-neglecting elderly by providing appropriate clean up and counselling services. On going support is provided in order to ensure long-term maintenance of the client's residence. This paper will discuss the development of this intervention project - its objectives, share information on emerging client profiles, and comment on the project's outcomes and directions for the future.

069

NO ROOF OVER MY HEAD: AGE RELATED DISCRIMINATION IN HOUSING

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This paper examines the range of housing discriminations that older adults in Canada commonly face. Secure, affordable and appropriate housing is considered fundamental to "ageing well". However, older adults can experience multiple barriers in public and private housing that systematically deny them access to and security in housing in later life. Method & Results: Drawing on survey accounts provided by seniors organizations, and housing organizations, along with policy documents from across Canada, this paper highlights the multiple subtle and more obvious forms of discrimination that older adults commonly face in mainstream and seniors housing (independent living and supportive housing). Turning down prospective tenants based on their age (e.g. > 80) is only one of many types. Operators will often only select those who are perceived as "easy to house", unless other imperatives force them to do otherwise. Conclusion: Age related discrimination in housing is not a new phenomenon and often reflects the intersection of economic vulnerability, ageism, sexism and negative views of disabilities. Tenancy laws and human rights laws in Canada can compound the impact of the discrimination. This phenomenon is becoming increasingly more common in Canada, and needs to be addressed at a policy level in all jurisdictions.

070

CREATING A SEARCHABLE DATABASE OF SUPPORTIVE HOUSING FOR SENIORS IN CANADA

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This presentation will provide an overview of a current study, Inventory of Supportive Housing Options for Seniors (65+) in Canada. In addition to a time-limited survey of supportive housing projects across Canada, the study included a literature review, an examination of provincial and territorial policies and programs related to supportive housing for seniors, and the development of a searchable database of over 200 supportive housing projects developed over the past 15 years. The design of the database is flexible and provides for future enhancements and adaptations, including the development of supportive housing databases for other segments of the population, such as persons with disabilities, and people at risk for homelessness. The database and final report of the study should be useful to those wishing to find out about innovation in a variety of areas such as policy, programs, design and project management. The presentation will describe the objectives, methodology and results of the study. It will also provide an overview of the types of projects examined and an opportunity for discussion.The study was funded by Health Canada.

071

A LONGITUDINAL STUDY OF RELOCATION OUTCOME: HOW IMPORTANT ARE SENSE OF COMMUNITY AND RESIDENT OPTIMISM?

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Although the relocation literature is extensive, few studies have examined the impact of relocation on social variables. The goals of this study were first, to determine how relocation influenced residents' perceptions of their social environments, including sense of community (SOC), and second, to assess whether residents' SOC and optimism influenced their adaptation. This study longitudinally examined the course of SOC, social climate, and social interaction variables among a veteran nursing home population, 1-month prior, and 1- and 6-months post-relocation to a newly built facility (N = 33), where they were integrated with seniors from the larger community. In addition, the utility of two new predictors of well-being following relocation were considered: SOC/social climate, and optimism. Outcome measures were resident depression, and satisfaction with life and the nursing home. At 1-month post-relocation, predicted decreases in SOC/social climate and social network variables were evident, consistent with a period of adaptation following the move. By 6-months follow-up, levels of SOC/social climate and social networks had largely recovered to pre-move levels. Higher pre-move levels of SOC/social climate and optimism significantly predicted decreased depression, and increased satisfaction with life and nursing home at 1-month follow-up, as well as increased nursing home satisfaction at 6-month follow-up. Implications for relocation planning will be discussed.

Theme: PALLIATIVE CARE

Chairs: Nancy Guberman and Pascal Lambert

072

END-OF-LIFE CARE: WHO GIVES AND WHO RECEIVES?

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Older Canadians are less likely to reside in an institution than they were in the past, but are more likely to live in the community and receive care, including end-of-life care, from their family and friends.

The 1996 and 2002 General Social Surveys are the first large-scale, nationally representative surveys to provide detailed data on end-of-life care. Using the 2002 Statistics Canada General Social Survey, Aging and Social Support, this study examines who provides end-of-life care to seniors in Canada as well as the type and amount of care provided. Our sample size is approximately 700 respondents.

Descriptive statistics reveal that while both men and women provide end-of-life care, women spend more than double the amount of time than men. Multivariate analysis indicate that the caregivers' relationship with the care receiver is the only factor that determines amount of time spent on end-of-life care. These results suggest that when end of life care is needed, caregivers' forfeit balance to provide a high level of care.

Discussion focuses on the consequences, for the caregiver, of providing end-of-life care.

073

INFORMAL SUPPORT IN COMMUNITY-BASED PALLIATIVE CARE

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Introduction: Research in the area of palliative care has consistently demonstrated the significant association between informal support and a range of positive outcomes. The present study shifts the focus on social support from an independent to a dependent variable. The dependent variable was the number of hours-of-care and active monitoring provided by informal supports over a three day period.

Methods: Data were derived from a pilot test of the interRAI Palliative Care, by Community Care Access Centres coordinating home-based palliative care in Ontario. Data (N=358) was collected from February - May 2004. Bivariate and OLS regression analyses examined the extent to which selected categories of independent variables (sociodemographic, prognosis, pain experience, GI and cardio-pulmonary symptoms, mood, functional status) predicted variations in the hours of received informal support.

Results: The study sample was associated with a mean of 17.7 (std dev=17.6) hours-of-care. In the OLS regression (Adjusted R-Sq=.36 / F-Value=16.22 / Pr=.001) significant predictors included:living with a caregiver, shorter prognosis, inadequate pain control, higher impairment in cognition and ADL's, strong familial ties, and inability to lie flat.

Conclusions: In the coordination of palliative care, case managers should monitor a range of factors associated with higher care and potential caregiver burden.

074

CLIENT-FAMILY-NURSE RELATIONSHIPS WITHIN PALLIATIVE CARE

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The purpose of this ethnographic study was to explore the relationships between and among seniors, families and community nurses in home-based palliative care. The specific objectives were to: 1)acquire in-depth information about these relationship experiences; 2)examine contextual and other conditioning factors that influence these relationships; and 3)identify those needed changes in in-home services policy and program delivery in end-of-life care. Multiple, individual in-depth interviews were conducted with four seniors with terminal cancer, their next-of-kin, and visiting home nurses over a four to six month period of time. Participants were asked non-directive questions designed to trigger dialogue about their relationships in receiving and giving home-based palliative care. Immediately after each interview, all interview and fieldnote data were transcribed, reviewed, and edited, followed by individual and team thematic analysis. Study findings suggest that empowering relationships between and among seniors, their next-of-kin and community nurses are foundational to in-home palliative health care service delivery. These findings will inform evidence-based decisions of health care practitioners and key decision-makers regarding how they might strengthen supportive relationships within the context of home-based palliative care.

Funding: CIHR

075

LIVING WITH HOPE: DAILY CHALLENGES OF FAMILY CAREGIVERS AND WAYS TO FOSTER THEIR HOPE

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Hope has been identified as a resource used by family caregivers of terminally ill patients to deal with the care giving experience. The research team led by Dr. Wendy Duggleby (PI) developed and pilot tested a hope intervention to foster hope in family caregivers with 10 family caregivers caring for and living with terminally ill cancer patients. As part of this intervention daily journal entries called "stories of the present" were written by the participants describing their reflections of daily challenges and what gave them hope. Eighty journal entries were entered into N-6 software and analyzed qualitatively using Lubrosky's thematic analysis technique with the objective of describing the participants challenges and hopes. Participants described daily challenges of changing roles and relationships, financial, physical and psychological demands of care giving. The results also included emerging themes of what fostered their hope such as; support from home care, family and friends, success in care giving activities, and the comfort and peace of the terminally ill family member. The results of this study provide a foundation for future research and development of ways to foster hope in family caregivers of terminally ill patients.

This study was funded by the Canadian Institutes for Health Research

076

ADVANCE DIRECTIVES FOR END-OF-LIFE CARE IN THE ELDERLY - EFFECTIVENESS OF DELIVERY MODES

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Objectives: to examine the research evidence on the effectiveness of different methods for delivery and completion of advance directives (ADs).

Methods: A systematic review of randomized controlled trials (RCTs) on the use of ADs in populations aged 55 years or older.

Results: 10 RCTs met the inclusion criteria. Limited research evidence indicated that the mailing of written materials about ADs alone increased AD completion rates by 18%. Compared to provision of written materials alone, the addition of an interactive seminar significantly increased the AD completion by 38%, while the addition of educational videotapes did not increase AD completion. Education session plus telephone reminder did not increase AD completion when compared to education session alone. Physicians' discussions with outpatients increased AD completion by 15% to 16%. The most comprehensive and complex education program, Let Me Decide program, increased AD completion by at least 45%.

Conclusions: The optimal method to increase discussions with older persons about end-of-life health care issues and AD completion depends upon various factors such as competency, setting, target population, and available resources. The best-qualified professionals to deliver AD programs may be determined by the methods used for delivery, the complexity of the ADs, and setting.

077

PILOT STUDY RESULTS OF A PSYCHOSOCIAL SUPPORTIVE " LIVING WITH HOPE" INTERVENTION FOR FAMILY CAREGIVERS CARING FOR PATIENTS

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The purpose of this pilot study was to evaluate the Living with Hope program for ease of use, feasibility and potential influence on increasing hope and quality of life for these caregivers. The Living with Hope program consists of a 20-minute video (Living with Hope) and a 5-minute daily journal account of their caregiving challenges and daily reflections of hope. Using convenience sampling 10 family caregivers of palliative cancer patients participated in the study. Quantitative data was collected pre- and at one and two weeks using two scales: the Herth Hope Index (HHI) to measure hope and the Quality of Life in Life Threatening Illness- Family Caregiver (QOLLTI-F) to measure quality of life. As well, a qualitative evaluation interview was completed at the end of the end of two weeks. The study participants positively evaluated the study procedures and Living with Hope program. They reported it was easy to complete, feasible and effective. Reflecting at the end of the day helped them think about the good or positive things that had happened. The pilot study results suggest that the Living with Hope program may be an effective, feasible strategy to increase hope in family caregivers of palliative cancer patients.

This study was funded by the Canadian Institutes for Health Researchaz

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Theme: CARE SETTINGS: RELATIONSHIPS AND STAFF ISSUES

Chairs: Robyn Stadnyk and TBA

078

ENERGIZING THE WORKPLACE THROUGH ACTIVE LEARNING

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A rapidly aging society, coupled with a burgeoning mountain of information pertaining to seniors care, means that organizations today must be accountable for the information literacy of the people they employ. Given the emphasis on program relevance, evidence-based practice, and continuing competence it is no longer sufficient for an organization to provide traditional shelf-based or just-in-time learning products. Organizations today must be committed to developing the information literacy competence of all their care providers.

Northwood is a not-for-profit long term care, homecare and community outreach organization serving seniors and people at risk, in Nova Scotia. One corporate strategic thrust is to transform Northwood into a knowledge building organization through the Pillars of Knowledge-Building Project. The purpose of this presentation is to outline how Northwood is achieving this in one pillar of this multi-faceted project. The objective of this session is to provide an overview on how information literacy competence will be addressed.

Details of the four year plan will review how it will be organized, implemented, and evaluated. The session will demonstrate how elements of knowledge brokering can be integrated with themes of continuing competence, evidence-based practice, quality assurance.

079

CLOSE CARE PROVIDER-RESIDENT RELATIONSHIPS IN LONG-TERM CARE ENVIRONMENTS

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The care provider-resident relationship in long-term care is crucial for the quality of life of residents (Kelley et al., 1999; 2000). Yet, research into exploring how these relationships are defined is in an early stage of development. As part of a larger study by McGilton et al. (2003), care providers, residents and family members were asked to describe the meaning of a close care-provider-resident relationship. Twenty five residents and their family members, and 32 care providers participated in the study. Qualitative analysis using a constant comparative method (Chenitz & Swanson, 1986) revealed that care providers perceived close relationships by the degree of reciprocity they experienced with their residents and their emotional connection with them. Residents defined close relationships with care providers based on the care providers' caring attitude and behaviors. Family members viewed close relationships between their relatives and care providers by the positive effects of the care providers' behaviors on their relatives' well being. In addition, care providers, residents and family accredited different factors influencing the closeness of the care provider-resident relationship (i.e. values, time, power, patient characteristics). These results have implications for conceptualizing and measurement of close care provider-resident relationships and ultimately for enhancing resident care in facilities.

080

THE INFLUENCE OF SUPPORTIVE DIRECTORS OF CARE ON JOB STRESS AND JOB SATISFACTION AMONG NURSE SUPERVISORS IN LTC

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The lack of knowledge about effective management strategies for improving nursing home quality is identified as one of the highest priority areas for long-term care (LTC) environments (Binstock & Spector, 1997). Currently there is a paucity of research investigating the influence of supportive directors of care (DOC) on their staff. The purpose of the present study was to determine the influence of supportive DOC on nurse supervisors' (i.e. registered staff) job satisfaction and job stress. Seventy-five supervisors in 10 LTC facilities completed structured questionnaires to uncover these relationships. Findings identified that the supervisors perceptions of support from their DOC was a significant predictor of their job related stress ($B = -27$, $p < .05$), and of their job satisfaction ($B = .45$, $p <.001$). Further, as perceived job stress increased, supervisors with supportive DOC indicated a higher job satisfaction than those with less supportive DOC ($F = 9.6$, $p < .003$). These results highlight the importance of supportive DOC in order to enhance the work environment for supervisors.

081

LOOKING BEYOND: THE RNS' EXPERIENCE OF CARING FOR OLDER HOSPITALIZED PATIENTS

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Older patients comprise a large portion of patients in the acute care setting. Registered Nurses (RNs) are one of the main care providers in this setting. Literature review revealed a limited number of studies describing their experience. Using Glaser's (1992) grounded theory approach, this study explored the RNs' experience of caring for older patients (age 65 and older) on an orthopaedic unit in an acute care hospital. Saturation was reached with a purposive sample of nine RNs. Data was analyzed using Glaser's (1992) constant comparative technique. Participants described the basic social problem as dealing with the complexity of older patients. The basic social process identified was the concept of 'looking beyond', defined as looking at the big picture to find what lies outside the scope of the ordinary. Three sub-processes of looking beyond were identified as connecting, searching, and knowing. This dynamic process assisted the RNs in managing the medical, communicative, and social complexity of older patients. The results of this study have implications for nursing practice, education, and research. These findings may provide RNs with a process to manage the complex care of a large portion of our growing population.

082

CAREER SATISFACTION IN GERIATRIC NURSING

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The objective of this qualitative study was to discover what leads to career satisfaction in nurses who care for older people. In other words, what inspires nurses to choose to care for the aged and subsequently what gives them the energy to continue to care. Registered nurses where asked, "Could you tell me about the moments in your career when you where satisfied that you had chosen the 'right' career?" Data were collected through an innovative research technique the researcher called web-based narrative exchange. Through a research website participants answered the research question by providing examples of the experiences in their careers that reassured them that they had made a positive career choice. These submissions were analyzed using techniques developed by van Manen (1990) and Oiler (1986). Themes were identified which provide a description of the experience of career satisfaction. Research findings show that caregivers felt most satisfied when they had intimate interactions with clients that allowed them to make a difference. This deep human connection was the overarching theme in career satisfaction. Specific sub-themes include affirming value and worth, treating people with dignity, finding out what clients really want, creating hope and keeping the promise to never abandon.

Theme: STRATEGIES FOR CHRONIC ILLNESS

Chairs: Susan Kirkland and Kerry Byrne

083

CHRONIC CONDITIONS AND PHYSICAL ACTIVITY IN OLDER CANADIANS

Maureen Ashe, Janice Eng, William Miller and Luc Noreau, GF Strong Rehab Research Lab, 4255 Laurel Street, Vancouver, BC, V5Z 2G9, (*mashe@telus.net*), Tel: (604) 315-0988

Over 80% of Canadians >65 years report having one chronic condition. While substantive literature highlights the impact of physical inactivity on the development of chronic conditions (such as cardiovascular disease), little is known about how chronic conditions influences participation in activity.

Over 24,000 Canadians >64 years were sampled on their physical activity using the Canadian Community Health Survey (CCHS). Objectives were 1) to report the proportion of people with chronic conditions who met the recommended weekly physical activity and 2) to determine if multiple number or different types of chronic conditions are associated with physical inactivity.

Less than 35% of people with at least one chronic condition obtained the recommended amount of physical activity. Mean kcal energy expenditure was 711 kcal/week which is below international recommendations. Individuals who were younger, men, non-smokers and married reported more physical activity. There was a significant difference in the proportion of individuals who achieved the recommended activity levels between different types of chronic conditions.

Given that a large proportion of older Canadians with chronic conditions are not meeting recommended activity levels, appropriate programs should be developed and participation should be encouraged.

084

ONTARIO'S STRATEGY FOR ALZHEIMER DISEASE AND RELATED DEMENTIAS

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Between 1999 and 2004, Ontario's Strategy for Alzheimer Disease and Related Dementias (ADRD) launched 10 initiatives to enhance capacity for ADRD care in the province. These were: 1) Staff Education and Training; 2) Physician Training; 3)Increase in Public Awareness, Information and Education; 4)Planning for Appropriate, Safe and Secure Environments; 5) Respite Services for Caregivers; 6) Research on Caregiver Needs; 7) Advance Directives on Care Choices; 8) Psychogeriatric Consulting Resources; 9)Coordinated Specialized Diagnosis and support; and 10) Intergenerational Volunteer Initiative. Since then, consultative resources to support care providers have flourished, educational provisions for health professionals continued expanding, while Dementia Networks, Psychogeriatric Resource Consultants, and Public Education Coordinators positioned the ADRD community well for coalescing with Ontario's emerging Local Health Integration Networks.

The tri-component Alzheimer Strategy Transition Project launched in September 2004 seeks to consolidate Strategy gains. A Round Table on Future Planning is striving to produce a comprehensive policy approach to ADRD; a Provincial Alzheimer Group coordinates Strategy nurtured initiatives; and, an Alzheimer Knowledge Exchange is being instituted to support translation of research and best practice into practice, and promote knowledge transfer. This presentation profiles the utility of the Project in entrenching strategic ADRD care provisions within Ontario's health system.

085

EVALUATION OF A SELF-MANAGEMENT PROGRAM FOR ARTHRITIS SYMPTOMS FOR A HOUSEBOUND OLDER POPULATION

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Introduction: Although psychosocial interventions have shown promise in the management of arthritis, they are not suitable for frail older adults. The program I'm Taking Charge of My Arthritis! was developed especially for this population.

Purpose: 1) To describe the impact of a self-management program on physical (pain, stiffness, fatigue and daily difficulties) and psychological (helplessness and coping effectiveness) health; 2) to explore the confounding, mediator or moderator roles of a series of fixed (individual characteristics) and changing variables (self-efficacy, outcomes expectations, social, and physical behaviors).

Method: A total of 113 housebound older adults diagnosed with either osteoarthritis (65%) or rheumatoid arthritis (35%), mean age 77.7 years, were randomized to an intervention (n=65) or a wait-list control group (n=48).

Results: Multilevel analyses showed that the experimental group had significantly less difficulties carrying out daily tasks and decreased feelings of helplessness after the program than the control group. The program had a significant positive effect on coping effectiveness. Post-program improvements on outcomes expectations and physical behaviors, moderated the impact of the program on helplessness. As well, improvement on outcome expectations moderated the difficulties of doing daily tasks.

Conclusion: A structured home-based arthritis self-management program can have a positive impact on health, particularly by decreasing helplessness and daily difficulties.

Funded by Canadian Institutes for Health Research Grant # MOP42547

086

USING A HOME AIR CONDITIONER: BEHAVIOURS AND INTENTIONS OF OLDER ADULTS SUFFERING FROM CHRONIC CARDIAC AND/OR RESPIRATORY DISEASE

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Because of their increased vulnerability in hot weather, older adults suffering from chronic cardiac and/or respiratory diseases are commonly advised to purchase and use home air conditioners (AC). The objectives of this paper are to assess behaviours and intentions regarding having home AC and to identify the correlates of such a practice using the Health Belief Model as a guiding framework. A convenience sample (n = 155) of older adults suffering from chronic cardiac and/or respiratory diseases was recruited in CLSC home-care programs and ambulatory clinics. Data were collected by interviewers using a closed-ended questionnaire. The percentage of respondents who declared having AC at home was 53%. Among those without AC, only 8% expressed the intention of purchasing AC in the next 12 months. Respondents were divided into two groups (1= having AC or expressing the intention of purchasing an AC unit; 0 = others). A sequential logistic regression analysis was performed on group membership as outcome. Results revealed four significant correlates: income level, perceptions of barriers and benefits related to using AC, and self-efficacy regarding the target behaviour. Results are discussed in terms of factors to be targeted in future health education programs for this clientele.

087

BALANCE CONFIDENCE AFTER STROKE

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Objective: This cross-sectional study describes and compares balance confidence between a sample of stroke survivors and a non-disabled comparison sample.

Methods: A convenience sample of 57 men and women at least 1-year post stroke, mean age of 67 years and Mini-Mental Test score >23 were compared with a non-disabled sex matched sample. Data from the Activities-specific Balance Confidence (ABC) Scale, the Berg Balance Scale and a variety of demographic and stroke related variables were collected and analyzed.

Results: Mean ABC score for the stroke group (63/100; 95%CI 58-68) was statistically lower than the comparison group (94/100; 95%CI 92-96) for total score and individual test items. Seventy-five percent of the stroke group scored below 80 suggesting need for treatment. No statistical difference was noted for ABC scores based on sex (p=0.393), median years of age (p=0.549), number of years since stroke (p=0.113) or paretic side (p=0.294), however, scores were different based on median Berg scores (p=0.001) for the stroke group.

Conclusion: Balance confidence was very low for the stroke sample. Balance confidence is linked to important health conditions and decreased participation in life activities. Interventions should be developed and trialed if prospective studies confirm that balance confidence is a concern.

Funding Source: Heart and Stroke Foundation.

088

FACILITATING DECISION MAKING IN ALZHEIMER'S DISEASE USING TECHNOLOGY

Kathryn Oakley, PhD

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This research investigated the use of technology (i.e., touch monitor) in facilitating decision making in individuals with Alzheimer's disease (AD). Subjective probability assessments of decisions in two memory and four perceptual psychophysics tasks were made by 20 individuals diagnosed with early to moderate stage AD. Half of the participants were required to report their decisions by pressing buttons on a traditional response panel and the remaining individuals responded directly on a tactile monitor. Although individuals with AD were able to make faster decisions using direct touch compared to the response panel, accuracy was higher using the response panel. Reduced accuracy may be partly due to difficulties associated with calibrating pixel sensitivity of the monitor. Nonetheless, when compared to previous finding with healthy seniors (Oakley, 1998; 2002), results support the view that it is the process involved in the expression of the decision that breaks down in AD and not decision making per se. These findings challenge the belief that individuals with AD are unable to make decisions, and highlight both the potential and the current limitations of technology as a facilitation or augmentation device in communication.

This post-doctoral research was funded by the Alzheimer's Association, USA, and ORNEC funding through the Human Oriented Technology Lab, Carleton University, Ottawa. In-kind support was received from the Memory Disorder Clinic SCO Hospital Services, Ottawa, and the Elisabeth Bruyere Research Institute, Ottawa.

089

AN EXAMINATION OF DEPRESSION IN PATIENTS WITH ADVANCED ILLNESS - PREVALENCE, TREATMENT, AND CORRELATES

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MDS 2.0 assessments were used to describe the prevalence and treatment of potential depression (PD) among continuing care patients with advanced illness (AI). 524 patients met our empiric definition of AI (based on a validated algorithm). A score of 3 or greater on the Depression Rating Scale (DRS) indicated PD. 29% of patients with AI scored greater than 3, making them nearly twice as likely to have PD as other patients (OR 1.8, 95% CI 1.5 – 2.2). Patients with AI were less likely to receive antidepressants (28.9% vs. 38.2%), even among those with a diagnosis (45.3% vs. 58.4%). Using logistic regression, correlates of PD were identified. Patients with cancer were less likely to have PD (AOR 0.37, 95% CI 0.2 – 0.6). Further investigation revealed that cancer patients were more often: designated as being at the end-of-life (OR 22.5, 95% CI 13.9 – 36.2), indicated to have received hospice (OR 14.5, 95% CI 9.0 – 23.2), and seen by a mental health professional (OR 2.7, 95% CI 1.6 – 4.4) or physician (t = -2.4, p = 0.02). These findings suggest that cancer patients received more targeted end-of-life care, resulting in a decrease in PD when compared to other patients with similarly advanced illness.

090

MILD COGNITIVE IMPAIRMENT AND FUNCTIONAL DEPENDENCY: THE ROLE OF HEALTH STATUS

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Examined the relationship between everyday functioning and cognitive impairment, and the possible mediating role of health. Participants were 757 nondemented community dwelling Canadians aged 65-99 yrs, who took part in the first wave of the Canadian Study of Health and Aging (CSHA-1). Participants were classified as functionally dependent (FD) or not dependent (NFD) using OARS functional scale. Cognitive impairment (MCI/CIND), or its absence (NCI), was identified by agreement between clinician and proxy report. Health measures included: symptoms of ischemia, depression, self-rated health, eyesight/hearing, arthritis/rheumatism, diabetes mellitus, and hypertension. Logistic regression analyses revealed an association between baseline MCI/CIND and FD, both cross-sectionally and over 5 years; FD was only associated with cognitive impairment cross-sectionally. Health did not significantly mediate the cognitive/functional relationship in either direction over 5 years, although individual cross-sectional associations were found for all health variables except hearing and diabetes mellitus. Baseline MCI/CIND, but not FD, predicted fivefold risk for incident dementia, controlled for age, gender and education. Age was a risk factor in all analyses. These results indicate that cognitive impairment likely precedes FD in time, and that physical health, while relevant at one time point, is not a useful predictor of 5 year functional or cognitive outcomes.

091

THE HOLOCAUST RESOURCE PROJECT AT BAYCREST CENTRE

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As the survivors of the Holocaust are now coping with the challenges of aging, it is apparent that early life trauma due to war impacts on the aging process, presenting new and challenging care issues for families and staff. The Holocaust Resource Project at Baycrest Centre responds to these issues on a multidisciplinary level that incorporates care, education and research, responding to the range of challenges and changes for all older adults and their families. Aging survivors of genocide must deal with the process of normal aging compounded with a legacy of unprecedented loss and suffering. The poster will demonstrate the scope of the multidisciplinary programs offered throughout the Centre, the research initiatives begun and the educational outcomes that reflect collaborative and informed practice. Emphasis will be given to the process and evolution of a multidisciplinary multi-faceted reactive and proactive Project model that can be replicated for use with other aging war survivors.

092

PALLIATIVE CARE IN LONG-TERM CARE: INNOVATIVE AND PROGRESSIVE APPROACHES TO SERVICE DELIVERY

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Long-term care facilities provide care for chronic illness, usually until death yet little research is directed at the provision of palliative are in these settings. The main objective of this research is to identify best practices in palliative care through the exploration of high quality approaches taken to provide palliative care at Veterans Affairs Canada facilities across Canada. This study is guided by the Canadian Hospice Palliative Care Association's (2002) A Model to Guide Hospice Palliative Care. Five facilities were selected for their high quality of palliative care programming. Data collection involves an analysis of written policies, interviews with key stakeholders at each facility, and observations at one facility. Results indicate that the components of the studied policies at each facility are similar. Each of the programs are very well resourced. Approaches to program implementation are individualized based on facility needs. Barriers to care include pain assessment of residents with dementia and human resources. Enhancers include a high capacity for maintain continuity of care. Findings suggest that the principles of palliative care are evident in these facilities and their experiences may enable other facilities to introduce palliative care. Funding has been provided by the Nova Scotia Health Research Foundation.

093

THE UNDERLYING BELIEFS OF OLDER ADULTS TOWARD STRENGTH TRAINING

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The benefits of strength training are important in preventing falls, prolonging independence, and improving the quality of life of older adults. Despite these benefits, rates of participation in strength training remain low within the older population. In addition, the factors that influence older adults participation in strength training have not been extensively researched.

The purpose of this study was to use the constructs of the Theory of Planned Behaviour to gain a better understanding of the psychological and social factors that influence older adult's participation in strength training. Two hundred participants aged 55 years and older completed a questionnaire, which assessed the constructs of the theory. Participants were classified into four groups based on self-reported levels of participation in physical activity. The groups included Strength-Trainers, Aerobic-Trainers, Strength-Plus-Aerobic-Trainers, and Non-Trainers.

Results revealed no significant differences between the groups on attitudes. Both the Aerobic-Trainers and the Non-Trainers differed significantly from the two Strength-Training groups on perceived behavioural control. The Non-Training group also differed from the two Strength-Training groups on subjective norms. The findings provide information about the factors that should be targeted in intervention designed to increase strength training in older adults.

095

FACILITATORS AND BARRIERS TO PHYSICAL ACTIVITY IN OLDER PERSONS WHO HAVE EXPERIENCED A FALL

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The purpose of this focus group study was to determine those factors that are motivators or are barriers to physical activity in older persons who have experienced a fall.

Twenty-six individuals (19 women, 7 men) over 65 years of age who had at least one fall in the past 12 months were recruited to participate in one of four focus group discussions that were audio-taped and transcribed verbatim. The participants were 78.8 ±6.1 years, experienced 2.0 ± 1.9 falls in the past 12 months, scored 80.5 ±76.3 on the Physical Activity Scale for the Elderly, and had 3.1±1.8 co-morbidities.

Facilitators of physical activity included the following intrinsic factors: self-motivation, fewer health complaints, high expectations for perceived benefits, deriving enjoyment from the specific physical activity program, self-efficacy, being able to adapt to a physical impairment, and performing physical activity out of a perceived necessity, the desire to preserve a sense of self and to maintain one's independence. Extrinsic motivating factors included: experiencing encouragement from an authority figure, and having social support. Qualities inherent in the physical activity that were facilitators included: an accessible physical environment, the availability of assistance to perform the physical activities, entertainment/distraction during the physical activity, and having a routine.

Barriers to physical activity included having physical disorders, not deriving enjoyment out of the physical activity, lack of self-efficacy, discouragement from authority figures, lack of social support, lack of entertainment/distraction, having a fear of falling, experiencing difficulty with balance, lack of time, poor social acceptance, and safety fears.

The facilitators and barriers to physical activity identified in this study should be considered in future designs of physical activity programs for older adults who have fallen in order to enhance the initiation and maintenance of physical activity.

096

WILL THEY BE SAFE?: A QUALITATIVE RESEARCH STUDY ON STAFF ATTITUDES TOWARD SAME SEX COUPLES LIVING IN LONG-TERM CARE

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The current research examined the attitudes of front-line staff toward same-sex couples living in long term care (LTC) facilities. Same-sex relationships and marriage remain a controversial issue in Canada. Same-sex couples wanting to move into a LTC facility may, therefore, encounter discriminatory barriers, for instance: lack of appropriate or respectful care and/or negative attitudes. A qualitative study was conducted to explore staff attitudes toward this vulnerable population. Semi-structured interviews were conducted with a sample of six front line care providers, 3 of whom identified as lesbian and 3 of whom identified as heterosexual. Interview questions were developed from existing literature on the experiences of older lesbian and gay couples and on the impacts of homophobia and heterosexism. Interviews were tape recorded, transcribed and analyzed for emerging themes.

Results indicate that those participants who identified as lesbian differ from heterosexual participants in relation to 1) perceived homophobia amongst staff; 2) the care needs and safety needs of same-sex couples living in LTC; and 3) whether front-line staff are capable of separating personal values and beliefs from professional responsibility in the workplace. These findings suggest that LTC facilities need to conduct in-service education/training on same sex couples living in LTC.

097

STRESS AS A MEDIATOR OF PRIMARY CONTROL AND WELL-BEING IN OLDER ADULTS

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A positive relationship between perceived control and well-being is prominent in the psychological research literature and similarly, much empirical evidence exists on the deleterious effects of stress. In addition, problem-focused coping (primary control) is thought to buffer stress (Lazarus & Folkman, 1984), and women's tendencies to appraise stressors relatively more seriously than men could explain gender differences in coping (Tamres, Janicki, & Helgeson, 2002). In light of these previous findings we hypothesized that stress mediates the relationship between primary control and life satisfaction, negative emotion, and illness restriction in older women, but not in older men. We examined 158 older individuals (100 women and 58 men) ranging in age from 72 to 91 years, who previously took part in the Aging in Manitoba and Successful Aging Studies (2001 and 2003). Regression analyses and Sobel tests run separately by gender supported our hypotheses. Stress was found to mediate the relationships between primary control and life satisfaction (z=2.57, p=01), negative emotion (z=-2.23, p=.03), and illness restriction (z=-2.59, p=.01) in older women, but not in older men. This project was funded by a CIHR Canada Graduate Scholarship to the first author and a CIHR Investigator Award to the third author.

098

IS HOME-BASED TRAINING FOR FRAIL ELDERLY WOMEN USING AN EXERCISE VIDEO EFFECTIVE?

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Physically frail elderly persons may have great difficulties in arriving to general training facilities which emphasizes the need for a variety of home-based training possibilities.

The effects of participation in a home-based training program with functional exercises following the guidance of an exercise video were investigated. After inclusion the subjects were randomized into a training group (TG) and a control group (CG). Subjects trained twenty-five minutes, three times per week for five months. Twenty-five (83 %) in TG (x=81.0 yrs +/- 3.3) and 28 (90 %) in the CG (x=82.7 yrs +/- 3.8) completed the program. Pre- and post-intervention measures included physical performance test (PPT), mobility tiredness score (Mob-t), maximal handgrip strength (handgrip), maximal biceps strength (BS), leg rig power (LEP), repeated chair rise (CR), 10 meter maximal walking speed (WS), semi-tandem balance (balance), and subjective health (health). No significant differences between CG and TG on baseline values were determined. Significant improvements were revealed for PPT, Mob-t, handgrip, BS, CR, and WS in TG, and for WS and health in CG (p<0.05). However, no significant between-group differences in pre to post changes were revealed. These results indicate that home-based training guided by an exercise video may be effective.

099

AGING AND ALZHEIMER DISEASE: HOW MUCH AND WHAT DO CAREGIVERS AND STUDENTS KNOW?

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The objective of this study was to assess knowledge about Alzheimer disease (AD) and aging in caregivers and undergraduate students. 53 people employed as caregivers of persons with AD and 53 undergraduate students completed the Alzheimer Disease Knowledge Test (ADKT; Dieckmann, Zarit, Zarit, & Gatz, 1988) and the multiple-choice version of the Facts on Aging Quiz #1 (FAQ1; Palmore, 1998). Overall, knowledge levels about AD and aging were low. Caregivers were found to be more knowledgeable about AD than were students (58% correct and 42% correct respectively), but these groups did not differ on knowledge about aging (40% correct and 39% correct respectively). The most common misconceptions and areas of ignorance are discussed. Performance on the ADKT and the FAQ1 indicates that caregivers and students know little about AD and aging, are ignorant of the facts, and have a number of misconceptions.

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COMMUNICATION ABOUT INTERGENERATIONAL FAMILY RELATIONS AMONG ASIAN CANADIAN ELDERS

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Results from three different projects highlight the diversity among Asian Canadian Elders in beliefs, roles and expectations about intergenerational family relations. The commonly held belief that Asian Canadian Elders strongly value filial piety and that older parents expect to receive support from their children is not always evident in our data on communication. From an international comparative data set, ratings of expectations about youth and elders for filial communication were similar across respondent groups although they revealed that Chinese Canadian adults emphasized the elder's traditional teaching role more than Canadians and even more than their Chinese Asian peers. Interviews with Chinese seniors residing in a long term care setting in Canada showed that respect, filial piety and support were important interpersonal factors which influenced people's perception of the "Good Life" and yet independence was also highly valued. Focus groups with Chinese and Filipino community dwelling seniors revealed various factors (e.g. health, employment, income and distance) also influence perceived roles and expectations about intergenerational family relations. Due to changing circumstances and life experiences of Asian Canadian Elders, their views about roles, expectations and family relations are diverse and evolving.

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CORRELATES OF BALANCE CONFIDENCE AMONG OLDER ADULTS IN A BALANCE-RETRAINING FALL PREVENTION STUDY

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The purpose of this pilot study was to examine the feasability and benefits of a fall prevention program for community-dwelling older adults. It was hypothesized that with practice of dynamic and functionally-related exercise tasks, older adults will be able to improve their balance and mobility, as well as enhance their sense of confidence and control over preventing future falls. Methods: Community-dwelling persons, age >60, who had experienced falls, were afraid of falling, or had poor balance were recruited through public advertisements. Thirty-one participants, who gave written informed consent, and who received the initial balance-retraining exercise program and completed a three month home exercise program, are the subject of this analysis. Each person received physical assessments of balance and mobility, and face-to-face interviews about balance confidence, perceived control, falls, health, and functional ability; these were administered at baseline and after completing the home program. Results: Balance confidence was statistically correlated with higher objective measure of balance, better self-rated functional ability, greater personal control over future functional ability (FFA), rejecting feelings of helplessness about maintaining FFA, and greater feelings of success in performing balance exercises. These findings have important implications when designing and assessing benefits of fall prevention programs.

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AN EVALUATION OF THE CANADIAN COALITION FOR SENIORS' MENTAL HEALTH: SUCCESS IN CONNECTING PEOPLE, IDEAS AND RESOURCES

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Seniors consitute one of the fastest growing population groups in Canada, and there is a serious need to advance opportunities to improve and to promote the mental health of seniors. According to Health Canada, by 2021, seniors will account for 18% of the population. Mental health and behavioural problems are not a natural part of aging and much can be done to prevent deterioration, restore health and maintain or enhance quality of life.

In order to respond to this need, the Canadian Coalition for Seniors' Mental health (CCSMH)was established in 2002, with the mission "to promote the mental health of seniors by connecting people, ideas and resources". In just two years, the CCSMH has managed to facilitate information sharing and dissemination of ideas. Working groups continue to advance work in the areas of advocacy, education, guidelines, research, best practices, assessment and treatment and caregiving. The CCSMH currently has over 85 organizations and 450 individuals who are members.

An evaluation using qualitative and quantitative methods was conducted to review and provide feedback on the process of coalition formation and implementation. Objectives included assessment of the effectiveness of the meeting process; member satisfaction with how the CCSMH operates; and to document the activities, accomplishments and challenges of the Coalition. Funding for the evaluation was provided by Health Canada, Population Health Fund.

This original display will provide relevant information on the successful formation, partnerships and initiatives of the CCSMH and provide insight to stakeholders who are inspired to join the CCSMH or engage in collaborative initiatives to affect change.

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THE CONTINUING CARE RESEARCH PROJECT

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Veterans Affairs Canada (VAC) and the Government of Ontario have an interest in contributing to the broader policy debate regarding the provision of health services for the elderly in Canada. To achieve this goal, two concurrent face-to-face survey studies are underway at Veterans Affairs Canada. The first study (N=650) will evaluate a VAC pilot project that was designed to provide home care services to veterans who were on residential care waiting lists in Halifax, Victoria and Ottawa. The second study (N=1728) will be a collaboration with the Province of Ontario and will compare the outcomes and costs of providing home care, supportive housing and residential care to Veterans Independence Program clients in Ontario. The project will be conducted over an 18 month period (starting Spring 2005) and will contribute to national policy discussions on continuing care in Canada.

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CHARTING A STRATEGIC COURSE FOR HEALTHY AGING AT THE NEW PUBLIC HEALTH AGENCY OF CANADA

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A heightened interest in public health by all levels of government, combined with a changing federal context, recently prompted the Division of Aging and Seniors (DAS) to review its work on healthy aging and seniors' issues within the context of the newly created Public Health Agency of Canada (PHAC).

Beginning in summer 2004, DAS initiated an internal policy review, with the purpose of identifying seniors-specific public health priorities. This review consisted of examining the past ten years of knowledge about key seniors' issues and assessing each issue against established criteria, such as: key evidence; desired results and potential for DAS involvement; specific actions required; and partner considerations. Key environmental context factors were also considered, including broad international, national, federal and departmental conditions.

This process identified eight strategic directions for DAS. These priority issues have a number of shared risk factors and strong potential for partnerships:

- Falls Prevention
- Type 2 Diabetes
- Alzheimer Disease and Related Dementias
- Seniors' Mental Health
- Healthy Aging
- Seniors and Infectious Diseases
- Disability
- Medication Management

Other issues that will be monitored for future attention include immunization; health human resources; age-related vision loss; seniors oral health; physical activity; and healthy eating for seniors.

The purpose of this poster session is to present DAS' proposed directions to interested stakeholders, to discuss their observations and learn about possible linkages to the related work of others.

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VISUAL SEARCH FIELD PERFORMANCE IN PEOPLE WITH MILD COGNITIVE IMPAIRMENT

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The ability to focus attention is slower in the elderly than the young, particularly when there are a greater number of distractors present. Impairment of speed of visual processing and selective attention have also been documented in Alzheimer disease, however, reaction time improves if the distractors are clumped around the target. It is not known whether patients thought to be in the prodromal phase of Alzheimer disease would show a similar facilitation of performance.

Fifteen Normal Elderly Control (NEC) and thirteen patients diagnosed with Mild Cognitive Impairment (MCI) were tested on the visual search task. The within group variables manipulated were target presence, number of distractors, type of distractor, and distractor location.

For the MCI group, clumping improved performance when there were fewer(6) distractors but had no effect on performance when there were 12 distractors.

It appears possible to improve visual attention in MCI participants particularly if the target is actually present but never to the point that they perform as well as the elderly control subjects. This has implications for cognitive rehabilitations strategies in this group of patients.

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COMPORTEMENTS AGRESSIFS PHYSIQUES : INTERACTIONS ENTRE DES RÉSIDENTS SOUFFRANT DE DÉMENCE ET LEURS SOIGNANTS LORS DES SOINS D'HYGIÈNE DU MATIN

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Cette étude met l'accent sur le processus interactionnel entre les soignants et les personnes souffrant de démence qui manifestent des comportements agressifs physiques (CAP) lors des soins d'hygiène. Des analyses séquentielles des 270 données d'observation directe en temps réel sont réalisées afin d'identifier les antécédents comportementaux des soignants ainsi que les conséquences des CAP des patients. Les données indiquent que les consignes émises par les soignants ($p < 0{,}01$), les énoncés négatifs ($p < 0{,}01$) ainsi que les touchers liés aux soins ($p < 0{,}01$) précèdent les CAP des résidents. Notamment, les CAP sont davantage exacerbés par les soins du visage ($p < 0{,}01$) et la toilette haute ($p < 0{,}01$). Quant aux soignants, ils tendent à répondre à ces comportements par des énoncés négatifs ($p < 0{,}01$) et des consignes ($p = 0{,}03$). Les résultats sont importants car ils augmentent l'habileté à prédire les conditions dans lesquelles certains CAP ont davantage de probabilités de se produire. (Ce projet a reçu le soutien financier du Conseil de recherche en sciences humaines du Canada)

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CONTENT OF REGRETS AMONG OLDER INDIVIDUALS

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Learning about individuals' regrets is intriguing, in particular because knowing what people regret can reveal a little about their life story, about what they value, and perhaps what important events they are facing at a given time. The purpose of the present study was to explore what older individuals regret, using a qualitative approach in which regret was not predefined by the researcher. The study sample ($N = 228$) included community-living individuals (ages 79-98 years; 63% women) who participated in the Successful Aging Study (SAS) 2003. Participants were asked how often, if ever, they had experienced regret in the past couple of years. Those individuals who reported feeling regret ($n = 150$; 66%) were then asked what had caused their feelings of regret. Up to two causes were recorded per participant. Content analysis of the 215 reported regrets revealed 11 categories, the top three most common being regrets relating to 'things not done' (e.g., helping someone, getting more education), 'death' (e.g., loss of spouse/ friend), and 'poor health' (self/others'). This pattern held for males and females, and for the younger (<85) and older (85+) participants. As people get older and face difficult events such as deaths of friends or age-related changes in health or capabilities, it is perhaps not surprising that the content of regrets would focus around these events.

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AGING IN MANITOBA: A SYMPOSIUM IN HONOUR OF BETTY HAVENS *

Chair: Barbara J Payne, PhD, University of Manitoba

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The Aging In Manitoba (AIM) longitudinal study is the longest continuous, representative population-based study of aging in Canada and the only longitudinal study of aging in the world that combines a comprehensive interview survey with full health services utilization and certified death data. The database exists as a result of the vision and foresight of the late Betty Havens, who initiated the first cross-sectional study on behalf of the province of Manitoba in 1971. This symposium honours Betty's remarkable contributions to the senior population of Canada and to gerontological researchers worldwide by highlighting the past, present and future work of AIM. This symposium brings together four researchers who have conducted studies based on the AIM database. The researchers will provide an overview of the breadth of the longitudinal database, a recollection of Betty's goals for the development of the initial study and the early work linking survey and health services data, and synopses of past, present and future key studies using the AIM database.

AGING IN MANITOBA (AIM) 1971 TO 2005: A BRIEF OVERVIEW

Barbara J. Payne

The objective of this paper is to present an overview of the legacy of Betty Havens, the Aging in Manitoba (AIM) study. Given that AIM is the longest running population based study in Canada, this overview provides only a succinct glimpse of the many facets of this complex and comprehensive database. Included in this presentation are: acknowledgements of the 8,947 Manitobans who have participated in AIM over the 34 years and various past and current funders; the role of AIM in the training of students; a summary of knowledge translation; brief descriptions of the samples for the 1971, 1976, 1983, 1996 and 2001 waves; an overview of selected measures; a description of the extent of the data; a listing of policy and seniors' relevant research opportunities; selected policy relevant findings and their implementation; recently completed projects; current research; and, areas for future research. The presentation concludes with a personal reflection on Betty's role as a mentor to this author and to many other gerontological researchers worldwide.

THE BEGINNINGS: AIM AND LINKING AIM AND HEALTH SERVICES UTILIZATION AND MORTALITY DATA

Evelyn Shapiro

As a long-time friend, co-worker, co-author and colleague of Betty's, Evelyn Shapiro will reflect on the early beginnings of the Aging in Manitoba study, Betty's recruitment to Manitoba to work on the study and anecdotes regarding the inclusion/exclusion of various measures as the 1971 study was formulated. The discussion will then turn to some of the earliest research results that linked the AIM database to health services utilization and vital statistics data. This includes studies on the use of hospitals, nursing homes and health care services, risk factors for institutionalization and the seminal research by Mossey and Shapiro on the relationship between self-rated health and mortality. This paper will provide a background for additional and more recent research that also utilized the AIM database.

AGING IN MANITOBA: A RICH RESOURCE FOR RESEARCHERS

Judith Chipperfield

The richness of the AIM database and the encouragement and willingness of its Principal Investigator, Betty Havens, to provide researchers with access to AIM has resulted in many opportunities for researchers. As one of the benefactors, Judy Chipperfield presents an overview of select findings that have emerged from analyses of the AIM database and a subset of AIM participants (n=353) who took part in the Study of Adaptive Strategies(SAS). As an offshoot of the AIM, the multi-method SAS project involved face-to-face interviews to obtain information about a variety of psychological aspects such as emotions, health beliefs, perceptions of control, and adaptive strategies. Approximately 7 years later, these selected ongoing participants completed a follow-up SAS interview and also wore mechanical instruments called actigraphs to assess their minute-by-minute physical activity. The SAS interview and actigraph data were then linked to the larger longitudinal AIM database that contains Manitoba Health records, thus combining information from self-reports, mechanical recorders, and an administrative health registry. An overview of findings will illustrate how social factors such as marital status transitions and psychological factors such as perceptions of control relate to various indixes of well-being including life statisfaction, physical health, hospital admissions, and survival.

AIM RESEARCH SINCE 1996

Madelyn Hall

The AIM panel survey in 1996 marked the twenty-fifth year of the study. Subsequently, new work was undertaken to highlight the experiences of older Manitobans, then aged 72 and over. One study explored the aspect of coping with a natural disaster in later life through interviews with study participants living in areas affects by flooding in 1997. In conjunction with Manitoba seniors' groups, another study examined issues of social isolation and loneliness for older women, followed by a similar project for older men. These, and succeeding work, are bringing attention to these issues nationally and internationally. A further recent study investigated diabetes and aging. Follow-up work was sponsored by Creative Retirement Manitoba and Health Canada to prepare materials to help seniors take a proactive approach to managing or preventing diabetes. Currently, AIM research is building on new items included in the 2001 panel survey. The Canadian Institutes of Health Research (CIHR) has funded a two-year project using survey and utilization data to investigate medication adherence behaviors. Another CIHR-funded project will explore the concept of voluntary influenza immunization as part of a regime of self-care; and a project funded by the Social Sciences and Humanities Research Council will seek to understand successful aging within the context of seniors' experiences; and a CIHR-funded study will examine the concept of persistent good health.

*Sponsored by CIHR Institute of Aging

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FRAILTY: EVIDENCE OF AN EMERGING CLINICAL AND RESEARCH PARADIGM?

Chair: Howard Bergman, MD, McGill University

Christina Wolfson, Margaret Penning, Francois Beland, Brandi Row, Geoff Fernie, Tamas Fulop and Sathya Karunananthan, 3755, Côte Ste-Catherine, E Lady Davis Institute T2, Montréal, QC, H3T 1E2, (*sathya.karunananthan@mail.mcgill.ca*), Tel: (514) 340-8222 ext 2169, Fax: (514) 340-8617

Frailty is an emerging, controversial and enigmatic concept. Researchers, policy makers and health care providers have recognised the impact that frailty has on the affected individuals, their families, particularly those involved in caregiving, and society. In the past two decades, there has been a substantial growth in research on frailty: basic biological and social mechanisms; prevalence and risk factors at the population level; markers for early detection and diagnosis; population health and social interventions; clinical interventions in the detection, prevention, treatment; rehabilitation and care of frail older persons, including the use of technology; organization of services in the healthcare system. However, despite the growing body of literature, there is as yet no consensus on the definition and criteria used to describe frailty, and little knowledge on the quality of evidence related to the concept. The Canadian Initiative on Frailty and Aging is a large collaborative study that aims at furthering our understanding of the causes, implications and trajectory of frailty and improving the lives of older persons at risk of frailty through the dissemination of knowledge on its prevention, detection and treatment as well as the cost-effective organisation of services. In its first phase, the Initiative has collated, reviewed and identified gaps in existing research through a series of systematic literature reviews on frailty. This symposium will present the results of the systematic literature reviews on the prevalence of frailty, the social and biological bases of frailty, and the potential role of the environment and technology in the prevention and management of frailty.

THE SOCIAL BASES OF FRAILTY

Margaret J. Penning and Francois Béland

The concept of frailty is widely used within aging, health, and health care literature. Yet, the meaning of frailty and the role of social factors in influencing frailty over the life course remain unclear. This paper draws on the results of a systematic review and synthesis of longitudinal studies published between 1997 and 2004 that reported associations between social factors and frailty-related outcomes such as functional impairment and disability (onset, decline) among older adults and others in the community. Seven different databases were used to identify relevant articles, with social factors categorized into four domains: social structural location; health behaviours; social integration and support; and psychosocial factors. Findings indicate the importance of various social factors to the onset of frailty-related outcomes; evidence of their impact on declines in functioning appears less strong. The complexity of the relationships involved, gaps in available literature, and implications of the findings for future research and practice are discussed.

THE BIOLOGICAL BASES OF FRAILTY

Tamas Fulop

The concept of frailty or a frailty syndrome is now well established in geriatric practice. However, the exact biological basis of frailty has not yet been established. We conducted a systematic review of literature published between 1997 and 2004 in order to improve our understanding of biological factors associated with frailty. Of 2,113 articles retrieved, nearly 80 were relevant original studies that were retained for in depth review. The methodological quality of the selected studies was assessed. The definition of frailty and the study populations varied widely across studies. The outcomes measured were very broad and only a few studies assessed frailty as the main outcome. Of the large number of biological parameters that were assessed, inflammatory (e.g.IL-6), metabolic (e.g. lipids) and coagulation (e.g. d-dimer) parameters were most consistently associated with the frailty syndrome. There is insufficient evidence to make definitive conclusions on the biological basis of frailty. The strengths and weaknesses of the existing literature and implications of our findings for future research and practice are discussed.

THE ROLE OF THE ENVIRONMENT AND TECHNOLOGY ON FRAILTY IN OLDER ADULTS

Geoff R. Fernie and Brandi S. Row

Assistive technology and environmental modifications help to prevent, delay, or minimize the negative repercussions of frailty by reducing the effects of functional limitations and dependence. Though there is a clear need for improvements to be made to adaptive technologies in order for them to be more effective and easier to use, they are typically well accepted by older adults with disabilities. The use of technology is associated with reduced hours of personal help required, a reduction in the rate of decline in functional independence, and reduced spending on hospitalizations and in-home care. However, advanced states of disability require a combination of technology and personal support in order to be most effective. While there is evidence that the state of the physical environment (cleanliness, neatness, repair) is important in long-term outcomes, there is not a clear positive association between finding and removing home hazards and reducing falls.

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THIRD AGE EDUCATION IN THE AGE OF THE CONTINOUSLY DEVELOPING MIND

Chair: Sandra Cusak, Ph.d, Guttmann-Gee Research Fellow in Educational Gerontology, Gerontology Research Centre, Simon Fraser U

Andre Lemieux, William Randall, Clive Keen and Gratien Allaire, Gerontology Research Centre, Simon Fraser University 515 W. Hastings St., Vancouver, BC, V6B 5K3, (*scusack@sfu.ca*), Tel: (613) 722-8656

Third Age Education takes on new significance in the 21st Century, which has been called “the age of the continuously developing mind” (Baltes, 2001). This calls for innovative educational programming for adults across the lifespan and presents unique challenges for Educational Gerontology and teaching the older adult. In the 1970’s, American gerontologist, David Peterson first defined the field of Educational Gerontology as a profession that encompasses three key components:

(1) public education about aging with the focus on effective teaching methods

(2) education for older adults (i.e., third age education)

(3) attitudes toward aging.

During the 1980’s, British gerontologist, Frank Glendenning, introduced the notion of “Critical Educational Gerontology”, which added a critical perspective on the role of education to empower older people. During the 1990’s, as the concept of lifelong learning was embraced worldwide, older adult education programs mushroomed and morphed into various unique, regional programs and opportunities for learning.

This symposium brings together a panel of professionals from across Canada, who are affiliated with four different third age education program models. Each presenter will touch on the following:

- the structure of delivery – i.e., program model
- what they have learned, what works, who participates
- what is unique about learning in later life
- the role of education in successful/healthy aging
- current challenges
- future directions.

Following short presentations, panelists will have an opportunity for informal discussion and dialogue and questions from the audience.

MENTAL FITNESS FOR LIFE

Sandra A. Cusack

“Mental Fitness for Life” is a healthy lifestyle program that consists of an 8-week series of 3-hr. workshops. The program is based on a decade of research and program development in a seniors community centre in Greater Vancouver that began with two questions: (a) what is mental fitness? and (b) how do we develop it? The research team concluded that mental fitness is vital to healthy aging and, like physical fitness, includes key components that can be exercised and developed. The program exercises 7 essential skills or steps: (step 1) goalsetting, (step 2) powerthinking, (step 3) creativity, (step 4) positive mental attitude, (step 5) learning & memory, (step 6) speaking your mind, and (step 7) developing a personal mental fitness program. Each session integrates the latest most effective research, strategies, and homework assignments. The program was tested with more than 400 adults aged 50 – 92; and recently translated into a personal program in the publication “Mental Fitness for Life: 7 steps to healthy aging”. Dr. Cusack will focus on (3) attitudes toward aging and the impact of the program on health.

GERONTAGOGY: AN EDUCATIONAL COMPETENCE MODEL FOR TEACHING THE OLDER ADULT

Andre Lemieux

What is missing from the work of Peterson and Glendenning and subsequent research and practice is the location of older adult education or third age education within a discipline that contributes to guidelines for effective practice. The disciplinary practice of “Gerontagogy” situates older adult education within the broad field of education, as an extension of pedagogy (initial education of children) and andragogy (recycling of learning for adults). “Gerontagogy” refers to the reactiualization of seniors learning for a better social and cultural life. Dr. Lemieux will present an “Educational Competence Model,” which is outlined in his book, “Gerontagogy beyond words: a reality”. His presentation will focus on what is unique about older adult education and offer guidelines for effective practice.

AUTOBIOGRAPHICAL LEARNING: A UNIQUE AND INTEGRAL PROCESS OF “GROWING” OLDER

William L. Randall

The Third Age Centre is a not-for profit organization founded in the late 1980s through the Department of Gerontology of St. Thomas University, where it is currently housed. Organized and operated by seniors themselves, the Centre has a mandate of education, advocacy, and community-based research around issues of importance to the older adult population in the greater Fredericton region and throughout the province.

Drawing on concepts from the emerging field of narrative gerontology, his own research into the nature of biographical aging, and his experience conducting workshops with older adults on the topic of reading and writing one's lifestory, Dr. Randall will discuss the concept - and process - of what might be described as "autobiographical learning". He will argue that such learning may be uniquely possible only in later life, that it is integral to what is otherwise called Wisdom, and that it represents a key dimension of the process of "growing" (as opposed to merely getting) old.

THE SENIORS COLLEGE OF PEI: CELEBRATING SUCCESS AND OFFERING GUIDELINES FOR REPLICATION

Clive Keen

The Centre for Life-Long Learning is responsible for a wide variety of learning opportunities, ranging from ESL to Transition Programs, Management and Professional Training to Summer Institutes. One of its most interesting responsibilities is support and development for the Seniors College of PEI, which is affiliated to, and hosted by, the University. The Seniors College has been growing extremely rapidly in recent years. In 2002-2003, there were 97 members, taking 25 classes in Charlottetown. In 2003-2004, numbers grew to 167, with 31 classes at Charlottetown. Numbers in 2004-2005 had grown to 280, including 60 Summerside members, taking 41 courses in Charlottetown, and eight in Summerside. In 2005-2006, the College will offer more than 30 classes in Charlottetown, 26 in Summerside, and 4 in a new site – Tyne Valley. A capital campaign is underway to build a dedicated headquarters, on the UPEI campus, for the College. Dr Keen will discuss the reasons for the remarkable success of Seniors College and give advice on the replication of such Colleges in other jurisdictions.

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RAISING AWARENESS ABOUT OLDER ADULTS' MENTAL HEALTH AND ADDICTIONS: RESULTS OF 2 UNIQUE PROJECTS

Randi Fine, MSW, Older Persons' Mental Health and Addictions Network of Ontario

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In recognition of the growing need to address issues related to older adults' mental health and addictions the Older Persons' Mental Health and Addictions Network of Ontario was formed in 2002 under the sponsorship of the Ontario Gerontology Association.

In focusing primarily on raising awareness about those older adults at risk who live in the community, and heightening provincial awareness of the essential link and often artificial divide between mental illness and addictions in the older adult, OPMHAN quickly became a forum for discussion on the challenges inherent in dealing with these cross-cutting issues and for strategic thinking about how to overcome these challenges. OPMHAN's accomplishments in its short history have been truly ground-breaking and exciting.

This workshop will present the first opportunity to report fully on the results of two innovative projects undertaken in 2005. "Raising Awareness About Older Adults' Problematic Substance Use", funded by the federal Drug Strategy Initiatives Fund, involved the delivery and evaluation of 8 workshops for service providers, and 8 for seniors and family members, in diverse communities across Ontario, as well as the production of two distinct resource kits. "Addressing Seniors' Mental Health and Addictions: Peer Support Options", funded through a New Horizons grant, piloted and evaluated peer support options for older adults and their families at risk of, or coping with, mental illness and/or addictions in 2 diverse communities and 4 differing settings

Through the use of participant generated case studies and interactive discussion, participants will share the resources developed and the lessons learned through each of these projects, and will emerge with ideas for how to increase awareness of substance use among older adults and associations between physical and mental health, alcohol and substances - and to support those dealing with these debilitating concerns, in their own provinces and communities.

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BC'S ADULT GUARDIANSHIP LEGISLATION: ONE AGENCY'S EXPERIENCE IN THE USE OF LEGAL REMEDIES TO ABUSE

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Purpose:

1) To present the BC Adult Guardianship laws and their application to clinical practice.
2.) To identify clinical indicators of abuse.
3.) To present the legal options available using the Adult Guardianship legislation.

This session will describe the Adult Guardianship package of Legislation that was proclaimed in BC in 2000. Indicators of elder abuse and neglect will be described and a menu of legislative and clinical options will be presented for the remediation of the abusive situations. Case examples will be presented and the legal process of taking alleged abusers to court will be discussed.

The workshop format will be interactive with questions welcomed throughout the presentation.

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TRANSFORMING RESEARCH INTO PUBLIC POLICY ACTION

Cathy Crouse, MSW, Mount Saint Vincent University

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How can research be used to mobilize communities to influence public policy? The Nova Scotia Centre on Aging has used the qualitatative data generated from a study it released in 2002 to initiate a series of policy focused projects related to people with disabilites who are aging and their family caregivers. The workshop will identify the elements that contributed to the success of the policy projects and examine the ways that researchers can help to ensure that their work will support public policy change.

The workshop will include a presentation on the projects that have arisen from the initial Age Related Transitions Study conducted by Dr. Deborah Norris and Marlene MacLellan et al.(2002). The Building Policy Frameworks Project supported the development of an Atlantic Region network which articulated seven public policy goals related to older parents caring for adult sons and daughters with disabilites. A subsequent project partnered with a group of community organizations has focused on the development of a best practice model for self-managed care and supported decision making. Several working groups are currently formulating programs of research on aging with an intellectual disability and the assessment of the service needs of adults with intellectual disabilities.

The workshop will identify the elements that have enabled the research results to be used effectively to support community based public policy action. The factors that can hamper success will also be described. Workshop participants will be asked to contribute and explore their own experiences in translating research into public policy action.

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MUSIC THERAPY WORK WITH INSTITUTIONALIZED GERIATRIC CLIENTS

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"The definition of what is and is not therapeutic must be made in the context of an individual's specific needs. Within this framework, music is therapeutic in older individuals when it provides relief from physical, social, or emotional discomfort, and when it contributes to their ability to function" (Clair, 1996).

There are many changes going on for an individual who has just moved into a long-term care facility, these changes can be stressful, daunting, and overwhelming. Music therapy can help an individual through the stressful change they are experiencing by aiding in normalizing life in an institution.

This workshop will be an interactive experience for professionals interested in the possibility of offering music therapy services to clients at their care facility, providing them with an in depth look at what music therapy is, why it is beneficial in long-term care facilities, as well as a hands on approach to different music therapy techniques used with clients. This discussion workshop will give professionals an opportunity to discover music therapy, ask questions, and to consider the benefits to adding music therapy as a therapeutic tool for clients.

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AGING IN PLACE OR MOVING ON: OLDER ADULTS IN CANADIAN SUPPORTIVE HOUSING ENVIRONMENTS

Laura Watts, LLB, LLM (cand), Program Director, Canadian Centre for Elder Law Studies

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Across Canada, jurisdictions offer a variety of housing settings that provide some degree of care and support to residents. The extent to which residents can and should be able to remain in these settings as their physical and mental condition changes varies considerably.

Whether a person is able to "age in place" or is required to "move on" is open to wide interpretation at a policy level and in application by proprietary and non-proprietary operators.

In this Workshop, Judith Wahl, Advocacy Centre for the Elderly, describes key issues residents encounter in retirement homes in Ontario and available protections under the Ontario Tenants Protection Act, as well as Ontario's current provincial reform efforts.

Laura Watts, Canadian Centre for Elder Law Studies, will explore structural and legal challenges with specific emphasis given to transitional questions of residents "moving in and moving on".

Charmaine Spencer, Gerontology Research Centre, will describe this issue within the context of equality rights and discrimination as well as the broader framework of affordable housing in later life.

Theme: IDENTITY, PERSONHOOD AND HUMOUR

Chairs : Phil Clark and Heather Cooke

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AGING WELL AND IDENTITY: MATERIAL RELATIONS WITH SPECIAL THINGS

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Identity construction is an area of interest in aging-well research. The study of person-object relations provides insight into self-meaning making. Past research has focused on individuals' perceptions about special objects with little understanding of how object physicality plays a role in identity construction. A materialist lens directs researchers to 'see' the materiality of person-object relations. In response to the question, "How do relationships with special things contribute to individuals' sense of self and of their aging?", qualitative interviews were conducted with five European-Canadian women (75+ years) living in the community. >From a materialist perspective, three sub-themes and an overarching theme were identified. Special things are unique physical relationships of people and objects. Special things provide physical access to meaning and are physically demanding. Overall, participants indicate that they need to keep a few special things until death. Yet, participants downplay the importance of these things. This materialist ambivalence may be due to: a later-life perspective; a Western prioritization of the intangible; and/or a generational, gender effect that family and friends, not things, should be valued. Aging well for some people may be about not only making sense of self and of aging but also recognizing interdependence with physical things.

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"I HAVE ALWAYS BEEN A FIGHTER" & "I DON'T RUN FOR BUSES ANYMORE": OLDER WOMEN USING IDENTITY & ACTIVITY STATEMENTS TO MANAGE & NEGOTIATE LATER LIFE

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Late life transitions are understood to impact the lives and experiences of older persons in particular ways. While theories on ageing have shifted to reflect more flexible considerations of life course perspective, continuity, and diversity, the way these actually play out in older people's lives and experiences remains relatively unknown. This is especially the case when transitions related to disability and decline are considered. There is little known about the overlap between current theoretical perspectives of the life course, diversity, and the particular transitions related to disability and decline.

Drawing on the narratives of twelve older women, this paper explores how identity and ability statements used in narrative accounts play a key role in making meaning and interpreting experiences of disability and decline. While identities and activity statements varied between accounts, the use of these types of statements seems to shed light on the way that older women use their past, present and expected future to address complex life transitions related to disability and decline. As such, the accounts provide theoretical insight into the way that identity, continuity and diversity play out throughout the life course and particularly in the transitions of later life. (SSHRC & FQRSC).

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"ViéZO" (OLD BONES): SOCIAL REPRESENTATIONS OF AGING

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In this study of a group of elderly Haitians living in Montréal, based on 20 in-depth interviews, the purpose was to identify the content and operating procedure of social representations of aging. The initial analysis showed that seniors model their actions on two ideal types: the "actor" and the "pilgrim" (Haldemann 2002). A second analysis examined the links between the life course, the social position of seniors and their representation of aging. It appears that the representation of aging varies according to their experience in the workforce (degree and duration involvement in a wage-earning relation) and the cultural referents espoused (views on life and death). The study examined the interactions among the various social divisions (age, gender, culture, class) and considered immigration as one of the major disruptions in the life course.

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THE RAGING GRANNIES: OLDER WOMEN'S CONTRIBUTION TO POLITICAL EDUCATION THROUGH HUMOUR

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I propose to examine the distinctive and humorous activism of the Raging Grannies, a unique and inspiring Canadian example of older women's social engagement. Raging Grannies contribute to the political education of the population and challenge stereotypes of older women. Started in Victoria (BC) in 1987, groups now exist across Canada, United States, England, Australia, Greece, Japan and Israel. Warren Magnusson, professor of political sciences at the University of Victoria, called them a "brilliant example of a group acting out their protests" who use their credibility as grandmothers to "undercut the legitimacy of military violence, corporate greed, and governmental insensitivity" (1996: 93-94). With humour, songs and creative actions, they express their views on current issues and reveal that older women's passion and playfulness have often been left out: it is never too late for active citizenship. The Grannies contribute to the democratic process: "without citizens' commitment to put their bodies on the line and their willingness to demonstrate . . . there is no democracy" (Kaplan 1997: 188): democracy survives in its dissent. In a world desperate for notions of political action that require both, defiance of oppression and respect for life, their example is valuable. For this research, 46 interviews were carried out with 36 Raging Grannies from 12 groups from Halifax, NS, to Victoria, BC, and files kept by members of seven groups of Grannies were examined.

Theme: SERVICES FOR PERSONS WITH DEMENTIA AND THEIR CAREGIVERS
Chairs: Hazel MacRae and Andrew Burr

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REGIONAL VARIATIONS IN THE USE OF FORMAL COMMUNITY SUPPORT SERVICES BY ONTARIO DEMENTIA CAREGIVERS

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The use of formal community support services by caregivers providing support to persons living with dementia has shown to differ based on a variety of factors including caregiver's gender, family living circumstances, and the progression of the disease. However, beyond the occasional observation concerning the provision of such services in rural and urban areas, very little is known about more broadly-based regional differences in the use of formal community support services by caregivers. The purpose of this study was to examine the regional variations in the use of formal community support services by caregivers of persons living with dementia and to identify those factors that appear to be related to the variations. Data drawn from a survey of caregivers in Ontario (n=2,244) on their use of services, perceived access, perceived barriers to making use of services, and indicators of caregiver burden and well-being were aggregated into census divisions (i.e., counties) for comparisons based on region. Results indicated that dramatic variations in the use of community support services exist across the province and these variations are not linked exclusively to urban and rural regional differences. Further, the regional variations appear to be related differentially to selected caregiver characteristics such as levels of caregiver burden, overall well-being, and coping strategies.

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AN INTERVENTION PROGRAM FOR FAMILY CAREGIVERS IN THE EARLY DEMENTIA CONTEXT FOCUSED ON COMMUNICATION

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The present-day aging phenomenon is accompanied by a concommitant increase in dementia disorders such as Alzheimer's disease. In this context, nurses play an increasingly key role in providing care not only to individuals who suffer from this illness, but also to their family caregivers. In the early stages of the illness, because of deficits in memory, perception, attention and affect, communication becomes increasingly problematic for family members and friends. Within this perspective, a psycho-educational intervention with a focus on learning communication skills, was conceived for the family caregiver. The framework for this program is comprised of the McGill Model of health promotion, a constructivist orientation within geragogy, and self-efficacy theory. It includes five learning sessions (each 90 minutes in duration) with the caregiver. This study is conceived within an experimental design with pre-post measures and random assignment of caregivers to the program and to a comparison group (the latter group provided with printed information on the disorder). This presentation includes the content of the program (founded upon the scientific evidence relevant to the early stage of the disease), and the framework retained to evaluate the intervention.This research is conducted within the 'Chaire de recherche en soins infirmiers à la personne âgée et a la famille (the Desjardins Chair in Nursing Care for Seniors and their Families'), at the Université de Montréal; the chair is currently held by Francine Ducharme, PhD).

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RECONSTRUCTING PERSONAL MEANINGS OF DEMENTIA: IMPACTS OF A FORUM DESIGNED FOR PERSONS WITH EARLY STAGE DEMENTIA AND THEIR PARTNERS IN CARE

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People with dementia can learn and adjust to their illness, play a role in their own care and in decisions affecting their lives, and live meaningful lives when provided with adequate information, resources, and support. To realise this potential, persons with dementia need opportunities to learn more about dementia and effective strategies for coping with dementia. Yet, most learning opportunities are designed for family caregivers and professionals. The purpose of this paper is to report the findings of an evaluation of A Changing Melody – a learning and sharing forum designed to bring persons with early stage dementia together with other persons with dementia, their partners in care, and professionals to learn with and from each other as well as from experts in dementia care. Using semi-structured interviews with 15 persons with dementia, 12 partners in care, and 10 professionals who attended the one-day forum, we examined participants' experiences at the forum and potential impacts of the forum. The findings demonstrate that forums of this kind serve as a catalyst for the reconstruction of personal meanings of dementia through the gaining of new insight, the triggering of new awakenings, the enabling/empowering of participants, and the building of stronger self and group advocates.

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COMMUNICATION BETWEEN FAMILY PHYSICIANS AND PERSONS WITH DEMENTIA AT THE TIME OF DIAGNOSIS

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Persons with dementia have been underrepresented in research pertaining to the issue of diagnosis disclosure. The aim of this exploratory study was to examine the attitudes of family physicians and individuals with early stage dementia about the diagnostic process. Data were compiled from responses of 14 family physicians to a structured questionnaire containing highly selective questions, as well as in-depth interviews with 9 individuals with dementia. Using a conflict theoretical framework, the results show that family physicians do inform patients of a diagnosis for dementia. Although the majority of individuals with dementia are satisfied with their family physicians' communication, they were dissatisfied in terms of referral to community resources. Persons with dementia also felt that they received less than ideal care, particularly from specialists, in terms of how the diagnosis was disclosed. Physicians in this study continued to use an illness-centered approach rather than a patient-centered approach that acknowledges the patient as a person with unique needs and a life-story. Future research thus needs to address the development of a patient-centered model in which the understanding of the subjective experience of the person with dementia is essential.

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PERCEIVED STRESS AMONG ALZHEIMER SUPPORT GROUP MEMBERS IN NORTHERN ONTARIO

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In the midst of Canadian health care reform, an aging population and growing emphasis on community based care, it becomes relevant to explore the experience and service needs of Alzheimer disease caregivers. This study explores correlates to perceived stress among thirty-three participants from six Alzheimer Society support groups in the jurisdiction of Northern Ontario. The research tool consists of a 26-item self designed survey assessing characteristics of the support group, the caregiver, the care receiver, and outside assistance. These independent variables are examined to outline their probable influence on a caregiver's perceived stress. The survey incorporates Cohen's 4-item Perceived Stress Scale along with a question measuring self-identified caregiver stress which collectively creates the dependent variable perceived stress. Additionally, these caregivers express through open-ended survey questions how they view their role as a caregiver, what contributes to their stress and service ideas that they have for the future. Significant relationships are found between perceived stress and the independent variables self-care and gender. The open ended questions exemplify the rewarding yet challenging role in which the caregivers find themselves while service ideas suggest a more personalized approach to long-term care.

Theme: EDUCATIONAL GERONTOLOGY

Chairs: Sandi Hirst and Pamela Ross

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INNOVATION AND CHANGE IN GERONTOLOGY CURRICULUM

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Implementation of new and innovative approaches to teaching and learning have enhanced the McMaster Gerontology Programme. A formative evaluation process was initiated in 1999 to strengthen the Gerontology programme. Based on our research findings, an Academic Plan (2001) was developed which articulated our principles and a vision of the kind of students we wished to graduate. In order to pursue our plan for innovative change, the Gerontology programme competed for internal university funding and successfully received an Imperial Oil Departmental Learning Innovation Grant from the McMaster Centre for Leadership and Learning and a Special Projects Grant from the Faculty of Social Sciences. To provide students with additional opportunities for experiential education, new practice based courses and new non-credit professional development courses were added to the curriculum. Innovative teaching methodologies such as problem-based learning for social policy and practice courses and inquiry approach for research methods courses have been introduced into the programme. These changes were designed to increase students' knowledge and skills in specific areas and to enhance their learning experience in gerontology. In addition, we have strengthened our links to the community and alumni and actively cultivated a sense of community by working more collaboratively with the student association. We continue to seek input from the students and faculty as part of our ongoing evaluation to determine the effects of these changes. Interventions and innovation introduced in the Gerontology curriculum as well as the lessons learned from this change process will be discussed.

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THE DEVELOPMENT OF A PROGRAM IN GERONTOLOGICAL SOCIAL WORK

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The aging of the population is transforming our society and is providing challenges and opportunities for social workers. Social workers are in a position to provide psychosocial support to older adults and their families, and to affect change through program development, policy-making, evaluation and advocacy. In order to achieve this, social work education programs have a responsibility to develop and implement learning opportunities that prepare social work graduates to work effectively with and on behalf of older adults and their families. The Faculty of Social Work at the University of Calgary undertook this challenge through the development of a concentration in gerontological social work in their Masters program four years ago. Now in its third year of operation, this presentation will discuss the development, implementation and future of this program. Focus will be given to the strategies, challenges and lessons learned for the development of gerontological education.

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THE CASE FOR PROFESSIONAL SOCIAL WORK IN HEALTHCARE ON NORTHERN VANCOUVER ISLAND

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The role of the social worker in health care has been established for over one hundred years. Literature and industry standards support social work in health care. Health care providers have legal obligations under such legislation such as the Patient's Property and Adult Guardianship Acts that are best meet by and/or with the assistance of trained, professional social workers.

In 2004/5, the Upper Island Geriatric Outreach Program (UIGOP), St. Joseph's General Hospital, B.C., undertook a project to pilot and research the requirement for social work on that team.

The project consisted of a literature review, inventory of existing social work positions and health care sites, clinical demonstration, formal education, a survey and convenience sample.

The project demonstrated in all healthcare sectors on North Vancouver Island (NI), social work is seriously and chronically understaffed. Currently 1.3 fte are funded and comparisons show an immediate addition of 16.7 fte would not be unreasonable.

At this time social work on NI is really a blank canvas. A plan must be created for a co-ordinated, systematic approach to put in place integrated social work positions and retain workers in those positions. To do less leaves NI out of sync with industry standards.

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LESSONS LEARNED IN THE DEVELOPMENT OF AN INNOVATIVE INTERDISCIPLINARY DEMENTIA STUDIES CERTIFICATE PROGRAM AT LAKEHEAD UNIVERSITY, THUNDER BAY, ON

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The presentation will highlight how the learning needs of a diverse student population committed to dementia studies were acknowledged and addressed through the ingenuity of community and academic partners and effective applications of educational technologies.

In Sept. 2002, a consortium of community and academic partners from the districts of Thunder Bay and Kenora-Rainy River (a vast geographical area) identified the need for increased dementia-specific education for health and social service providers working with persons with dementia and their families. In response, representatives from interested community partners, Lakehead University academic units, the Centre for Education and Research on Aging and Health (CERAH), and the Office of Continuing Education and Distributed Learning (CEDL) established an advisory committee that developed an Interdisciplinary Certificate Program in Dementia Studies. Institutional resource parameters related to finances, human resources and technologies were also important in the planning, implementation and evaluation of this initiative.

This distance education program, offered since September 2003, and is comprised of degree-courses designed specifically, but not exclusively, to meet the learning needs of professional and family caregivers. Delivering this program to learners locally, regionally, and ultimately globally, presented challenges. A variety of teaching strategies, delivery modalities and evaluation methods were selected to support the achievement of the academic goals and objectives of each course. The life demands of adult learners and the availability of students' technological resources for distance learning were considered.

Success of the program can be measured by the continued cooperation and commitment of community partners, academic units and innovative technology experts as well as the evaluations from students and faculty.

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ADEPT: AN INNOVATIVE DEMENTIA EDUCATION TEACHING PROGRAM FOR FAMILY PHYSICIANS

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The objective was to develop, implement and evaluate an innovative educational program in dementia for family physicians. ADEPT is a small group interactive academic detailing program developed and accredited for mainpro-M1/C credits. Based on a needs survey, 9 practical modules were developed on dementia screening, diagnosis and treatment, risk factors and driving assessmentby a program committee of 14 specialists[geriatric medicine and psychiatry and neurology] and 8 family physicians. Initially in spring 2003, 14 specialists across canada attended a train the trainer workshop and subsequently in fall 2004 the program was expanded with 4 regional workshops to train specialists and family physician opinion leaders to provide the program in smaller urban centers and rural areas. Small group sessions involving over 500 physicians have been done. Academic detailing has been shown to be an effective learning method in other areas of medicine. Prior to each session, each learner identified which 2-3 modules were their top learning objectives.

Evaluation results include: on a 5 point likert scale, over 90% rated the degree to which their learning objectives were met as good or excellent, over 90% felt the program was preferred compared to traditional didactic CME programs, over 90% rated the binder modules as superior or very superior and over 90% rated the quality of information as good or excellent. Primary reasons for attendance were direct contact and time with a specialist {50%}, many elderly patients in their pracice{30%} and approximately 10% each for involvement with longterm care facilities and for educational credits. In this session the overall program and its development will be described as well as the evaluation results and physicians comments and recommendations in more detail. An academic detailing program in dementia was felt to be very effective by the attending physicians.

The program was supported by an unrestricted educational grant from Janssen-Ortho inc.

Theme: INTEGRATED CARE MODELS

Chairs: David Pedlar and Karine Veilleux

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LES SOINS D'HYGIÈNE DE LA PERSONNE ÂGÉE: UNE APPROCHE INTÉGRÉE

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Les soins d'hygiène représentent une partie importante des soins dans le contexte de l'hébergement et des soins de longue durée. Activités quotidiennes essentielles à la propreté, au confort, au maintien de l'image corporelle, voire à l'estime de soi, l'ensemble des activités reliées aux soins d'hygiène sont nombreuses et accaparent beaucoup de temps et d'énergie au cours de la journée. Cependant, la perte d'autonomie de la clientèle fait obstacle au caractère intime de ces activités et exige également des techniques, approches et appareillages particuliers. De plus, dans certaines situations, ces soins d'hygiène requièrent des techniques et connaissances spécifiques pour prévenir ou pallier des problèmes de santé plus spécifiques, des troubles de comportement ou de la douleur causée par les manipulations. On comprend donc que c'est toute la qualité de vie des résidents qui est touchée lorsque les soins d'hygiène correspondent exactement aux besoins de ces derniers.

Considérant les enjeux reliés aux soins d'hygiène et dans la perspective de milieu de vie, l'Institut universitaire de gériatrie de Montréal a mis en place un projet intégré touchant ces soins visant l'amélioration de la qualité de vie. Le projet comprend la révision des soins et du matériel, de la formation, du coaching et le réaménagement des salles d'eau, dans le cadre d'une démarche participative.

Ainsi, cet exposé présentera les différentes composantes, le déroulement et les résultats du projet pilote, de même que le suivi du projet.

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LES COÛTS D'UN RÉSEAU INTÉGRÉ DE SERVICES POUR LES PERSONNES ÂGÉES (RISPA)

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Le but de cette recherche est de développer et d'appliquer une méthode servant à évaluer les coûts d'implantation et de fonctionnement d'un RISPA de type coordination.

Une micro-analyse réalisée dans trois zones, en collaboration avec les partenaires concernés, a permis d'identifier les ressources supplémentaires et réaffectées consacrées à l'implantation et au fonctionnement du RISPA, et d'en déterminer leur coût.

En décembre 2004, le RISPA n'était pas entièrement implanté. À cette date, l'implantation avait coûté entre 28 $ et 48 $ par personne âgée vivant à domicile tandis qu'un coût estimé pour une implantation complétée, oscille entre 32$ et 51$. Pour 2003 et 2004, les coûts de fonctionnement annuels varient entre 30 $ et 55 $. Les disparités observées peuvent s'expliquer par le type de zone, la disponibilité des ressources, la structure de gestion, et la configuration choisie pour le RISPA. D'autre part, l'évolution du coût de fonctionnement illustre un délai avant l'atteinte d'un fonctionnement optimal.

Les résultats de cette étude seront utiles pour mesurer l'efficience du RISPA. Ils aideront également à la planification d'autres projets d'intégration de services.

Financement : FCRSS, FRSQ, cinq agences de la santé et des services sociaux du Québec, et l'Institut Universitaire de gériatrie de Sherbrooke.

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CAMPUSES OF CARE: THE DEVELOPMENT OF AN INTEGRATED CARE DELIVERY MODEL FOR SENIORS IN BRITISH COLUMBIA

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One of the many issues faced by service planners and providers is how to provide continuity of care that is time appropriate, cost-effective and meets the myriad health needs of seniors. Equally important is how to provide these services in a manner that is client centered, respects individual choice, and maximizes independence while providing a wide spectrum of services that are population-based?

This paper will present the development of B.C.'s Campus of Care Model by the Vancouver Coastal Health Authority and Providence Health Care's Centre for Aging and Health. Campuses of care are intended to promote continuity of care, support independence and also serve as integrated systems that bridge key gaps in service delivery. The presentation will outline how the model was developed through stakeholder interviews and synthesis of the literature while guided by a population health approach. The model consists of two key components: health and non-health services. It emphasizes that health care for seniors requires both a clinical and social perspective, one which emphasizes the importance of having the senior remain in contact with her or his community and social network regardless of care level needs. The model was based on an underlying philosophy of improving health outcomes for campus residents.

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PROJECT EVALUATION: A CLUSTER CARE MODEL OF SERVICE DELIVERY

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Changes in provincial health funding have put increasing pressure upon Regional Health Authorities to be more creative in meeting the needs of an aging population. Cluster care models of service delivery are designed to maintain support for aging in place in a more client focused and efficient manner. Cluster care is a congregate model of care delivery provided by a team within independent housing sites. Client service hours are pooled and delivered in a more flexible, needs based manner. This cluster care project was initiated by Vancouver Coastal Health's Adult/Older Adult program in the West End of Vancouver. The project was evaluated through both qualitative and quantitative measures focusing on the five evaluation indicators of effectiveness, efficiency, timeliness, continuity and staff well being. The qualitative data gathered was through focus groups and client surveys. The quantitative data was derived from analysis of home support utilization information as well as pre and post outcome data from Minimum Data Set (MDS RAI-HC, 1999) client assessments. The results indicated that there was a definite positive impact on care team communication and the ability to support fluctuating and emergent needs of clients. Further recommendations were made to enhance this and other cluster models of care.

Theme: LONG-TERM CARE POLICY

Chairs: Marg Denton and Annie Mathieu

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NAVIGATING LONG-TERM CARE WAITLISTS: WHAT HAVE WE LEARNED?

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The characteristics and issues for people waiting for long-term care have received scant attention compared to that being given acute care waiting lists. However, long-term care is neither episodic nor minor when it comes to demands on policy makers or impact on individuals requiring such resources. The objectives of this study are to better understand (a) the nature of waitlists for publicly funded continuing care services in Alberta's two largest health regions and (b) the experience of individuals as they wait for these services.

We report on initiation, issues, and preliminary findings from this multi-disciplinary, multisectoral analysis of five years retrospective and two years prospective regional long-term care waiting list data, plus initial interviews with 50 waitlisted persons and their family caregivers. Basic demographics are similar with average age 79 years and females comprising 61% of the population. Complex patterns of multiple transitions with an evolving range of services and frequent policy changes are noted to meet fiscal & public demand.

Findings have the potential to inform managers and policy makers of systems-level and individual/client level perspectives that will aid in the efficient management and allocation of resources.

Funding: CHSRF/CIHR, AHFMR

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THREE POLICY ISSUES IN DECIDING THE COST OF NURSING HOME CARE: PROVINCIAL DIFFERENCES AND HOW THEY INFLUENCE ELDERLY COUPLES' EXPERIENCES

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Canadian provinces differ in the amount that they require persons to contribute to the cost of nursing home care. The purpose of this paper is a) to describe three payment policy issues and discuss how three provinces have addressed them; and b) to show how each province's policy decisions have impacted on the financial situation of community-dwelling spouses of nursing home residents. The paper is based on data from a multiple case study comparing policies in three provinces. Policies were identified from a document review and interviews with 4-6 key informants in each province. Policies were analyzed in light of the experiences of 16-19 community-dwelling spouses of nursing home residents in each province, using a policy analysis framework developed by Fast, Eales and Keating (2001). The way in each province addresses policy issues impacts on the community-dwelling spouses' expenses, worries about financial future, and perceptions of fairness of the policies. Policies that are more demanding of personal financial resources have more impact on the spouses' financial situation, worries and perceptions. However, moderating characteristics relating to the couple's personal history, and historical/spatial context, also influence the ways in which policies are experienced. This study was funded by the Drummond Foundation.

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CAN LONG-TERM CARE PLACEMENT INFLUENCE RELATIONSHIPS BETWEEN SENIORS AND THEIR FAMILY MEMBERS? PERSPECTIVES OF ADMINISTRATORS

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Researchers have shown that family members contribute significantly to the care of a family member in long-term care (LTC), but less is known about how LTC placement influences relationships between seniors and their family members. Administrators of 16 licensed LTC facilities responded to a mailed survey. These facilities provided housing and care to a mean of 32 residents (range = 9-72). Existing policies included encouraging family participation through flexible visiting hours and involvement in special events. Three-quarters of the administrators believed that policies in their facilities could have an influence on relationships between residents and their family members. Analysis of the data revealed that LTC placement reduces the pressures of family members through providing daily caregiving tasks, and it reduces worry from family members, if the senior was living alone or in an unsafe situation. These results suggest that LTC placement could aid in strengthening family relationships. However, family relationships can be strained during the transition and adjustment phase to LTC. These results can help in developing family-centred policies in LTC facilities that most enhance the quality of life of seniors and their ongoing relationships with family members. Funding was provided by the PEI Health Research Institute.

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LES BESOINS DES AIDANTES NATURELLES LORS DU PLACEMENT D'UN PROCHE EN CENTRE D'HÉBERGEMENT: LES ÉPOUSES ET LES FILLES S'EXPRIMENT.

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Jusqu'à maintenant très peu de chercheurs se sont intéressés aux besoins des épouses et des filles pendant le placement de leur proche en centre d'hébergement. En tant que principales interlocutrices du proche hébergé, ces aidantes naturelles devraient s'attendre à ce que leurs besoins soient davantage connus du personnel soignant. Cette connaissance des besoins permettrait aux membres des équipes de soins de mieux y répondre. La présente recherche se propose d'explorer les besoins des épouses et des filles lors du placement de leur proche en centre d'hébergement. Pour ce faire, une recherche qualitative de type phénoménologique a été entreprise pour explorer les besoins de ces aidantes naturelles. Quatre épouses et six filles sont interrogées en profondeur pendant environ deux heures dans la période de quatre à six semaines suivant la journée de l'accueil. Un journal de bord a accompagné les dix entretiens qualitatifs. Les résultats globaux de la recherche montrent que les besoins des épouses et des filles les plus importants se rapportent à l'information, à la communication, au respect de leur choix, à l'acceptation de leur liberté, au soutien de leur entourage et à l'écoute attentive et sans jugement.

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DOES ATTAINMENT OF PRESET QUALITY IMPROVEMENT GOALS TRANSLATE INTO BETTER CARE FOR FRAIL OLDER RESIDENTS?

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We have recently shown that quality improvement goals, chosen with the facility manager following an evaluation of the care delivered, can be achieved with the help of experienced health professionals. The current study examined whether achieving these goals led to measurable improvements in the quality of care provided to the residents.

Design: A group-randomized trial involving 40 facilities that delivered inadequate care.

Intervention: The six-month intervention conducted in the experimental sites was tailored to the main quality problems encountered at baseline. It involved setting weighted quality improvement goals, then assisting the manager and staff to change practices in the areas of care targeted for improvement. Control sites provided the usual care to their residents.

Outcome measure: Quality of care delivered to a random sample of 201 residents. Assessments were made with the QUALCARE Scale, a 54-item instrument that assesses six sub-dimensions of care. RESULTS: No statistically significant difference was observed between conditions at the end of the intervention, neither in the overall quality of care provided to residents (p=0.86) nor in any of the sub-dimensions of care (p>0.26).

Conclusion: Attainment of quality improvement objectives failed to translate into positive changes in the quality of care provided to frail elderly residents.

Theme: SAFETY: FALLS AND DRIVING

Chairs: Kristine Votova and Christian Bergeron

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FALL STORIES: LESSONS LEARNED FROM INVESTIGATING FALLS IN COMMUNITY DWELLING SENIORS

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Using investigative technique to reconstruct the mindset of a senior at the time of a fall and the circumstances in which the mindset evolved has not been reported in the literature. Employing innovative methodology adapted from human factors analysis of industrial accidents, a number of falls in community dwelling seniors were investigated. This technique provided greater insight into the patterns and latent relationships between the event, the faller, predisposing factors, supervision and organizational influences. For example, what do City Hall, a bus driver, blindness, and wind-chill have in common with a scraped knee, broken glasses and a shaken 81 year old? The purpose of this research was to understand what happened, why it happened and identify appropriate preventative measures. Maximum variation sampling was used to capture the richness of fall stories. Authentic in-depth tales permitted comparison of risk factor models with real life experiences and helped elucidate seniors' conceptualization. Each investigation identified the source and immediate cause of the fall, the type of error committed and provided future preventative recommendations. The goal of any investigation is to learn from failure. With this new technique we hope to fill the void and provide an innovative pathway towards better understanding and preventing falls.

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EVALUATION OF THE FALL REPORTING METHODS IN NURSING HOMES

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Falls are a significant problem among nursing home residents. A province-wide telephone survey was conducted in Nova Scotia to examine how fall incidents are documented, the types of information gathered in the incident forms, and how the information is used. Director of Care or a designate participated in a survey as well as copies of the incident report forms were gathered for document review and analysis. 52 of the 70 LTCs in the province participated. Not surprisingly, 92% acknowledged falling as an issue at their facility and 98% stated that all falls require an incident report. A high percentage (78.8%) reported that the reports remain within the facility. The reports were completed by the witness to the event and most often by an RN. Most common information documented in the incident reports included date and time of fall, location, whether the fall was witnessed or not, description of the incident with injury sustained and whether medical treatment was needed, and signature of staff. Most incident reports failed to gather information on the risk factors surrounding the fall incident which will be useful to developing evidence-based strategies to address falls.

Funding: CIHR Institutional Grant

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LIVING LONGER, DRIVING LONGER: UNDERSTANDING THE NEEDS OF OLDER DRIVERS AND THEIR FAMILIES

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Driving is identified by older adults as instrumental to maintaining their independence in their community. However, older drivers are involved in more collisions and are at a higher risk of injury or fatality. With the number of older drivers increasing, coupled with evidence that driving cessation is associated with a decline in activity levels and a rise in depression, the objective of this study was to identify factors that influence the decision of older adults to either continue or stop driving.

For the purpose of this qualitative case analysis, semi-structured interviews were conducted to elicit the perceptions of an older driver and his/her caregiver with respect to the meaning of driving in older adulthood and the influence of family in the decision to stop driving.

The findings highlight the health-related impact of driving cessation, the difficulty family members expressed in raising the issue, reluctance to plan for driving cessation, and a lack of transportation alternatives. Development of an educational initiative is proposed to address the issues encountered by older drivers and families. By better preparing older drivers and their families, it may reduce the health-related ramifications associated with the transition from driving to driving cessation. Funding: AUTO21 and CIHR/CIRPD

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READINESS TO CHANGE DRIVING BEHAVIOR: A PILOT STUDY USING A NEW DECISIONAL BALANCE SCALE

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Although it is well known that many older adults engage in self-regulation of driving, little is known about the process of behavior change undertaken in this context. We adapted a decisional balance instrument assessing the cognitive and motivational aspects of decision-making for use in the context of driving restriction by older adults. In a sample of forty drivers aged 57 to 90, it was shown that the four subscales assessing positive and negative aspects of driving in relation to self and others (i.e., pro-self, pro-other, con-self, con-other) yielded generally adequate internal consistency reliabilities from .57 (pro-other) to .85 (con-self). In addition, it appeared that influences both internal to the individual (e.g., awareness of declining abilities) and external (e.g., environmental demands) affected driving decisions. In future research, it will be important to determine the applicability of this and other measures assessing driver attitudes and beliefs for use when: 1) predicting stages of behavior change; 2) matching driver education program participants with appropriate program content; and, 3) assessing driving outcomes following intervention.

Funding sources: CIHR, Institute of Aging research personnel award and CanDRIVE New Emerging Team Award; Michael Smith Foundation for Health Research research personnel award and research unit infrastructure award.

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THE UTILITY OF SYSTEMATIC PAIN ASSESSMENTS IN THE CARE OF SENIORS WITH COMPLEX MEDICAL PROBLEMS

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Seniors with medically complex problems are often assessed by case coordinators who communicate with care providers. Despite its high prevalence, pain tends to be underassessed and undertreated in this population. Moreover, case coordination assessments typically do not include systematic pain evaluations. We evaluated the routine integration of a detailed pain assessment measure within the case coordination assessment. Sixty-eight senior patients participated in this study and were either administered a pain questionnaire in addition to their regular case coordination assessment interview or underwent the regular assessment interview without the systematic pain questionnaire.

The results of the pain assessment were sent to the patients' physicians (with patient consent). Our results showed that patients whose pain assessment information was sent to physicians (as compared to patients who only participated in the routine case coordination interview), obtained lower scores on a pain questionnaire administered three months later by an independent assessor (Time II) suggesting that physicians used effectively the pain assessment information. We note that the two patient groups did not differ at Time I with respect to global ratings of pain-related functional limitations (assigned by case coordinators) nor with respect to scores on activities of daily living scales.

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THE EXPERIENCE OF CONJUGAL BEREAVEMENT AND THE WELL-BEING OF WIDOWED MEN AND WOMEN

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The death of a spouse has consistently been identified as among the most stressful of normative life events. Over their life course, it has been estimated that three-quarters of married women will be widowed and remain unmarried for 18 years on average. In contrast, widowhood is less common for men. In fact, it has been estimated that there are eight widowed women for every widower in this country. Given this disparity, adjustment to conjugal bereavement may be more difficult for men as they generally assume that widowhood will be experienced by their wives, not them. The current study addresses this assertion by comparing the ability of widowed men and women to adapt to the loss of a spouse. Contrary to the hypothesis of between sex differences, widowed men and women do not appear to differ in terms of overall well-being (Hotellings T = .71, ns) nor individual factors believed to contribute to well being (i.e., life satisfaction, absence of psychiatric distress, perceived health, health conditions). This finding is discussed in terms of individual differences in coping and adaptation to loss.

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HOUSING NEEDS OF AGING ATLANTIC CANADIANS

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What will the housing needs of aging Atlantic Canadians be over the next 20 years? What housing options should be developed to meet these needs? As the Baby Boomer generation moves into older age and the proportion of seniors within Canada increases, it is clear that meeting their housing needs must be a research priority.

Funded by the Social Sciences and Humanities Research Council of Canada (SSHRC) – Community-University Research Alliance (CURA), Projecting the Housing Needs of Aging Atlantic Canadians brings together seniors, academics, service providers, housing developers and government departments from all four Atlantic provinces to look at what housing needs should be developed for this rapidly aging population. The alliance will project current trends in seniors' health states and income levels to increase the understanding of seniors' housing needs over a 20-year period.

By projecting Atlantic Canadians' future housing needs from 2009 to 2029, the research alliance will be able to effectively expand our understanding of the special challenges and issues facing our aging population. The demographic projections, along with the qualitative information, will be compared to the region's housing options and models of innovative seniors housing from other countries to develop policy recommendations.

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THE SELF-REPORTED MEDICATION ADHERENCE OF VERY OLD ADULTS

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Explorations of medication adherence rates from quantitative measures, such as might be obtained from health administrative data or pill counts alone, do not examine individual motivations for medication taking behavior. In contrast, self-reports of medication use have the advantage of assessing behavior from the perspective of individual circumstance, are feasible in any care setting, relevant to most drug regimens and provide information about daily patterns of use. This CIHR-funded study surveyed 684 adults aged 77 and over who participated in the 2001 Aging in Manitoba Study. Based on previous work of Choo et al (1999) and Morisky et al (1986), eight self-report medication adherence/non-adherence questions were asked in-person by trained interviewers. When measuring non-adherence based on forgetfulness, 72% of respondents said they never forgot to take their medications. When measuring non-adherence based on intention, only 2% said they had taken extra medication during the past week, and 11% said they had taken less medication because they felt they needed less. Overall, 73% of participants felt they were taking just the right amount of medication. An awareness of medication taking behaviour among older adults is essential in the provision of individualized interventions to improve adherence, thereby positively affecting health outcomes.

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MEASURING RESPONSE TO DONEPEZIL USING 4.0 T MAGNETIC RESONANCE SPECTROSCOPY: A PILOT STUDY

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Short echo-time single voxel proton magnetic resonance spectroscopy (MRS)can non-invasively detect up to 19 different metabolites shown to be sensitive and predictive of disease status in Alzheimer disease (AD). The purpose of this study is to identify in-vivo metabolic markers of response to the cholinesterase inhibitor donepezil in MCI patients by 1H MRS in the hippocampus.

Preliminary data is presented for two subjects. Baseline assessments included the Mini-Mental Status Examination (MMSE), Alzheimer Disease Assessment Scale – cognitive subscale (ADAS-cog), and 4.0 T 1H MRS. Short echo-time LASER localized 1H spectra (TR/TE=3200/46 ms) were acquired from the right hippocampus (rectangular ~3.7 cc voxels) using a Varian/Siemens 4.0 Tesla whole body. Cognitive and MRS measures were repeated again at 4- months.

Both participants had stable or slightly improved MMSE and ADAS-cog scores in response to treatment with donepezil, with no side-effects. The ratio of NAA/Myo was 20% higher and the ratio of NAA/Cho was 15% higher at 4 months (two-tailed repeated measures t-test p=0.19 for both).

Preliminary results demonstrate the feasibility of acquiring high quality short echo-time 1H MRS data from within the hippocampus in this patient population with minimum partial volume contamination at 4.0 Tesla.

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INTÉGRATION D'UNE CULTURE D'AMÉLIORATION CONTINUE DE LA QUALITÉ DANS LA PRATIQUE INFIRMIÈRE

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Objectif visé : Rendre opérationnelle une méthodologie basée sur l'engagement du personnel dans un processus d'amélioration continue de la qualité des soins.

Méthode suivie : Développement d'indicateurs de qualité, d'outils d'évaluation et d'analyse des résultats avec la collaboration du personnel infirmier.

Résultats obtenus : Mesure de qualité, analyse et recommandations faites par les équipes de soins

Conclusions : Mise en application d'une culture d'amélioration continue de la qualité

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EVERYDAY PHYSICAL ACTIVITY LEVEL (PAL) IN LATE LIFE

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Although there is much research on physical activity across the lifespan, most studies focus on exercise in younger adults. Less is know about activity in later life, especially everyday physical activity which differs from the more intensive forms of exercise. Our study assessed everyday levels of physical activity in 198 older adults (M age = 85 years) using actigraphs devices that detect intensity of movement. Specifically, everyday PA level was measured by having participants go about their normal activities while wearing the actigraphs for an approximate 24-hour period. Multiple self-report measures of functional and physical health status were also obtained during face-to-face interviews. We predicted that age would negatively predict everyday PA and that the lower activity would be explained by poorer health status that accompanies aging. Indeed, regression analyses showed that everyday PA declined with advancing age, even when controlling for other socioeconomic variables. Interestingly, a Gender X Health Status interaction (t = -2.29, p = .02) showed that for women, health status was unrelated to PA; whereas for men, poorer health status predicted less activity. Contrary to expectations, however, subsequent mediational analyses indicated that age-related declines in PA could not be explained by declining health status for men or women.

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CHRONIC CONDITIONS, PHYSICAL INACTIVITY AND THE HEALTH UTILITIES INDEX MARK 3 (HUI3): RESULTS FROM THE CANADIAN COMMUNITY HEALTH SURVEY (CCHS)

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Objectives: The relation between physical inactivity and health related quality (HRQL) of life among older adults with chronic conditions is not well documented. We hypothesized an inverse relationship would exist. Method: The Canadian Community Health Survey is a cross-sectional, representative health-related survey. The relationship between HRQL (HUI3), physical activity and chronic conditions was assessed using multiple linear regression. Other variables included age, sex, alcohol use, smoking, marital status, income and BMI. Two-way interactions between chronic conditions and physical activity were explored. RESULTS: Of the more than 24,000 respondents all >64 years old and primarily female, 76% had >1 chronic condition, the mean HUI3 score was 0.78 (SD 0.26), and the average physical activity was 711 kcal/wk (SD 877). In the unadjusted model, HUI3 was associated with the number of chronic diseases (beta= -0.070; 95% CI -0.073 to -0.068) and physical activity per 100 kcal/wk (beta= 0.0051; 95% CI -0.0047 to -0.0054). Minimal change in the beta estimates and explained variance occurred in the adjusted model. CONCLUSIONS: On average, older Canadians are not achieving target physical activity levels. Chronic conditions and physical activity appear to influence HRQL in opposite directions. However, physical activity appears to have minimal influence on HRQL.

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PREDICTORS OF PERSONAL HAPPINESS AND MARITAL ADJUSTMENT IN RETIRED COUPLES

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Previous research on marriage has attempted to account for variance in marital success by evaluating personality factors, social support and compatibility in leisure activities. This study takes a comprehensive approach examining the effects of multiple variables on personal happiness and marital adjustment. The study examined associations of personality, congruence in everyday activities, cognitive, social and emotional competence on marital adjustment and personal happiness, while controlling for demographic and health variables. 99 married couples, (mean age = 69.9, ranging from 56 to 86) completed a brief interview and a battery of questionnaires. Personal happiness and marital adjustment correlated significantly at (r = .44, p < .05) for wives, but this correlation failed to reach statistical significance for husbands. Regression analyses explained significant amounts of variance in marital adjustment and personal happiness scores for wives and husbands. Personal happiness was related to satisfaction with social support network for both husbands and wives. Satisfaction with social support was the strongest predictor for men's marital adjustment scores. Congruence of everyday activities with their husbands' activities was the strongest predictor of wives' marital adjustment scores. Implications of this study should facilitate a greater understanding of the complex network of factors that influence personal and marital happiness.

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ELDERS EYE HEALTH INITIATIVE: AN INVESTIGATION OF THE INCIDENCE OF LOW VISION AMONG VANCOUVER-BASED SENIORS LIVING IN RESIDENTIAL CARE.

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North American studies have repeatedly shown that the prevalence of vision problems among community dwelling seniors is high. It is also known that if uncorrected these problems can have a major impact on the quality of life and health of the senior. What is unclear is the prevalence of vision problems among seniors in nursing homes in Canada and the extent to which these problems are being addressed.

To answer these questions, a survey and ophthalmologic exam was conducted on 346 seniors in 9 long-term residential care facilities within the City of Vancouver. The surveys included subjective reports by residents capable of providing consent on: problems with vision and duration; history of most recent eye exam, and diagnoses and treatments. Basic demographic data (including presence and type of comorbidities, length of stay, and medication use) were collected from the charts. The ophthalmological exam involved: refraction, slit lamp evaluation, and intra-ocular pressures.

Results indicate: Prevalence of eye conditions (86.3%); low vision and blindness in at least one eye (40%); AMD (21.6%); glaucoma (3.3%); cataract (62.9%); and diabetic retinopathy (4.7%).

Prevalece of diagnosis for AMD increased most rapidly with in this senior's residential population.

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GERIATRIC DENTISTRY FOR FRAIL SENIORS IN RESIDENTIAL CARE

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Good oral health care among seniors, especially the highly frail or those with problem behaviours, is an important indicator of both quality of life and clinical care. Seniors are susceptible to developing oral diseases that can lead to malnutrition, altered communication, increased risk of infectious diseases, and diminished quality of life. Major challenges are faced by residential care facilities in obtaining dental services for their frail clients.

The goals of the current project were to: 1) determine the prevalence of oral health problems among seniors in residential care; and 2) develop a geriatric dentistry service and training programme for addressing these needs. 557 seniors in a residential care programme Vancouver, BC area underwent oral examinations by trained dentists from the UBC Faculty of Dentistry. The assessments revealed that 71% of the seniors had 6.2 carious teeth (average), 32% had mucosal disorders, and 47% had some form of gum disease. The Centre for Aging and Health and UBC Faculty of Dentistry developed an on-site dental treatment programme that reduces the need for transporting the client. The program was awarded the 2005 BC Medical Association's Excellence in Health Promotion Award. The poster will outline this programme and how frail seniors are serviced.

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LIFE LEASE CONTINUING CARE: COMBINING THE BEST OF HOUSING AND COMPLEX CARE

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As Canada's population ages, demand is growing for accommodation that can meet the needs of seniors who wish to live independently but require substantial amounts of healthcare and support services. This study was conducted in a life-lease project that meets this need by providing services traditionally found in continuing care facilities. If clients are assessed as "needing continuing care facility-based services" they may lease one or two-bedroom suites that provide comfort and privacy while supporting independence. Clients may move in with a spouse, who may need no or little care.

A series of three structured interviews, using both scaled and open-ended questions, were held over a year to examine attitudes toward the life lease project of clients, their families, and the professionals whom seniors consult when requiring continuing care services. Satisfaction rates of clients and families were high for the life lease project itself and most said they would recommend life leases to others. The ability to live with a companion of their choice was an important factor in their decision to move in.

Canada Mortgage and Housing Corporation and The CAPITAL CARE Group provided research support.

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THE RELATIONSHIP BETWEEN PERFECTIONISM AND THE PSYCHOLOGICAL AND PHYSICAL WELL-BEING OF THE ELDERLY

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Perfectionism has been found to be related to a number of psychological and physical disorders among college students and middle aged adults. We build on a growing body of literature that examines the role that perfectionism may play in the psychological and physical well-being of the elderly. Participants were 246 individuals (141 women, 105 men) aged 80 years. They completed a number of self-reported health and psychological measures, as well as the Multidimensional Perfectionism Scale (MPS) (Hewitt & Flett, 1998). The MPS measures self oriented (expecting perfection of one's self), other oriented (expecting perfection of others), and socially prescribed (believing that others expect perfection of one's self) perfectionism. Results indicate a different pattern of correlations for women and men, particularly for the socially prescribed dimension. For women, socially prescribed perfectionism was positively correlated with neuroticism, and negatively correlated with self-reported mental health and life satisfaction. No relationships were found among these variables for men. In contrast, for men, socially prescribed perfectionism was associated with fewer reports of physical and emotional problems interfering with their daily functioning. Results are discussed in terms of the different role perfectionism may play in the psychological and physical well-being of elderly women and men.

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SCENARIOS OF LOCOMOTION DEVICE UTILIZATION AMONG COMMUNITY-DWELLING OLDER ADULTS

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Objective: The objective of the study was to map the different scenarios that can occur with the use of locomotion devices in the context of the home environment, between the time an older adult is discharged from a hospital setting and six months later.

Method: The subjects were 59 participants in the Locomotion Device Outcomes Study, a longitudinal investigation of assistive technology device users following the onset of a complex medical condition, hip fracture, or stroke.

Results: Individual users were found to adhere to one of several scenarios of utilization of their locomotion device. These scenarios varied according to continued/discontinued use of the baseline device, single/multiple device use across time, and primary/secondary importance given to the baseline device. The results indicated that 41% of study participants reported having multiple locomotion devices at baseline. At 6-months follow-up, 27% had discontinued use of any type of device. Changes in the primary device occurred for 20% of study participants, mainly in favour of less need for support from a device (92%).

Conclusion: The results have implications for understanding the potential benefits of locomotion devices from a service utilization vantage.

Funding source: Grant H133A010401 from the NIDRR to the Consortium on Assistive Technology Outcomes Research (http://www.atoutcomes.org/).

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OLDER ADULTS' ATTITUDES TOWARDS DEATH AND DYING

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This research investigated the nature of older adults' thoughts and attitudes towards death and dying. 110 participants (age 65-92) completed individual semi-structured interviews in which they responded to the following questions: 'do you ever think about dying?' and 'what are your thoughts on death?'. Responses were rated by means of five-point scales for frequency and tone, and categorized into eight content themes by two independent raters, with inter-rater reliabilities ranging from 82.3% to 95.6%. Content analysis resulted in the following themes: thoughts about the inevitability of death (46), concern about the end stages of dying (31), making preparations (21), denial/desire to delay death (18), expressions about the afterlife (14), death as a relief (9), curiosity about one's death (8), concern for those left behind (7).Correlational analyses revealed a trend towards greater frequency of death-related thoughts for individuals of lower socioeconomic and health status. Higher self-fulfillment ratings were associated with decreased frequency of death-related thoughts and increased death-acceptance. Results are discussed in terms of facilitating family members' and caregivers' understanding of older adults' thoughts and feelings related to death and dying.

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NARRATIVES OF THE SELF IN DEMENTIA

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Dementia is often assumed to reduce the person to merely existing in an endless sequence of meaningless moments. But this common understanding overlooks how we are driven to find meaning in our lives, especially when confronted with debilitating illness. The objective of this interpretive phenomenological study was to understand how persons with dementia perceive themselves to be living a life that is meaningful and worthwhile. 25 hour-long interviews were conducted with nine persons with mild to moderate Alzheimer disease. Analysis revealed two types of narratives demonstrating qualitatively distinct ways of taking up

this question of meaning in dementia. "Retained narratives" tell of how, despite their suffering and loss, people understand their lives to be unchanged in important and essential ways. "Shifting narratives" tell of how people shift their orientation to find new meanings even while living through suffering and loss. While one or the other was predominent for each person, most participants were living both types of narratives. These findings contribute to an improved theoretical understanding of personhood in dementia, and also suggest that person-centred dementia care needs to take into account how the self may be simultaneously retained and changed for persons living with the disease. Funded by the Neuroscience Nursing Foundation and University of California.

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PERCEIVED CONTROL OVER HEALTH AND FUNCTIONAL ABILITY AMONG OLDER ADULTS IN A FALL-PREVENTION PROGRAM

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Little is known about perceived control beliefs among participants involved in fall prevention programs. The purpose of this study is to examine the associations between perceived control (PC) over future health (PCFH) and PC over future functional ability (PCFFA), fall-related beliefs, and an objective measure of balance.

Methods: Community-dwelling older adults who experienced falls, poor balance, or were afraid of falling were recruited through public advertisements to take part in a fall-prevention exercise program. Participants who received initial training and completed the 3-month home exercise program (n=31, mean age=74 years) are the subject of this analysis.

Results: PCFH was statistically correlated with feelings of success in achieving program goals, confidence in ability to perform exercises, perceived success in preventing falls, perceived control over life in general, and a greater objective measure of functional balance. PCFFA was statistically correlated with stronger confidence in being able to maintain balance in the future, greater self-rated functional ability, less helplessness about preventing future falls, greater success in achieving program goals, and higher control over future health. These findings emphasize the need for physical therapists to examine fall-related control perceptions, balance confidence, and objective measures of balance in fall prevention programs.

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"YOU CANNOT AVOID AGING – BUT YOU CAN INFLUENCE THE WAY YOU AGE"

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Many elderly people experience aging as being slow and having less energy in performing everyday activities. Physically it may be explained by an age-related decrease in maximal aerobic oxygen uptake. A minimum aerobic threshold for independent living appears to fluctuate between 13 to 15 ml oxygen/min/kg, which have been suggested as a minimum requirement for successfully coping with everyday tasks. Recently, an obvious association between maximal oxygen consumption and the ability to perform everyday activities has been demonstrated.

Even very old subjects are able to increase their maximal oxygen uptake by regular training, which will optimise physical function and independence. It even seems that the training effect are higher for those having the lowest baseline values.

Men experience higher aerobic capacity than women, which may explain why men perform better in ADL, and why women in general are functionally dependent in about four years more than men. This difference among sexes may render old women more vulnerable since their maximal functional capacity may become below the threshold of successful independent living. Therefore it is of great importance to focus on elderly women in preventive strategies.

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RETURN OF INDIVIDUALIZED TEST RESULTS TO PARTICIPANTS IN A LONGITUDINAL POPULATION-BASED STUDY

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Researchers conducting longitudinal, epidemiologic studies must carefully consider the return of individualized test results to study participants. This consideration requires balancing participant rights to have information about themselves against the possibility that providing such information may in fact be more harmful than beneficial to individuals. As part of a series of developmental studies for the Canadian Longitudinal Study on Aging (CLSA), we conducted a web-based survey of 75 longitudinal studies to ascertain their practices with regard to returning individualized test results to participants. Specifically, we report on the survey results organized by a) the type of information collected, b) types of information (if any) returned to participants, c) the manner in which that information is returned, d) factors that went into deciding whether and what type of information to return, and e) recommendations based on researchers experiences. Ultimately, results of the survey will be combined with results of focus groups with the Canadian public and a workshop of experts in epidemiology, medicine, ethics, and law with the goal of reconciling the legal and ethical obligations, epidemiologic principles, and participant needs concerning the return of individualized test results.

Study funded by CIHR.

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SOCIAL ISOLATION AND AGING: LINKING THEORY, RESEARCH AND PRACTICE

Chair: Janice Keefe, PhD, Mount Saint Vincent University

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Social isolation has long been a recurrent theme within social gerontology literature. Recently, however, it has also begun to emerge as an issue that governments and seniors' organizations across Canada are interested in addressing. In November 2004, at the request of the FPT Ministers Responsible for Seniors, a workshop was convened to help inform them regarding the importance of social isolation as an emerging issue and to provide recommendations to the Committee of Officials for future research, policy, program and community initiatives. This symposium provides an overview of that workshop, focusing on its development; theoretical and empirical foundations, and recommendations regarding possible future directions. Graham and Hamilton discuss the policy contexts within which the workshop originated and which shape its future directions. Delisle addresses theoretical issues, including gaps in the conceptualization of social isolation, and introduces the notion of an isolation profile to address these gaps. Penning addresses gaps in knowledge concerning the social determinants and implications of social isolation, focusing on social isolation in relation to frailty and service utilization. Hall, Edwards and Payne conclude with a discussion of the workshop's potential implications for future directions in programs, services and community engagement strategies.

SOCIAL ISOLATION – A COLLABORATIVE APPROACH TO POLICY DEVELOPMENT

Tessa Graham and Jim Hamilton

Social isolation has begun to emerge as an issue governments, health authorities, community service orgs, and seniors orgs. across Canada are interested in examining. Specifically, FPT Ministers Responsible for

Seniors requested further study on this emerging issue at their November 2003 meeting in Halifax. As a result, a small group of individuals with an interest and expertise in social isolation were convened in November, 2004 to discuss the current knowledge regarding social isolation, its definition, characteristics, negative consequences and the gaps in knowledge. This workshop identified specific needs for further research as well as policy development. This presentation will provide the overarching framework of the emergence of social isolation as it pertains to the ongoing and future work of the FPT Ministers Responsible for Seniors.

THE DEFINITION OF SOCIAL ISOLATION: THE CONCEPT OF ISOLATIONAL PROFILE

Marc-André Delisle

The problem of the definition of social isolation remains in the fact that we try to define this concept by particular features although it is a multifaceted phenomenon in which features are interrelated. I have developed the concepts of relational and isolational profiles to study this kind of phenomenon. The relational profile designates the structure, content and characteristics of the relationships someone has with others The isolational profile is the negative (in the photographic sense) of the relational profile. More specifically, the isolational profile refers to the relationships someone does not have. A person could be isolated because he/she has few contacts or lacks specific contacts or because his/her contacts are not so diversified or are too superficial or because his/her contacts lack quality or are conflicting. Thus, there are many possible situations of social isolation. Moreover relational and isolational profiles are organized systematically and have systemic properties. In my presentation I will explain more thoroughly these concepts and I will give some examples originating from fictitious literature.

SOCIAL ISOLATION, FRAILTY AND SERVICE UTILIZATION

Margaret J. Penning

Social isolation, frailty, and service utilization are frequently used concepts within the aging, health, and health care literature. Yet, their meaning as well as relationships to one another remain unclear. For example, to what extent is frailty a cause and to what extent is it a consequence of social isolation? As well, to what extent do frailty and social isolation influence service use and to what extent do they respond to it? To begin to address these questions, this paper draws on the results of a systematic review and synthesis of longitudinal studies published between 1997 and 2004 on associations between social isolation and frailty-related outcomes among individuals in the community, and attempts to link these results to research on the utilization of community-based services. Next, it presents empirical analyses conducted to try and specify the nature and direction of the relationships involved. Findings point to the impact of social isolation on frailty-related outcomes as well as on the utilization of services. However, they also point to a need to attend to the complexity of the relationships involved, including interacting and reciprocal sources of influence over time. The implications of the findings for future research and practice are discussed.

SOCIAL ISOLATION: SERVICES, STRATEGIES AND FUTURE DIRECTIONS

Madelyn Hall, Jeanette Edwards and Barbara Payne

The Winnipeg workshop on social isolation (November 2004) clearly outlined the complexity of this issue and the potential difficulties in preventing or effectively addressing isolation from within the perspective of traditional bureaucratic, non-integrated, 'top down', service provision. This presentation discusses the importance of a community development/citizen engagement approach for services and programs.

Appropriate models would ideally be based on a coordinated, community development approach that involves seniors in a meaningful way, and are supported by social policies that reinforce community infrastructure. In order to identify existing programs to address social isolation among older Manitobans, interviews were conducted with key informants from a variety of programs and seniors groups. The informants shared examples of 'good' community-based programming and services and the mechanisms used to involve seniors themselves. They also identified current and needed supports and ideas for alternative approaches for preventing and addressing social isolation among older people. The results are discussed in light of the workshop's recommendations for policy and program development.

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THE ORAL HEALTH OF SENIORS: RAISING AWARENESS THROUGH RESEARCH, POLICY AND PRACTICE

Chair: Mary McNally, MSc,DDS,MA, Faculty of Dentistry, Dalhousie University

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Oral health care in Canada has been overlooked as an important health care issue even though oral health has a substantive effect on health and well-being. Canadians are living longer and retaining more of their natural teeth than in previous generations emphasizing the need for continuity of oral health care throughout the lifespan.

Oral health care must be accessible, affordable and appropriate to the needs of seniors yet it remains a discretionary health service with no central authority for establishing relevant policies and priorities for care. In recognition of the importance of oral health care, Health Canada has recently appointed a Chief Dental Officer whose role will be to increase awareness about preventing oral diseases and to improve the oral health status of Canadians.

The Nova Scotia Oral Health of Seniors Project developed an oral health action plan to address issues related to oral health care for seniors. Findings and implications from this research will be presented. Because there is no baseline data to reflect the oral health status and oral health related quality of life of Canadian seniors, a second research study was undertaken to pilot test assessment tools for measuring the oral health status of NS seniors. Preliminary results will be presented. Oral health services and education were also identified as pressing action areas. A NS long-term care facility has begun a community-based education and care delivery strategy which will be described.

This symposium, the first of its kind at CAG, will provide an opportunity to share current policy and clinical research as well as demonstrate how one community is beginning to address the issue of oral health care for local seniors. The symposium will also provide a forum for discussion and exchange of ideas to build solutions that will improve oral health care for Canadian seniors.

ORAL HEALTH OF SENIORS (OHS): A NOVA SCOTIA PROJECT

Sandra Crowell and Renee Lyons

In 2001 an interdisciplinary research team set out to address the pressing need for an integrated set of policies and practices for managing the continuity of seniors' oral health care in Nova Scotia. Key questions associated with continuity of health care for seniors included how is oral care for seniors currently managed and funded? How well is it working? How can the system be more effectively restructured to improve the oral health of seniors? And, what are the policy implications arising from these findings? Data were collected through focus groups, key informant interviews, informal surveys, and a (literature-based) promising practices scan. Following data collection, a two-day Forum brought 70 people from a variety of community, government, service and health care sectors together to discuss the research findings and to develop relevant policies and action for identified priority areas. Recommendations evolving from this research will be used by stakeholders striving to move policy and action agendas forward. Outcomes from this collaborative research have implications for policy makers, health care providers, health promoters, researchers, educators and private insurers. The presentation will focus on action strategies and knowledge translation mechanisms arising from this project.

SENIORS ORAL HEALTH ASSESSMENT PROJECT

Debora Matthews, Dip Perio, Joanne Clovis and Mark Filiaggi

Establishing oral health priorities that will contribute positively to healthy aging cannot begin without a clear understanding of oral health needs. However, Canada is one of the few developed countries that does not have a national oral health strategy; nor has there ever been an inter-provincial comprehensive study of oral health status of any Canadian population, including seniors. Building on the work of the Nova Scotia OHS project, a team of multi-disciplinary researchers and community-based representatives has been assembled to assess the feasibility of a multi-centre population survey to determine baseline oral health status of Nova Scotia seniors. Using previously validated tools, we are measuring baseline oral health data for independent community dwelling seniors, those in continuing care and assisted living residences, and the homebound. This project is partnering with the NS Senior Citizens' Secretariat and is supported by Primary Care, Tertiary Care and Continuing Care (NS Department of Health), the NS Dental Association, the NS Dental Hygienists' Association and the National Advisory Council on Aging. Components of this project will serve as a framework for a national survey of seniors and has the potential to be incorporated into the proposed Canadian Longitudinal Study on Aging.

THE MIRA LONG-TERM CARE CENTRE - ACHIEVING ORAL HEALTH THROUGH COMMUNITY ENGAGMENT AND ACTION

Georgette Beaulieu and Mary McNally

The Mira, a long-term care facility in Truro, NS with supportive ties to the local community, is leading the development of accessible and sustainable oral health services for the senior population it serves. The NS OHS project provides evidence that there is a general lack of awareness about oral health issues across all stakeholder groups. This has special implications for those who live in long-term care and for community dwelling seniors who require assistance for activities of daily living. Although creating awareness about the importance of good oral health care is a primary goal of the health care team at the Mira, other concrete steps toward enhancing oral health for Mira residents and members of the local community include: the creation of an on-site dental clinic; staff training programs; patient education; fund raising; and various health promotion initiatives. These activities, which have developed as a result of creative grassroots community engagement, will be presented. Dissemination of lessons learned will benefit similar jurisdictions seeking to address barriers to oral health care for seniors.

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SATISFACTION SURVEY OF VETERANS AND FAMILY MEMBERS IN LTC: RESULTS AND COMPARATIVE FINDINGS

Chair: Maureen Gorman, Ph.D., R.Psych., Capital Health Halifax NS

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This symposium presents the results of a Veteran and Family Member Satisfaction Survey in a 175-bed VAC Long Term Care (LTC) facility, with comparative data from previous surveys. Client satisfaction measures (1) opinions/perceptions of care delivery, service and organizational or physical environment, (2) discrepancy of service between client groups, (3) the value of different methods of service delivery, and (4) the effect of changes in specific programs. As such, repeated measurement of client satisfaction promotes change, helps to prioritize perceived needs, and allows for the monitoring of change over time. It functions as a quality indicator in QA and program evaluation processes. The symposium will show how these results have helped to improve the functioning of the facility and satisfaction of the residents (veterans) with the care and services they receive. The symposium also illustrates the interdisciplinary nature of LTC client surveys because of the breadth of areas covered and the need for input from representative disciplines in the capturing of the pertinent data and in the interpretation and dissemination of the results. Presenters will also address the challenges of conducting a satisfaction survey including (a) the belief that staff need to be satisfied in order to achieve client satisfaction; (b) older adults may be more favourably disposed generally in their feedback; (c) social desirability and fear of reprisal response biases; (d) veterans must be competent to fill out the survey and (e) ensuring follow up re findings.

THE VETERAN AND FAMILY MEMBER SATISFACTION SURVEY: ITS DEVELOPMENT AND METHODOLOGICAL CHALLENGES

Maureen Gorman

The rationale for the satisfaction survey and the history of its development in three major surveys are the foci of this presentation, from inception in 1997 to current survey, reported in 2004. The methodological challenges that are discussed include (a) concerns about social desirability and fear of reprisal on the part of participants; (b) the need for veterans to be competent to complete the survey and the use of family members as surrogates who also can claim to be stakeholders in their own right, and (c) how to ensure follow up re findings. The Demographic characteristics of the respondents and the differences in findings between 2004 and the 1999 survey are presented. These differences are shown to introduce another challenge in interpretation of results, because there were only half as many residents who responded in 2004 as in 1999 (n=22 cf. n=44). The paper will offer acceptable guidelines for interpreting these data in a meaningful way.

DEMONSTRATING THE UTILITY OF THE SATISFACTION SURVEY TO EFFECT CHANGE IN LTC

Dona Whalen

One purpose of the satisfaction survey is to assess opinion regarding an existing program or service. Another is to assess opinion about an existing program that is being reviewed and input is sought about what is working and what is not. A part of this survey was directed at Family Members to obtain their feedback with the way in which Veteran Care Conferences were being conducted and to solicit information about their preferences in how the conferences would better suit the needs of family members. The previous surveys measured satisfaction only with the timing and the way in which the conferences were conducted. The 2003-04 survey obtained feedback from 81 respondents on what is of relative importance to family members in five aspects of the Care Conference (e.g., to meet team members –75.3% agreed; to address concerns – 88.9% agreed); helpfulness of team during the conference (89.2% agreed); level of comfort at conference (e.g., 55.1% Very Comfortable); and frequency of conferences (e.g., 46.3% endorsed “as needed”). All of the results are presented in the context of the problem-solving process used to determine the need to change the format of the care conference to develop a new, “improved” Veteran Care Conference format.

FOOD SERVICES AND ITS CONTINUOUS CHALLENGES TO SATISFY ITS CUSTOMERS: ACHIEVABLE OR NOT?

Cristina Lovett-Smith and Deborah Nowlan

As an indicator of quality as well as of its ability to achieve customer satisfaction the Food and Nutrition Services Department appears to be consistently and continuously challenged to achieve a high level of satisfaction in LTC settings. For example, in the 1999 Survey, 43 percent of Veterans were Satisfied or Very Satisfied with Quality of Food. The 2003-04 Survey shows an increase in the number of customers who are Satisfied or Very Satisfied with Quality of Food (75%). These findings, along with the other Food and Nutrition aspects measured, such as Food Service Delivery, are presented in this paper. The efforts made by both the Clinical Dietitian and the Food Services Dietitian Manager between 1999 and 2003 to make these improvements possible are presented and discussed in terms of the relative importance of food to the residents in the quality of their daily life and issues of control over one’s environment (e.g., the implementation of a Veterans’ Food Committee or the “Specials” menu changes). This presentation also addresses the definition of a standard of satisfaction with Food and Nutrition Services in the LTC environment and processes to achieve it.

SATISFACTION WITH CARE, ENVIRONMENT, AND SERVICES IN THE LTC FACILITY: RESULTS AND CHANGES FROM 1999 TO 2003-04

Maureen Gorman

This satisfaction survey measured the opinions and perceptions of care delivery, services and the physical environment of the LTC facility in which 175 veterans reside. It is a repeated survey with a few changes for clarification from one conducted in 1999 (and initially in 1997). The survey also compared client groups (Veterans and Family Members; and Family Members by Unit). This paper presents the findings of satisfaction ratings (and relevant comparisons with 1999 survey) in terms of the Pre-Admission process (e.g., 34% Very Satisfied with Information Received to Prepare for Admission), Involvement in Care and Care Received (e.g., 43.3% Very Satisfied with “How quickly staff respond to Vet’s needs”); Home and Living Conditions (e.g., 59% Very Satisfied with “Freedom to Personalize Vet’s room”), and Overall (61.3% Very Satisfied). Participants’ comments are presented in terms of Least and Most Liked about the Care, Services and Environment of the LTC facility. This paper concludes the Symposium with recommendations for follow up for continuous quality improvements in all areas presented throughout the symposium, including methodological changes to the next survey and, in particular, assessing the changes made to the Veteran Care Conference format and in Food and Nutrition Services.

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LA DÉTERMINATION DE L'INAPTITUDE DE LA PERSONNE ÂGÉE: UN PROCESSUS D'ÉLABORATION À MULTIPLE VOIX

Yves Couturier, Ph.D, Université de Sherbrooke

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Le travail de détermination de l'inaptitude de la personne âgée est socialement construit comme une activité interprofessionnelle impliquant à la fois la perspective psychosociale, la perspective légale et la perspective médicale. Cette condition interprofessionnelle n'a cependant pas fait l'objet de beaucoup d'efforts d'intégration en pratique, ni même de recherches.

L'atelier prend sa source dans une recherche interdisciplinaire (droit, travail social, gérontologie, médecine) portant sur le processus de détermination de l'inaptitude. Nous avons observé que, par-delà les ancrages professionnels, les acteurs impliqués dans ce processus réfèrent à différents critères pour élaborer une démonstration clinico-juridique nécessaire à la détermination de l'inaptitude. Nous avons identifié quatre familles de critères transversaux à l'ensemble des acteurs : procéduraux, cliniques, normatifs et pragmatiques. À partir de ces catégories générales, nous avons élaboré une typologie des critères de détermination de l'inaptitude qui nous a permis d'élucider comment travailleurs sociaux, juristes et médecins, entre autres acteurs sociaux, articulent leur action professionnelle. Cette analyse nous permettra de contribuer à la conceptualisation du travail interprofessionnel dans le cadre particulier de la détermination de l'inaptitude de la personne âgée.

L'atelier sera l'occasion d'un large débat interactif avec les participants, en fonction de leur provenance, sur les approches et perceptions de l'inaptitude et sur les pistes de recherche à explorer.

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COLLABORATIVE ACTION IN THE PREVENTION OF ELDER ABUSE

Heather Praught

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The complexity of issues related to the abuse of older adults necessitates a coordinated, integrated response from all government and community stakeholders. In Nova Scotia, more than 30 concerned government and community partners and stakeholders have joined together to implement the Elder Abuse Prevention Strategy, with leadership from the Nova Scotia Senior Citizens' Secretariat. This interactive workshop will outline the activities of the Elder Abuse Prevention Strategy Committee and engage participants in an exploration of a collaborative action model in the prevention of abuse against older adults. Participants will a.) share information on approaches applied in other areas across the country; b.) identify what works and what does not in collaborative action in the prevention of elder abuse; and c.) consider how collaborative action can be applied or enhanced in their own jurisdictions and service areas. The anticipated outcome of this workshop is identification of best and emerging practices in developing collaborative action models in the prevention of elder abuse.

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UNDERSTANDING HEALTHY AND SUCCESSFUL AGING: CONCEPT, DESIGN, AND CONTENT FOR THE CANADIAN LONGITUDINAL STUDY ON AGING

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The proposed Canadian Longitudinal Study on Aging (CLSA) is a broad, multi-disciplinary study of adult development and the aging process. A total of 50,000 men and women aged 40 and older will be followed over two decades as they enter into and comprise the senior population. The study takes a lifespan perspective and adopts a variation of the determinants of health framework to conceptualize the ways in which social and physical environments; genetic, biological and clinical factors; lifestyle and behavioural factors; social and societal factors; economic prosperity; and the health care system are inter-related to influence disease, function and well-being as individuals age. The identification of factors that determine the pathways to a range of outcomes, both positive and negative, will pave the way for the development of future intervention strategies. Scheduled to be launched in 2008, the CLSA will require long-term participation from the Canadian population and will entail a variety of data collection methods including telephone and face-to-face interviews, physical assessments, and the provision of biological samples such as blood and urine. Linkage to existing administrative databases is also planned. To date, over 200 researchers across the country have contributed to the protocol development, and a methodological feasibility phase is currently underway. This workshop, presented by the three principal investigators of the CLSA, will outline the development and progress to date on this large-scale initiative on aging.

Theme: FAMILY CAREGIVERS OF PERSONS WITH DEMENTIA
Chairs: Sheri Dupuis and Paula David

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FAMILY CAREGIVING FOR PERSONS WITH FRONTOTEMPORAL DEMENTIA: IMPLICATIONS OF THEORY AND RESEARCH FOR PRACTICE

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Family caregivers of patients with Frontotemporal dementia (FTD) say that interventions designed for relatives of patients with Alzheimers disease do not meet their needs. This is because of differences between FTD and Alzheimers disease in terms of: (1) behavioural manifestations of the dementias; and (2) younger onset age of FTD, between 45 and 65 years. This early age of onset places particularly severe burdens on family caregivers as a result of the patient becoming disabled from full time employment and active parenting. This paper reviews the scant research about FTD caregiving, which indicates that the predominance of socially disruptive and bizarre behaviours and the relative youth of patients with FTD present unique challenges to families that cannot be resolved using Alzheimer Disease caregiving models. A theoretical model of family caregiving for FTD that integrates a stress-process model of family caregiving with existing research is presented. We describe an ongoing study that is testing the theoretical model of FTD family caregiving, using descriptive quantitative methods (questionnaires, structured interviews, and descriptive analyses) and qualitative descriptive methods (phenomenological approach to thematic analysis of semi-structured interviews). Implications for tailoring interventions to meet the unique needs of FTD family caregivers are discussed.

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MOTHER-DAUGHTER RELATIONSHIPS WITHIN DEMENTIA CARE: A TRANSFORMATIVE PROCESS

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Currently, research on dementia care focuses on the perspectives of caregivers with little attention to the perceptions and experiences of care receivers. It is important to address the care process of dementia from both perspectives of the caregiver and care receiver. Guided by a critical feminist perspective, this qualitative, longitudinal study explored the subjective perceptions and experiences of mothers diagnosed with mild to moderate cognitive impairment and their caregiving daughters. Separate in-depth interviews with fourteen mother-daughter dyads were conducted approximately six to nine months apart to illuminate their experiences of caregiving and care receiving, and the relationships that developed within the care process of dementia. Study findings revealed that mother-daughter relationships are complex and transformative, constantly shifting over time. Both mothers and daughters responded to the growing demands of dementia care as they engaged in an ongoing process of renegotiating the relationship. As well, both mothers and daughters reported a range of positive and negative outcomes that result from giving and receiving care. This presentation will offer recommendations for health professionals and policymakers, particularly those involved in program planning and health policy development related to dementia care for seniors and their families.

Funding: Alzheimer Society of London and Middlesex; RNAO, Community Health Nurses Initiative Group.

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CAREGIVER ASSESSMENT: DOES IT CHANGE OVERALL CAREGIVER SATISFACTION WITH PRACTITIONERS AND SERVICES?

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Family and friend caregivers are an essential part of the care system, yet in most Canadian provinces their role in relation to formal services is ambiguous. The C.A.R.E. Tool is a multi-dimensional psychosocial assessment designed for use by home care practitioners to assess caregivers'needs which may lead to support and/or services for caregivers.

As part of a three-year study funded by the US Alzheimer's Association, more than 400 caregivers of persons with and without Alzheimer's Disease are expected to participate in two telephone interviews four months apart. Approximately half are being assessed by a home care practitioner using the C.A.R.E. Tool while the other half will receive the normal interventions offered by the agency.

This presentation examines post-test interviews of approximately 250 caregivers, specifically caregivers' perception of change in knowledge, involvement, awareness and services between pre and post test. Preliminary results suggest that caregiver assessment does make a difference. Caregivers report increased involvement in decisions regarding services provided to the care recipient and greater recognition as a caregiver. Analysis of "change" results by key variables such as presence and stage of dementia and length of caregiving may help refine our understanding of under what circumstances the C.A.R.E. Tool works best.

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THE FACILITATOR'S STORY: THE EXPERIENCE OF ENGAGING FAMILY CAREGIVERS IN VIRTUAL PSYCHOTHERAPEUTIC SUPPORT GROUPS

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The purpose of this qualitative study was to elicit the perceptions and experiences of social work facilitators involved in virtual on line psychotherapeutic support group interventions for family caregivers of persons with neuro-degenerative disease (Alzheimer's, Stroke, Parkinsons, Frontal Temporal Lobe Dementia, Traumatic Brain Injury). Incorporating both responses from social work facilitators and a review of the literature, this paper will focus on the technical transition and adjustments needed in preparing and implementing group psychotherapy online. Seven social workers completed an open-ended survey of their experiences in providing online support to family caregivers. A content analysis of the data extracted 3 main themes which will be discussed: a) social workers experiences of transitioning from an in-person to a virtual online psychotherapeutic group intervention, b) relational development with family caregivers, and c) the limits and opportunities of offering online group support. The provision of online psychotherapeutic support groups for family caregivers appears to be an overall positive experience for professional facilitators and a viable means of offering emotional support. Recommendations for supporting therapists' transition from in person to on-line virtual psychotherapeutic groups will be discussed.

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FIRST LINK: AN INNOVATIVE DIRECT REFERRAL SYSTEM THAT LINKS INDIVIDUALS WITH DEMENTIA AND THEIR FAMILIES TO A CONTINUUM OF LEARNING AND SUPPORT

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Many families affected by dementia find it difficult to ask for help and do not access support until a crisis. First Link removes this barrier by ensuring that families are referred directly to support services at the time of diagnosis. The diagnosing physician simply faxes in a referral to the Alzheimer Society. A Coordinator contacts families directly and provides information about dementia, support services, and education. First Link is a direct referral program that provides clients with coordinated support, learning and linkages to community services from the point of diagnosis through the continuum of the disease.

Led by the Alzheimer Society of Ottawa in collaboration with the Dementia Network of Ottawa, First Link has supported more than 1000 families since 2002. Evaluation results indicate that First Link helps to reduce the number of crisis situations and helps families to feel more confident in their caregiving. First Link has improved communication between families, physicians, the Alzheimer Society and community agencies. This discussion will focus on First Link as a model for integrated client service and community partnerships. The development of the First Link program in Ottawa, evaluation results, lessons learned and adaptation of the program in other regions will be discussed.

Theme: ENVIRONMENTAL ISSUES: CARE AND DESIGN MODELS

Chairs: Lori Weeks and TBA

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A PLACE LIKE THIS: ELDERS EXPERIENCES LIVING IN A CARE FACILITY THAT HAS ADOPTED THE EDEN ALTERNATIVE PHILOSOPHY

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Care facilities for elders have been guided by a medical model of care, with a focus on physical conditions. Minimal attention has been given to elders' psychosocial needs. The Eden Alternative (EA) philosophy of care is being introduced in many facilities with a goal of addressing these needs. However, little research exists to demonstrate its impact on the day to day lives of the residents living in these facilities. The purpose of this qualitative study was to understand how the EA has influenced the lives of elders in care facilities.

Data was generated through in- depth, personal interviews with nine participants from two facilities and then analyzed for themes. Emerging findings suggest that although participants were not familiar with the meaning of the EA, this philosophy did nevertheless influence their lives in meaningful ways. However, neither philosophy nor care facility could counter the dominant societal discourse of aging. It is recommended that health care professionals (1) continue to explore the possibilities the EA has in addressing psychosocial needs of elders in care facilities; (2) begin to examine ways to dismantle the societal discourse of aging so that elders living in care facilities are recognized as valuable members of our society.

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THE EFFECT OF ENVIRONMENTAL DESIGN IN MANAGING BEHAVIOURAL PROBLEMS AND MEETING THE NEEDS OF RESIDENTS WITH DEMENTIA: EVALUATION OF THE PETER D. CLARK LONG TERM CARE CENTRE'S BUNGALOW DESIGN

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Behavioural disturbances among people with dementia greatly hinder both the person with dementia and her or his caregivers' quality of life and health. Over the last two decades, modifications of traditional physical environments toward more non-institutional and EDEN-like designs has been recommended for the treatment and management of behavioural problems among older persons with dementia. The use of home-like architectural design features are believed to create an environment that promotes the key values of sense of dignity, autonomy, respect, and caring among those who work at and reside in the Centre. This presentation will discuss the evaluation of special care units, such as the Peter D. Clark Long Term Care Centre, that have been built to provide home-like care to seniors living with dementia and difficult-to-manage behaviours. The presentation will: 1) explore the strength of the current evidence surrounding the use of architectural design features in reducing or preventing problematic behaviours among cognitively impaired residents; 2) discuss the gaps in evaluation designs; and 3) present the evaluation model being used to evaluate special care sites in Ottawa, Toronto and Calgary.

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A SOCIAL INTERACTIONAL MODEL FOR UNDERSTANDING BEHAVIOURAL PROBLEMS AMONG PEOPLE WITH DEMENTIA

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Behavioural problems experienced by people with dementia have far reaching consequences to them, those who care for them, and the environment in which care is being provided. In the past, research has focused on the roles of the physical environment and the degree to which individuals adapt or have mastery over their environment in meeting their needs as models for understanding problem behaviours and their management. Studies are still focusing on the physical environment but also on the social environment as a treatment modality to deal with behaviours of people with dementia. The objective of this paper is to present a social interactional model for understanding challenging behaviours of people with dementia. The history of the model, its major components and its use will be presented. The model will be compared to other models and an example of the application of the problem of challenging behaviours and dementia will be provided.

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OPTIMIZING OUTCOMES FOR RESIDENTS WITH DEMENTIA: A COMPARISON OF TWO CARE MODELS

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Objectives: Resident outcomes are affected by environmental influences, not least of which is the institutional care model. This study compares outcomes longitudinally among long-term care residents with dementia under two conditions: special care unit and dementia cottage.

Methods: Twenty-five residents were moved from a special care unit to a Good Samaritan operated cottage style facility. Interviews with administrators and an independent environmental assessment were undertaken to determine unit design, staff assignment, ratios and training. Charts were reviewed pre and post move for 12 months in each facility for information on the following: adls, mobility, agitation, falls, activity participation, physical and psychotropic restraints, and mortality.

Results: Eight residents died in the cottage facility during the 12 month period following the move. Among the remaining 17, a decrease in agitated behaviours, a decrease in falls and a decrease in psychotropic medication use were observed.

Conclusions: The increase in mortality is at least partly due to a relocation effect , consistent with that observed in a large number of other studies. The declines in agitation, falls and psychotropic drug use can be attributed to a care philosophy that differs significantly between types of facilities.

Funding provided by the Interior Health Authority

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RELAXING MUSIC AT MEALTIMES: A STRATEGY TO REDUCE AGITATION

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Agitation and the associated challenging behaviors can negatively affect individuals with Alzheimer's disease and related dementias (ADRD). To enhance quality of life for these individuals and their caregivers, health care providers need to develop effective interventions to minimize and manage these challenging behaviors. The impact of relaxing music on the behaviors of a group of residents diagnosed with ADRD was explored during the evening meal period. Utilizing a quasi-experimental study design, 30 residents living on a SCU in a New Brunswick nursing home participated in the 4-week study.

Using the Cohen-Mansfield Agitation Inventory to collect data, subjects were observed in week 1 when no music was played to gather baseline information. Music was then introduced in week 2, removed in week 3, and reintroduced in week 4. Findings revealed dramatic reductions in the observed cumulative incidence of total agitated behaviors. Additionally, definite reductions were apparent in the dimensions of agitation identified in the tool.

Implications from this study support the use of music as a non-invasive treatment intervention to reduce agitation in individuals with cognitive impairment. While this study limited the investigation to mealtimes, utilizing music and the calming effects that it has into other daily activities should be explored.

Theme: PHYSICAL ACTIVITY/EXERCISE
Chairs: Elaine Gallaghan and W. Nathan Wren

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PHYSICAL EXERCISE AS A PROTECTIVE FACTOR FOR SUCCESSFUL COGNITIVE AGEING

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The cognitive reserve hypothesis proposes that the progression of cognitive functioning in older age can be altered due to a cognitive plasticity, whereby environmental factors can act to enhance cognitive performance within a limited range. Specific attention has been given to the influence of physical exercise on cognitive ageing. This study sought to further this line of research by examining whether there were significant differences between the cognitive performance of younger and older adults of varying exercise levels. A cross-sectional design compared the performance of 24 young vigorous exercisers 24 young non-exercisers (aged 18-26 years), 24 older vigorous exercisers and 24 older non-exercisers (65-82 years) on neuropsychological measures of attention, working memory, speed, executive function and memory. A series of ANOVAs demonstrated main effects of age group and exercise on cognition, such that younger adults performed at a significantly higher level than older adults, and vigorous exercisers performed better than non-exercisers. These findings suggest that vigorous exercise may have a selective protective effect against age-associated cognitive decline. Identifying mechanisms such as exercise that can protect against cognitive ageing is useful as it suggests that older adults can exert some control over their own cognitive development.

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PSYCHOLOGICAL AND SOCIAL FACTORS THAT INFLUENCE OLDER ADULTS' PARTICIPATION IN STRENGTH TRAINING

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The benefits of strength training are important in preventing falls, prolonging independence, and improving the quality of life of older adults. Despite these benefits, rates of participation in strength training remain low within the older population. In addition, the factors that influence older adults participation in strength training have not been extensively researched. The purpose of this study was to use the constructs of the Theory of Planned Behaviour to gain a better understanding of the factors influencing older adult's participation in strength training. Two hundred participants aged 55 years and older completed a questionnaire, which assessed the constructs of the theory. Participants were classified into four groups based on self-reported levels of participation in physical activity. The groups included strength plus aerobic trainers (SAT), strength trainers (ST), aerobic trainers (AT), and non-trainers (NT). Results revealed no significant differences between the groups on attitudes. Both the ATs and the NTs differed significantly from the two strength-training groups on perceived behavioural control. The NT group also differed from the two strength-training groups on subjective norms. The findings of this study provide information about the factors that should be targeted in intervention programs designed to increase strength training participation in older adults.

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MAINTENANCE OF GAIN IN EXERCISE INVOLVEMENT FOLLOWING A SELF-MANAGEMENT PROGRAM FOR HOUSEBOUND OLDER ADULTS WITH ARTHRITIS.

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Introduction: Arthritis is a major health problem in Canada (Health Canada, 2001) and is associated with physical and psychological frailty (Schechtman & Ory, 2001). A sustained practice of health behaviors is a determinant of successful symptom management strategies for this population (Lorig & Holman, 1993).

Purpose: To examine whether a short-term improvement in exercise practice (frequency and variety) was maintained 8 months after participation in a home-based arthritis self-management program and to explore the moderator role of individual characteristics in the process of maintenance.

Method: Of the 113 housebound elderly participants who were randomized to an intervention or a wait-list control group at pre-program, 97 participants completed the post-test questionnaire and 81 participants the 8 months post-program questionnaire (intervention group, n=52; wait-list control group, n=29).

Results: Analyses showed that the post-program improvement in exercise involvement was maintained 8 months after completing a home-based arthritis self-management program. More precisely, the weekly occurrences of exercise as well as the variety of exercises activities were still significantly greater in the experimental group. No moderator roles were observed for any individual characteristics.

Conclusion: A home-based arthritis self-management program can positively impact the amount and variety of exercise involvement. This effect was still present 8 months post-program.

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VON CANADA'S COMMUNITY BASED FUNCTIONAL FITNESS CONTINUUM INITIATIVE

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“I think you have more get up and go rather than get up and sit back down again!” commented a participant during a focus group evaluation of the VON SMART Program. This new outreach developed and implemented nationally by the Victorian Order of Nurses assists seniors in becoming and staying functionally fit. VON Canada’s SMART Program (Seniors’ Maintaining Active Roles Together) provides one-hour wellness/exercise classes, designed to accommodate multi-levels of ability while addressing many of the health conditions associated with aging that often present barriers to participation in mainstream fitness programs. The project evaluation included pre and post fitness testing of participants. Significant increases were demonstrated in these components of functional fitness: lower-body strength, upper-body strength, aerobic endurance, lower-body flexibility, upper-body flexibility, agility and dynamic balance – after just 16 weeks of participation! The program’s outcomes are a perfect fit with VON’s mission: “Caring for Life” and classes continue to expand nationally. Working in partnership with other community organizations there are plans to introduce an in-home exercise component for those older adults who are isolated and unable to access group activities. This enhancement would create an exciting continuum of functional fitness interventions, promoting successful aging and helping to maintain independence.

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NSFA/CCAA PARTNERSHIP AND PROVINCIAL CERTIFICATION/SFIC JOINT RECOGNITION

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The Nova Scotia Fitness Association (NSFA) is a provincial partner in the National Fitness Leaders Alliance (NFLA), the formal network for provincial/territorial fitness delivery agencies across Canada.

The NSFA began to search for appropriate training programs to use when training instructors who work with the older adult population. The NSFA recognizes that two levels of leadership have an impact on older adult exercise instruction: lay sector (leaders with no formal fitness education) and the professional sector (leaders certified by the NFLA). The Canadian Centre for Activity and Aging (CCAA) developed the Seniors Fitness Instructors Course (SFIC) in order to train the lay sector and the NSFA, respecting the research, development and course content of the SFIC, decided to investigate further to see if there was a way to adapt the SFIC to meet NFLA standards.

The resulting partnership enables the NSFA to work side by side with the CCAA in order to provide training at both levels. The SFIC course is delivered to the lay sector exactly as the CCAA mandates. The NSFA-Older Adult Module requires the candidate to comply with both CCAA and NFLA outcomes. The result is a certification recognized by both the CCAA and the NSFA/NFLA.

Theme: COMMUNITY, ISOLATION AND SUPPORT
Chairs: Norah Keating and Shannon McEvenue

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DIVERSITY AMONG OLDER ADULTS: LESSONS LEARNED FROM THREE RURAL COMMUNITIES

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Over 20% of older Canadians live in small towns and rural areas. Most often rural is understood in comparison to larger urban cities, however there is considerable diversity among rural communities and the older adults who live there. In this presentation we present findings from a comparative case study of three rural communities in Canada: a seasonal community in Nova Scotia, a retirement community in Ontario, and a farming community in Alberta. Through analysis of qualitative interview data, we show the diversity among older adults by identifying groups which vary on qualities such as mobility patterns, scope of activities, engagement with family, friends and community, and personal resources like health and income. Drawing upon human ecology theory, we illustrate how these groups of seniors differentially influence and are influenced by their rural communities. Variation between groups in the same community and between similar groups in different rural communities suggests both personal resources and community context matters. Both should be accounted for when determining whether a rural community is a good place to live as an older adult.

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ENQUÊTE SUR LE STATUT ET LES RÔLES DES AÎNÉS AU NOUVEAU-BRUNSWICK

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Dans une société éprise d'autonomie et où règne l'économie de marché, nous pensons souvent en fonction de ce que nous pouvons apporter aux aînés pour ne pas dire ce que nous pouvons leur vendre mais rarement, nous nous arrêtons sur ce que ces personnes peuvent nous offrir.

Une "Enquête sur le statut et les rôles des aînés dans notre province" a été réalisée par le Conseil consultatif des aînés du Nouveau-Brunswick, en 2004.

Nous exposerons les résultats de cette recherche menée auprès de la population vieillissante de notre province, l'analyse qui en découle et les pistes de recherche qui s'ouvrent à nous.

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EXPLORING THE LINKAGES BETWEEN SOCIAL ISOLATION, GENDER, HEALTH AND HEALTH CARE UTILIZATION AMONG OLDER ADULTS: FINDINGS FROM THE 2003 CANADIAN COMMUNITY HEALTH SURVEY

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In November 2003, the Federal/Provincial/Territorial Ministers Responsible for Seniors identified “social isolation” as a priority issue, emphasizing its potential impact on health status and health care utilization rates for older adults. Given both the political and applied research foci on the relationship between social isolation and health in the latter stages of the life course, it is important to explore the ways in which social isolation is constructed as an “at risk” phenomenon. This study uses data from the 2003 Canadian Community Health Survey (CCHS 2.1), to explore the nature of the connections between health status, gender and service use among a sample of socially isolated older Canadian adults. The sample is selected according to established criteria (e.g., living alone in the community with minimal social support from informal sources). Multivariate analyses reveal important differences between socially isolated men and women in their health and health care utilization patterns. These findings underscore the importance of understanding the profiles of use and need within a broader social context for socially isolated older men and women. Findings are discussed in relation to policy and program development targeted towards socially isolated older adults in Canada.

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LONELINESS AMONG THE ELDERLY: SINGLE, FEMALE AND POOR.

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Objective: A previous paper on the first cohort of the Fredericton 80+ Study examined the relationship among social conditions and loneliness. Having satisfactory levels of contact with children and living arrangements were more important predictors of loneliness than health issues for 80 year olds (born in 1918).

Method and Results: For the second Fredericton 80+ Study cohort, born in 1923 (n=246), we have recreated the analysis as in the original paper. Female unmarried participants, who live alone report high levels of loneliness compared to their male counterparts when looking at these relationships univariately. Bivariate correlations reveal that higher household incomes, higher life satisfaction scores and higher mental health scores are associated with less loneliness. A regression analysis demonstrates that marital status is the most significant demographic predictor of loneliness with life satisfaction and poor mental health also predicting significant portions of loneliness.

Conclusion: Single, divorced and widowed 80 year olds (mostly women) with a low degree of life satisfaction and poor mental health report high levels of loneliness.

Funding: Royal Bank, Royal Dominion Securities, Shoppers Drug Mart & St. Thomas University.

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INTERNET-BASED SUPPORT GROUPS FOR SENIORS LIVING IN THE COMMUNITY: RESULTS OF A FEASIBILITY STUDY

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Purpose: The project demonstrated technological and clinical leadership through the development and implementation of a unique and innovative Internet-based support group intervention for seniors living in the community.

Procedures: Equipment (computers, webcams, audio headsets) and high speed Internet access were installed in the homes of six seniors. They were trained to use computers and to access a password-protected website that included, e-mail, and duplex or group video conferencing. A social worker facilitated the video-conferencing group intervention for 10 weekly sessions. All sessions were archived for subsequent content analysis.

Results: At follow up, the feedback showed that those seniors who were identified as isolated reported more benefits in terms of having contact with others and feeling the support of other group members. While non-isolated seniors enjoyed meeting the group members they did not need the group for support because of the availability of support networks.

Conclusions: The results show that seniors who are isolated benefit from an internet-based group support program that they can access from their homes. The main lesson learned from this project is that seniors who are isolated report more benefits gained from a video conferencing support group than those who have an active support network.

Theme: SELF-RATED HEALTH AND SES
Chairs: Shanti Johnson and Andrea Gruneu

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"HEALTHY AS A HORSE"?: THE INCONGRUENCE BETWEEN SUBJECTIVE AND OBJECTIVE HEALTH EVALUATIONS

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In this paper, we examine through quantitative and qualitative data the incongruence among elderly participants between their subjective assessments of health and more objective health evaluations. Participants consisted of 80-year-old women and men. Quantitative measures included ratings of physical and psychological health and well being, as well as an inventory of medical conditions, a health survey, and a measure of life satisfaction. Qualitative themes were developed through analyses of open-ended life story interviews. In these interviews, participants were initially invited to talk about their lives in any way they wished, with little prompting. When participants indicated that they had completed their life stories, they were asked to comment on a number of themes, including health. Our analyses indicate that when elderly participants assess their health and well-being, they do so in global (ignoring specific complaints), interpersonal (comparing themselves to others, including an image of the frail elderly), and personally meaningful (whether they can still perform activities that mean the most to them) ways. It appears that when they analyze their health within these contexts, they tend toward more favourable evaluations of their health and well-being, even in the face of a number of health and/or psychological problems.

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THE RELATIONSHIP BETWEEN SELF-RATED HEALTH AND HOSPITALIZATION: IS THERE AN AGE EFFECT?

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Research indicates that self-rated health, assessed with a simple measure that asks whether people rate their health as bad, poor, fair, good, or excellent is related to a variety of health-related outcomes, including mortality and hospitalization, even when controlling for "objective" health measures. The present study extends this research by examining whether the relationship diminishes with increasing age. The data source was the 1990 wave of the Aging in Manitoba study (N=2416). Data were linked to hospital records to determine whether participants were hospitalized in 1990 and 1996, respectively; thus both cross-sectional and longitudinal analyses were conducted. A cross-sectional analysis for the total sample indicated that the odds of being hospitalized were, indeed, increased for individuals who rated their health as less than good (versus good, very good or excellent; adjusted odds ratio=1.51). Subsequent age-stratified analyses showed that this relationship emerged for those 65-74 and 75-84, but not the 85+ year olds. Self-rated health was not related to hospitalization in the longitudinal analysis. These findings corroborate previous research as to the importance of self-rated health in predicting hospitalization. That this relationship was restricted to younger seniors may suggest that self-rated health has a different meaning for very elderly individuals.

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SOCIOECONOMIC STATUS AND OLDER ADULTS: NEIGHBORHOOD AND PERSONAL INDICATORS

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It has been proposed that neighborhood income influences health independently of personal income. Studies investigating neighborhood income have provided inconsistent results. In addition, most studies have been cross-sectional and control for the effect of age rather than providing separate analyses for older adults.

This study investigates the longitudinal relationship between neighborhood income and personal income and wealth needs of older adults.

Data from 2045 healthy community-dwelling older adults from the Aging in Manitoba study were used for this study. Multivariate models included measures of socioeconomic status (SES; neighborhood income and personal income and wealth needs), function, physical health, demography, and health care use. Outcome variables were self-reported health, physician visits, and hospital admissions.

Some of the results indicate that current SES influences current health, and that future health is influenced by previous health. In addition, outcome measures were not influenced by the same predictor variables. This study may help better understand the relationship between structural and individual variables of SES and how they relate to health.

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THE EFFECT SUBJECTIVE HEALTH HAS ON EXERCISE COPING BEHAVIOURS AMONG OLDER ADULTS: A LOGISTICAL REGRESSION ANALYSIS

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Health promotion and aging literature has established that the majority of illness-related care is self-care oriented. This study examined how perceived health and illness efficacy affects exercise self-care as a form of coping with chronic illness, among older adults managing arthritis, cardiovascular disease, and/or hypertension. Other variables that are controlled for include socio-demographics, illness context, self-care behaviours and coping strategies. The analysis takes two theoretical approaches: Health Belief Model and Health Locus of Control Theory.

This study looked at a sub-sample of 879 individuals from the Vancouver North Shore Self-Care Study where 25 stroke victims were filtered out from the original 904 aggregate population. This entails 417 (47%) individuals with arthritis, 229 (26%) with heart problems and 233 (27%) who have hypertension.

The results showed that there is an association between the hypotheses that individual's who have higher levels of perceived health will be more likely to be active in health promoting behaviours such as physical activity and exercise (b=1.06, Std E=.25, p<.001, OR=2.9); that individuals who allocate greater importance to exercise will experience higher levels of exercise when diagnosed with a chronic condition (b=.55, Std E=.21, p<.01, OR=1.7); and that individuals with increased self efficacy will exhibit higher propensities to exercise and be more physically active (b=.39, Std E=.12, p<.01, OR=1.5). These findings have a number of direct implications for tailoring health promotion programs targeting older adults, especially those who use exercise as a form of self-care.

Theme: GERIATRIC CARE/REHABILITATION

Chairs: Costa Apostolides and Sti Napsiyah

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THE DEFINITION AND MEASUREMENT OF CONTINUITY OF CARE IN AN INPATIENT GERIATRIC REHABILITATION UNIT

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We aimed to determine the elements of continuity of care (CC) on a geriatric rehabilitation unit (GRU), and then develop and evaluate candidate items for a multi-dimensional instrument for measuring CC in this setting. Semi-structured interviews and focus groups were conducted with a purposeful sample of clients, family/friend caregivers and GRU staff. Interviews were transcribed and then coded by two raters. Candidate items were developed and evaluated by a panel of key stakeholders to assess the content validity of the items chosen. Results indicate that team functioning, namely communication within teams, and information sharing with clients/families are critical elements of CC. Complexity of care and patient/family expectations are also integral to CC. The differences between patient/family and GRU staff perspectives and the content validity of the candidate items will be discussed. The identified elements highlight the unique needs of CC in a GRU and the importance of considering various perspectives. Next steps include administering the instrument to consecutively discharged patients to assess the reliability and validity of the newly developed instrument.

Funding source: Parkwood Hospital Foundation

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APPLICABILITY OF A TOOLKIT ASSESSING REHABILITATION OUTCOMES THAT MATTER TO ELDERLY PATIENTS

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A comprehensive toolkit assessing geriatric rehabilitation outcomes was assembled including nine standardized tools related to mobility, basic and instrumental activities of daily living, leisure, physical functioning, psychological functioning, social functioning, and caregiver status.

Objective: To field test the applicability of the toolkit for the evaluation of older adults after intensive rehabilitation.

Method: A sample of 48 participants (x= 81 years) representing 4 diagnostic groups were assessed at home, one month post-rehabilitation. The operational criteria for applicability were respondent and examiner burden, format compatibility and coherence between tools.

Results: Respondent and examiner burden are adequate in terms of number of sessions (n=1-3), completion time (45-210 min.; x= 97 min.), and acceptability (coded comments). Format compatibility is confirmed through compliance with the assessment pattern for 96% of subjects, and minor adaptations of the material and procedure for 7/9 instruments. The estimated correlations suggest little redundancy between tools, with 94% of Pearson correlation coefficients lower than 0,50; x=0,22 . Tools tend to cluster according to two groupings: i) objective, examiner-based measures, and ii) subjective, self-report measures. CONCLUSION: The study confirms the applicability of the toolkit when evaluating older adults at home, and the relevance of both objective and subjective measures when assessing geriatric rehabilitation outcomes.

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TOOLS FOR GERIATRIC COLLABORATIVE MENTAL HEALTH CARE

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The Primary Health Care Transition Fund is supporting the Canadian Collaborative Mental Health Initiative in its mandate to improve access to, and the delivery of, mental health services in the primary health care setting through interdisciplinary collaboration. Collaborative mental health care is characterized by four key elements: accessibility, consumer centeredness, the richness of collaboration and collaborative structures and systems. Older adults can especially benefit from collaborative care. To aid clinicians who want to improve the delivery of mental health services for older adults in the primary care sector by organizing collaborative arrangements with mental health and primary care professionals and consumers, a geriatric mental health "toolkit" has been developed. The process of the toolkit development will be described and the status of this project will be presented. Participants will also see the specific application of the toolkit approach to older adults.

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HISTORY OF DEPRESSION MODIFIES THE EFFECT OF OTHER RISK FACTORS FOR 16-MONTH SURVIVAL IN OLDER MEDICAL INPATIENTS

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This study aimed to determine whether a history of depression modifies the effect of current depression and other risk factors for survival among older medical inpatients.

Medical inpatients aged 65+ with at most mild cognitive impairment were recruited at 2 Montreal hospitals and screened for depression. All those with a diagnosis of major or minor depression (DSM-IV criteria), and a random sample of non-depressed patients were invited to participate. Baseline data included: history of depression, medical severity, comorbidity, and health services utilization. Cox proportional hazards methods were used to analyze survival during the 16-month follow-up period.

500 patients were enrolled (328 with depression, 172 with no depression); 116 (23.2%) had a history of depression. After adjustment for depression, patients with a history of depression were younger, less medically ill, with less comorbidity. Current depression did not predict survival after adjustment for covariates (including medical severity and comorbidity), but a history of depression predicted better survival (OR 0.54, 95% CI 0.32, 0.90). Other predictors of survival (sex, home care, prior physician visits, and mild cognitive impairment) differed by history of depression.

In hospital-based samples, a history of depression appears to be protective and modifies the effects of risk factors for survival.

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THE PSYCHOMETRIC EVALUATION OF AN URINARY INCONTINENCE ASSESSMENT INSTRUMENT

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Urinary incontinence (UI) is prevalent in the elderly population with associated costs, physical and social sequelae, caregiver burden, and long term care admissions. Few validated UI assessment instruments exist for community and clinical settings, although diagnosis and conservative treatment can resolve the majority of UI. This study evaluated the psychometric properties of the Capital Health Authority (CHA) Screening Tool (Raiwet & Phillips, 2001). Concurrent validity of the CHA Screening Tool was examined using The Stress Urge Incontinence Instrument (SUII), and the Urodynamic Patient Questionnaire (UPQ) (Woodtli, 1993, 1995a, 1995b), as the criterion measures. Convenience sampling was employed to select 23 Home Care recipients (ranging in age from 50 to 95 years) who were experiencing UI. Inter-rater reliability testing involved twelve nurses who work in Home Care or Geriatric Assessment Unit settings. Correlational analyses revealed good validity and reliability of the Urge (r = .81, p < .01, Cronbach's alpha = .83) and Stress subscales (r = .78, p < .01, Cronbach's alpha = .66) of the CHA Screening Tool. Research findings provide support for a short assessment tool that health care providers could use to guide interventions and interdisciplinary referral. Appropriate management of UI could prevent long term care admissions.

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IMPLEMENTATION OF A TWO-STEP INTERVENTION FOR OLDER EMERGENCY DEPARTMENT PATIENTS (ISAR-2): RESEARCH INTO PRACTICE

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The objective of this study was to investigate the implementation, and barriers to implementation of tools and interventions for older patients in the emergency department (ED) (including the ISAR-2 screening and assessment tools developed by our group).

Two groups were surveyed: key informants from all EDs (n=111) in the province of Quebec, and a convenience sample of interested individuals outside Quebec (n=34). Questionnaires (administered either by telephone or self-completion) included: characteristics of the ED, characteristics of the respondent, use of tools, method of implementation, and perceived barriers. Additional data on the Quebec EDs were obtained from the Ministry of Health.

The participation rate was 87.4% for the Quebec EDs and 47.1% for the non-Quebec group. Among Quebec EDs, the decision to use the ISAR-2 tools was more frequent in larger, tertiary-level EDs, with specialized staff. The results of this study suggest that the main barriers to the implementation of this type of intervention are: misunderstandings of the difference between screening and assessment tools, lack of resources for screening and follow-up, and lack of attention to the need to adapt tools to the local context.

Education and pre-implementation testing are needed when implementing evidence-based interventions in new settings.

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A NATIONAL PERSPECTIVE - REGULATION OF RETIREMENT HOMES INDUSTRY

Chair: Elizabeth Esteves, Manager of Policy Initiatives, Ontario Seniors' Secretariat

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A National Perspective - Regulation of Retirement Homes Industry - Integrated Summary.

The number of private seniors' residences in Canada has increased, which may largely be a response to changing desires and needs of seniors. The trend towards more private care residences in Canada is expected to increase with Canada's rapidly aging population. A high proportion of seniors who choose to live in such private residences are aged 75 or older. The aging of Canada's population will gradually increase the public's awareness of the issue of regulation of care sold in the retirement home industry. Governments, service providers in this industry, and consumers of private seniors' residences across Canada have an interest in gaining a better understanding of this importance issue. For the purposes of this symposium, private seniors' residences/retirement homes are defined as seniors' residences where personal care and accommodation are sold to residents and that are not funded by government (i.e., that are privately owned and operated). There are various approaches used in Canadian jurisdictions with respect to the regulation of such residences. These residences may be regulated or not, and generally fall into these three categories: (1) regulated through a licensing or registration body, and/or (2) regulated through another regulating body that has authority over the personal care sold (e.g., medication management, staffing, etc.), or (3) not regulated. This symposium will provide an overview of this long standing issue from the perspectives of consumers, (Judy Cutler, Co-Director, Government and Media Relations, CARP) service providers, (Gord White, Chief Executive Officer, ORCA), and government (Elizabeth Esteves, Manager of Policy Initiatives, Ontario Seniors' Secretariat and Jean-Louis-Bazin, Québec Seniors Secretariat).

A NATIONAL PERSPECTIVE, REGULATION OF RETIREMENT HOMES INDUSTRY – ORCA

Gord White

The Ontario Retirement Communities Association (ORCA) has held two national forums with retirement home associations including Association des Residences et CHSLD Prives du Quebec, Alberta Senior Citizens' Housing Association, and BC Retirement Communities Association to discuss the state of regulations for this sector over the past 3 years. ORCA is a voluntary non-profit Association that sets standards, inspects, and accredits retirement residences in Ontario. Only retirement residences that have passed and continue to meet ORCA's standards are can be members. Following practices used by the broader health care sector, ORCA's peer review system of inspection and third party review became the first evaluative system of retirement homes in Canada.

ORCA will speak to the provider's perspective on the need for mandatory regulations to ensure safety of residents, to define accountability for consumers and providers, and to defend consumer choice as this important sector expands exponentially over the next 35 years. Regulations don't exist in a vacuum. What happens in one jurisdiction affects what happens in another. Governments look to each other for direction on important issues; it makes sense that industry does too. We're going to find out what we have in common with the other provinces, and what's different.

A NATIONAL PERSPECTIVE, REGULATION OF RETIREMENT HOMES INDUSTRY – CARP

Judy Cutler

Active Living Begins At Home. It is said that home is where the heart is. But, to make it a place where the heart thrives - and wants to be -- it is essential that active and healthy living is a major component. For example, an approach to retirement homes that focuses merely on "warehousing" the elderly comes with a price to the individual and to society. Clearly an environment that promotes positive physical, intellectual, emotional and spiritual engagement will contribute to quality of life. Indeed, housing is an important determinant of health -- mentally and physically - whether in an apartment, a retirement home or a nursing home. Not only will Canada's Association for the Fifty-Plus' (CARP's) presentation explore the social implications of retirement home living, but also the regulations that prevent gaps in appropriate standards to ensure affordability, safety, nutrition, accessibility, activity and resident/family involvement in operations.

A NATIONAL PERSPECTIVE - REGULATION OF RETIREMENT HOMES INDUSTRY – GOVERNMENT (ON & QC)

Elizabeth Esteves and Jean-Louis Bazin

The number of private seniors' residences in Canada has increased, which may largely be a response to changing desires and needs of seniors. The trend towards more private care residences in Canada is expected to increase with Canada's rapidly aging population. Following the seventh meeting of Canadian Federal/Provincial/Territorial (F/P/T) Ministers Responsible for Seniors in November 2003, a working group was formed to review various approaches used by Canadian jurisdictions regarding the regulation of the retirement homes industry. Quebec lead this working group, assuming the main responsibility for the work required: development of a questionnaire, distribution of questionnaire to all jurisdictions, contacting jurisdictions regarding their responses, and preparation of a report which summarizes the findings. Ontario collaborated with Quebec as a participating member of the working group. This report chronicles various approaches used in Canadian jurisdictions to oversee services and care provided; it identifies approaches with respect to quality of life in those residences and safety for seniors and ways to support knowledge transfer among partners. As few studies have been completed in Canada on the issue of the regulation of the retirement homes industry, this F/P/T report serves as an important first step in raising awareness about this issue.

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ASSESSMENT AND MANAGEMENT OF DEMENTIA BY FAMILY PHYSICIANS: A CHART AUDIT STUDY

Chair: Nick Pimlott, MD, PhD, CCFP, Sunnybrook & Women's College, University of Toronto

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Objective: This symposium will bring together health professionals to discuss findings from a chart audit study on the assessment and management of dementia by family physicians.

Method: A retrospective medical record review was completed for 160 patients, diagnosed with dementia in university affiliated family practice clinics in Calgary, Ottawa and Toronto, between January 2000 and June 2004. Outcome measures were based on the recommendations of the Canadian Consensus Conference on Dementia (CCCD).

Results: The average age of patients was 83 years and 66.3% were female. Almost half (48.1%) were diagnosed with Alzheimer disease (38.1%) or vascular dementia (10%). More than 25% of patients were not given a specific diagnosis, with 13.1% labeled as "dementia" and 12.5% as "not yet diagnosed". Most patients (69.6%) had a collateral history and a primary caregiver identified (79.4%). However, there was a very low level of assessment of caregiver stress (33.1%) and caregiver referral for support (12.5%). The majority of patients (80.6%) seen by their family physician for cognitive changes had at least one Mini-Mental State Examination (MMSE) performed. The average score on the first MMSE was 23.5. Most physicians ordered appropriate blood tests. Forty percent of patients had a CT scan within 3 months of reporting cognitive symptoms. Of these, 25% met the recommended criteria for CT scan. Only 36.5% were asked about driving safety. Of those, 15.5% were referred for a driving evaluation and 12.5% were reported to the Ministry of Transportation.

Conclusions: There is fair to good compliance with recommendations of the 1999 CCCD guidelines. However, caregiver coping assessment and referral of caregivers for support is infrequent. Similarly, there is infrequent assessment of driver safety and referral for formal driver evaluations. There is over reliance on computed tomography imaging.

Sponsor: CIHR/Alzheimer Society of Canada funded Dementia New Emerging Team.

GERIATRICIAN'S PERSPECTIVE

William Dalziel and James Silvius

The Consensus Conference on Management of Dementing Disorders (1999) recognised the vital role of primary care physicians in provision of assessment and management of individuals with dementing disorders. Inherent in the conclusions of the Consensus Conference was the recognition of the need to support primary care physicians in their management of individuals with dementing disorders.

Geriatricians not infrequently act as consultants for individuals with dementing disorders. Their role varies from assessment and recommendation to primary care physicians for individuals with more typical dementing disorders at one end of the spectrum, through to provision of management for individuals with atypical dementing disorders at the other end of the spectrum.

This presentation will review the role(s) that geriatricians can play in supporting primary care physicians as they care for individuals with dementing disorders. It will look at roles in different settings, including consultative and educational roles, and the role with caregivers. It will also look at advocacy roles for the care of individuals with dementia, and the potential to influence this care both now and into the future.

THE GERIATRIC PSYCHIATRIST'S PERSPECTIVE

Carole Cohen

The conclusions from Canadian Consensus Conference on Dementia were published in the Canadian Medical Association Journal in 1999 and further disseminated via educational sessions across the country. The guidelines address a number of issues relevant to psychiatrists who see patients with dementia but are aimed primarily at primary care physicians.

This paper will review the recommendations in the guidelines that relate to psychiatric symptoms and/or behavioural problems of dementia. Recommendations regarding referral to specialists such as psychiatrists will be discussed. Current practices in mental health settings with regard to dementia care will be outlined with specific attention to common reasons for referral: assessment and diagnosis; management of psychiatric symptoms; ethical and medial-legal issues such as driving, powers of attorney and future care planning; caregiver issues (both informal and formal); treatment (pharmacological and non-pharmacological) and follow-up. Reference will be made to the role of mental health services in relation to primary care physicians, other specialists and other service providers in different care settings across Canada now and in the future as dementia care evolves over time.

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SUCCESSFUL AGING OTTAWA: BUILDING PARTNERSHIPS IN HEALTHY AGING

Chair: Larry Chambers, Ph.D, FACE, Hon FFPH(UK), Elisabeth Bruyere Research Institute

Stephanie Amos, Christine Davis, Koreen Fahey, Nancy Edwards, Kathleen Benjamin, Norma Strachan and Maryan O'Hagan, Elisabeth Bruyere Research Institute, 43 Bruyere Street, Ottawa, ON, K1N 5C8, (*lchamber@scohs.on.ca*), Tel: (613) 562-4262 ext 4059, Fax: (613) 562-4266

Successful Aging Ottawa (SAO) is a community initiative that examines the changing profile and perceptions about aging among older adults living in the city of Ottawa. The results of a recent telephone survey of over 1000 randomly selected seniors are presented within a framework that examines aging in terms of physical health and function, good mental health and function, engagement with life, moral and life satisfaction and the significance of individual adaptation. Although primarily a broad-ranging health survey, questions were also included on topics such as affordable housing, participation in leisure activities, volunteer work and awareness of, need for and use of community services. The views of individuals not likely reached through random dialing because of factors such as language barriers, lack of telephone access and life circumstances were captured through focus groups.

Having undertaken the survey, SAO is now turning attention to promoting awareness of the issues confronting seniors, among planners, policy makers and other community members. Through a blend of partnerships with the Council on Aging, City of Ottawa, Elisabeth Bruyere Research Institute, Regional Geriatric Assessment Program, United Way and University of Ottawa among others, work has begun on several emerging initiatives of relevance to direct care providers, decision makers and those advocating on behalf of older adults.

The learning objectives of the Symposium will be as follows:

1) identifying the community planning processes used to involve stakeholders in improving communities for older adults;
2) understanding methodological issues in designing and conducting a community-wide survey of seniors' perceptions of successful aging;
3) enhancing awareness of seniors' views and experiences related to successful aging; and,
4) learning how community partnerships and resources can facilitate the transformation of survey results into action.

THE COMMUNITY FOUNDATION

Stephanie Amos

The Successful Aging Ottawa (SAO) initiative came about as a result of a planning retreat held in 2002. One year later a broader community consultation examined how to ensure that a city such as Ottawa becomes an enriched and inclusive environment that recognizes and embraces the contributions of older adults in all aspects of community life.

In the three years since its inception, SAO has successfully integrated community and research interests towards achieving its objectives. Accomplishments include:

- developing a comprehensive seniors' survey;
- raising sufficient funds to administer the survey using random digit telephone dialing and to support the preliminary analyses of the results;
- liaising with a range of community groups to successfully conduct focus groups with hard-to-reach elders; and
- working with various community agencies and organizations to promote the Successful Aging Ottawa message.

In June 2005, SAO will host a one-day community consultation to share the survey results and to begin identifying the next steps required to achieve the vision of Ottawa as city that values and effectively engages its older citizens.

This paper will build on the lessons learned to date highlighting the challenges and opportunities emerging from the SAO partnership.

WHAT SENIORS HAVE TO SAY ABOUT SUCCESSFUL AGING

Christine Davis

This paper will present selected results from the Successful Aging Ottawa (SAO) Seniors Survey taken from the final report for the project and further analysis. The population-based survey was conducted by telephone in May 2004 and provides a comprehensive profile of seniors living in Ottawa. Over 1000 seniors aged 65 years of age and older were interviewed including seniors living in retirement homes. The SAO Seniors Survey provides important baseline and comparative information about senior’s issues and factors related to successful aging in Ottawa. The survey collected information related to health, engagement with life, life satisfaction and morale, adaptation to limitations, and use of community assets. The presentation will provide key findings related to successful aging including a profile of seniors age 85+.

A DISCUSSION OF SUCCESSFUL AGING WITH SENIORS IN OTTAWA

Koreen E. Fahey, Nancy Edwards and Kathleen Benjamin

Background: Focus groups were held with 26 seniors from underrepresented groups in the SAO telephone survey and “harder-to-reach” populations such as ethno-cultural groups and the frail elderly.

A phenomenological descriptive design, using thematic analysis was used to capture the lived experience of successful aging. One hour focus groups were conducted in participants’ language of choice. They were asked to describe: attributes of successful aging; major concerns about aging; factors that helped or hindered their independence; and elements they felt would improve Ottawa as a place for older people to live. Participants also completed a written questionnaire.

Seniors highlighted physical activity, nutrition, social engagement and independence as key attributes of successful aging. Their concerns included declining health, loss of independence, personal safety, and seniors housing. Several participants indicated they received support from family and community services. Recommendations to make Ottawa a better place for seniors to live included improved community safety; provision of services and information in the language of their choice; improved access to health care services; accessible and affordable seniors housing and transportation.

The findings of the focus groups highlight the importance of understanding seniors’ perceptions of successful aging. These results will help inform the SAO initiative.

TRANSFORMING FINDINGS INTO COMMUNITY ACTION

Norma Strachan and Maryan O'Hagan

Encouraged by the work of Successful Aging Ottawa in 2002 and 2003, the city of Ottawa developed a separate "Seniors Agenda" as part of its corporate initiatives in 2004. This presentation will highlight how the municipality set about to use the results of the Successful Aging Ottawa survey, focus groups and consultations, in collaboration with the other partners.

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CREATING SUSTAINABLE COMMUNITY-BASED TANGO DANCE PROGRAMS FOR ENHANCING BALANCE, SOCIALIZATION AND WELL-BEING IN AT-RISK SENIORS

Patricia McKinley, PhD, Constance Lethbridge Rehabilitation Centre &McGill University

Elaine Shapiro and Laura Steinmander, McGill University School of Physical and Occupational Therapy, Montréal, QC, H3G1Y5, (*patricia.mckinley@mcgill.ca*), Tel: (514) 398-4498, Fax: (514) 398-8193

Sustainability of proven activity programs that emerge from research studies is often difficult to achieve in the community setting. Tango dancing for seniors: a feasibility study was designed to evaluate not only physical and social gains, but also engagement and sustainability in the community setting. This discussion session will be a vehicle for providing information on the efficacy of a community based tango dance program for enhancing balance, socialization and well-being, and for describing the roles that the various partners (the community centre, the researcher, the professional dance instructor) and participants play in facilitating engagement, adherence and maintenance of the program. Problem solving and program promotion for successful implementation will be discussed. Open discussion with the workshop attendees will be used as a forum for exploring approaches and possibilities for reducing barriers and for making such programs standardized, but flexible enough to be implemented and maintained in a variety of settings. Ways in which dissemination of information regarding this activity can be accomplished effectively will be also explored.

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DEAR PRIME MINISTER: SENIORS POLICY PAST AND FUTURE

Joyce Thompson, M Sc, National Advisory Council on Aging

Verena Menec, Kathyrn Oakley, Peter Donohue, Elaine Gallagher and Deborah O'Connor, National Advisory Council on Aging, Jeanne Mance Building, 1908A1, Tunney's Pasture, Ottawa, ON, K1A 1B4, (*louise_a_plouffe@phac-aspc.gc.ca*), Tel: (613) 957-1970, Fax: (613) 957-7627

On the occasion of the National Advisory Council on Aging's (NACA) 25th anniversary, NACA is partnering with CAG Divisions to hold a policy workshop with conference participants. This interactive session will serve as a consultation by NACA of the gerontological community to inform NACA's strategic planning. The workshop will comprise a policy retrospective and discussion of current and future policy needs. The Chair of NACA will reflect on key aging and seniors policy developments in Canada over the past quarter century with particular emphasis on Council's role in advancing the policy agenda. Elaine Gallagher (Health and Biological Sciences) will major health and health care policy issues, such as drug use and home care and day care. Deborah O'Connor will discuss home care/support policy from the viewpoint of Social Policy and Practice, and will consider also issues related to services for persons with dementia and their families. Peter Donohue will address pressing themes in Educational Gerontology, notably, the need for a framework and set of core competencies for gerontological education, and recruitment and retention issues in gerontological education. Kate Oakley will describe three issues of concern from the perspective of Psychology: the impact of technology on mental health and quality of life; the impact of palliative care on individuals, families and society, and; mental health policy gaps.

On behalf of the Social Sciences Division, Verena Menec will focus on policy issues related to "healthy" and "active" aging. These presentations will be followed by discussion with participants to develop and complete this picture of major aging/seniors policy concerns.

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INTERROGATING PERSONHOOD IN DEMENTIA

Deborah O'Connor, PhD, UBC - Centre for Research on Personhood in Dementia

JoAnn Perry, Alison Phinney, Barbara Purves, Anne Martin-Matthews and Clive Baldwin, Centre for Research on Personhood in Dementia University of British Columbia, 2080 West Mall, Vancouver, BC, V7O 2B1, (*deborah.oconnor@ubc.ca*), Tel: (604) 822-5299, Fax: (604) 822-8656

The notion of a socially constructed personhood is generating increasing interest as a critical issue in dementia care. There is growing recognition that how persons with dementia perform and behave is not simply determined by neuropathology but is also influenced by one's personal history, interactions with others and by how one is perceived and treated within one's social contexts. Despite its promise however, research around personhood in dementia care is still in infancy and a number of issues have emerged concerning the conceptualization and operationalization of the concept. The purpose of this roundtable discussion will be to bring together researchers and practitioners who are grappling with integrating notions of personhood and personhood-centred care into their research and practice in order to begin examining the usefulness and limitations of this concept. It will be lead by researchers associated with the Centre for Research on Personhood in Dementia (CRPD), a newly formed research unit located at the University of British Columbia in collaboration with the UK's Bradford Dementia Group, a multidisciplinary academic division committed to a humanist approach to dementia care.

Four brief position papers will be presented focused on introducing key debates surrounding the use of this term. These include: examining the relationship of personhood to other concepts such as self (selves) and identity (identities); exploring issues related to articulating this concept to the public, other researchers and professionals; and examining issues associated with recognizing 'personhood' and using the concept in research. The intent of these papers will be to stimulate discussion in order to further understanding and application of this notion.

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BEHAVIOURAL MANAGEMENT IN LONG TERM CARE: PROGRAM DESIGN AND IMPLEMENTATION

Maureen Gorman, Ph.D., Capital Health Halifax NS

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This workshop will help participants design a behavioural milieu within a LTC facility using a behavioural approach that meets residents' individual needs within a supportive and caring environment. The benefits of a "culture of behaviourists" model staff assess their own role in "creating" the "behaviour of concern", and how they can act differently to effect change), versus the "behavioural specialist" model are presented: immediacy of intervention, easier continuity of care, and improved job satisfaction.

The workshop will identify three preliminary tasks of program planning, whether for "special care" units or an entire facility: (1) define admission and discharge criteria, (2) describe population characteristics, and (3) assess staff training requirements, considering current skills (and skill mix among staff) and learning needs of both the interdisciplinary team and the support staff.

The following four components of a successful behavioural milieu program are covered in the workshop:

(a) the principles of behaviour: (i) behaviour will increase when reinforced, strengthen when intermittently reinforced, and is motivated by different things in different people; (ii) behaviour will decrease (or extinguish) when "punished" or when not reinforced; and (iii) behaviour can be "shaped" (or learned).

(b) objectivity and observation skills evidenced in applied behavioural analysis: (i) concisely identifying a symptom, or behaviour, of concern, (ii) determining what reinforces and/or motivates the behaviour, and (iii) monitoring the identified antecedents and consequences of the behaviour in a predetermined frequency (by time &/or occurrence). (c) ability to (i) conceptualize the behaviour in an integrated biopsychosocial context and (ii) develop from it, the integrated care plan (i.e., behaviour is used as an indicator of the need for intervention, not as a need itself). (d) follow through on the integrated care plan, adjusting according to feedback.

Theme: ELDER ABUSE
Chairs: Elizabeth Esteves and Allison Cramer

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RISK IN EVERYDAY LIFE: PHYSICAL ELDER ABUSE IN CANADA

Kari Brozowski and David Hall, Nipissing University, 100 College Drive, North Bay, ON, P1B 8L7, (*karib@nipissingu.ca*), Tel: (705) 474-3450 ext 4232, Fax: (705) 474-1947

In this paper, we review the literature on physical elder abuse within the context of risk theory. Employing data from the 1999 General Social Survey, we also examine several variables potentially associated with the risk for physical abuse of seniors. Seniors who are isolated from external supports, who are experiencing emotional difficulties, and who have experienced a change in marital status have a greater likelihood of being abused physically, supporting risk theorists. Further testing of senior abuse using this theoretical framework is required.

The second author would like to acknowledge the support of the Social Science and Humanities Research Council of Canada in this project.

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CONTRASTING ABUSE WITH WHAT IT IS NOT: A WAY OF CLARIFYING THE EXPERIENCE OF RESIDENT ABUSE IN LONG-TERM CARE FACILITIES.

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The purpose of this qualitative study was to understand the experience of abuse as lived by registered nurses working within long-term care facilities. A phenomenological approach was used since the experience of abuse within such settings is not well understood. Registered nurses with a minimum of five years of practice in long-term care participated. Their comments were audiotaped, transcribed, and verified with them. Data was analyzed according to the process identified by van Manen (1997).

Explored in this paper are some of the differences that participants voiced in clarifying between the experience of abuse and what they perceived as similar episodes but ones not abusive in nature. One of the ways to understand the experience of resident abuse is to raise the question of what it is not. Listening to participants contrast resident abuse with what it is not was a way of clarifying the essence of the experience. Themes of these differences included intentionality, expression of wrong doing relationships with others, and cognitive “know how”. Listening to the views of registered nurses will help administrators, educators, and policy makers move towards attaining an abuse free culture within long-term care settings.

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AN INTEGRATED APPROACH TO RESPONDING TO AGGRESSIVE AND EXCESSIVE BEHAVIOURS IN FACILITIES

Penny MacCourt, Beverley Wilden, Anne Earthy and Jan Mitchell, Center on Aging, University of Victoria, BC, (*pmaccourt@shaw.ca*), Tel: (250) 756-2129

This paper will report on the outcome of a project that was the result of a unique collaboration between occupational health and safety and clinical practice experts to develop and implement a best practice model aimed at preventing and intervening with the elderly in complex care settings who present with excessive and aggressive behaviours. The project was funded by the British Columbia Nursing Directorate in 2004. The first component of the project was a key informant study which led to the development of a mangement systems model for responding to excessive and aggresive behaviours. The second part was a gap analysis of the current practice situation versus the model. Focus groups and questionnaires with staff and interviews with corporate leaders were used for data collection in the gap analysis phase. A forum was held to provide feedback about the analysis of the identified gaps in care between the best practice model and the current situation. Both the gaps found, and the suggestions made by forum participants for practical tools and resources to facilitate the implementation of best practices, will be discussed.

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HAND MASSAGE AND FAVORITE MUSIC: COST EFFECTIVE INTERVENTIONS TO REDUCE AGITATION

Sandee Hicks-Moore, Assistant Professor Department of Nursing, PO Box 5050, Saint John, NB, E2L 4L5, (*shicks@unbsj.ca*), Tel: (506) 648-5730, Fax: (506) 648-5784

Challenging behaviors (i.e. wandering and agitation) are exceedingly common in individuals suffering from Alzheimer's disease and related dementias (ADRD), with as many as 50-95.6% of them displaying clinically significant behavioral problems during the course of their illness (O'Donnell et al., 2001). Researchers and clinicians have struggled to identify interventions that are both meaningful and successful in decreasing agitation and disruptive behaviors in individuals with ADRD. Current literature indicates that relaxation associated with hand massage (Remington, 2002; Snyder et al., 1995a,b) and music (Gerdner, 2000; Hicks-Moore, in press) has been used with some success to reduce agitated behaviors in individuals with dementia.

Findings from a study that compares the effectiveness of hand massage and favorite music to minimize episodes of agitation will be highlighted. Nursing home residents diagnosed with ADRD residing in 3 SCUs in New Brunswick are the participants in this study. Using an experimental repeated measures design, participants are exposed to 10 minutes of hand massage, 10 minutes of favorite music, 10 minutes of both hand massage and favorite music simultaneously, or no treatment (control). Levels of agitation are assessed at 3 different time periods using the Cohen-Mansfield Agitation Inventory (CMAI). Initial findings support the use of these interventions.

Theme: SMOKING, GAMBLING, SUBSTANCE ABUSE

Chairs: Kate Oakley and Lisa Tay

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SENIORS' RECREATIONAL GAMBLING: KNOWING WHEN TO BET AND WHEN TO FOLD

Joseph Tindale, Joan Norris and Jonathan Schmidt, Department of Family Relations and Applied Nutrition, University of Guelph, Guelph, ON, N1G 2W1, (*jtindale@uoguelph.ca*), Tel: (519) 824-4120 ext 53796, Fax: (519) 766-0691

We address critical gaps in knowledge about the meaning and family context of gambling and the prevention of gambling problems among older adults living in small Ontario communities. We employed two methods: key informant interviews (n = 15) with executive members of seniors clubs and questionnaires administered to members of seniors' clubs (n = 1100). We collected data from the largest clubs within each of the seven Ontario districts used by our partner, the United Senior Citizens of Ontario. Analysis of key informant interviews indicate that: 1. seniors gamble infrequently; 2. the growing number of venues means that later life gambling is increasing; 3. seniors gamble with friends more than family; 4. gambling is inexpensive in terms of money risked; 5. low cost meals and transportation 6. winning is a bonus, not a goal. We conclude that merely because gambling is more accessible to seniors than for earlier generations, it is ageist to suggest they are at risk relative to other age groups; in fact these seniors offer preventive strategies to avoid spending more than they can afford

Funding source: Ontario Problem Gambling Research Centre.

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UP IN SMOKE: CANADIAN POLICY AND OLDER ADULT SMOKERS

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This paper examines the diverse ways in which smoking in later life is being approached in Canadian provincial policy, across the continuum of living environments. In 2000, 12% of seniors living in private households smoked, compared with 26% of people 45 to 64 years of age, and 32% of those aged 25 to 54. However, ninety-two percent (92%) of smokers aged 65 years of age or over, smoke daily. A significant proportion of this group is considered as "die hard smokers". Smoking in the home may be considered as an individual behaviour, as a potential harm to self or others, a matter of privacy, autonomy, and self determination, as well as a health in the workplace issue. The paper reviews current health care and human rights laws along with health promotion and addiction literature in the context of older smokers, who may be competent but frail. Increasingly older adults who smoke are experiencing direct social control by health care and housing providers over their "choice to smoke". They may be refused access to services, or evicted if they smoke. The paper considers the ramifications of this social control approach for older adults and other age groups.

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TOOLS FOR HEALTHY AGING: SUPPORTING THOSE WITH MENTAL HEALTH AND SUBSTANCE MISUSE PROBLEMS

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Through research and clinical practice the Centre for Addiction and Mental Health (CAMH) has developed expertise in the fields of mental health and addiction service to older people and has also been a leader in working in partnership to create evidence-based resource materials.

This presentation will showcase the development and outcomes of the CAMH Healthy Aging project. This project is being led by an interdisciplinary team within CAMH and with external advice, consultation and input from others in the field. Through assessing educational needs of service providers across Ontario and gleaning the most urgent questions from the field through focus groups, this project aims to increase the knowledge, comfort and confidence of those working with older adults who may have mental health, substance use and/or gambling related problems. Two publications will be produced in 2006, and will be launched as part of a training strategy for Ontario health and social service providers. Through these outcomes the Project aims to increase providers' skills and abilities specific to their positions and settings, to remove barriers to service, and to present evidence based community strategies which can improve the overall individual, agency and community response to older adults with these problems.

Theme: QUALITATIVE INQUIRY
Chairs: Claire Roy and Patricia Ebert

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CONSTRUCTING A MEANINGFUL LIFE IN THE CONTEXT OF ALZHEIMER DISEASE

Hazel MacRae, Mount Saint Vincent University, Halifax, NS, B3M 2J6, (*hazel.macrae@msvu.ca*), Tel: (902) 457-6537

Alzheimer Disease is more than a disease, it is also a powerful socially constructed category. Adopting a symbolic interactionist perspective, and drawing on qualitative data obtained from in-depth interviews with eight persons living with early-stage Alzheimer Disease, this paper examines the meaning of the disease as interpreted by the persons who have it in contrast to the meaning of the disease as it is portrayed in popular culture. The findings show that while the cultural depiction of Alzheimer Disease is extremely negative, the majority of the study participants do not accept this interpretation. For most, Alzheimer Disease does indeed present a challenge,however, it is a challenge they take up, with a determination to "make the best of it" and create a meaningful and satisfying life. The paper identifies some of the resources these individuals draw upon to resist and rework the cultural meaning of Alzheimer Disease, and suggests that constructing a meaningful life while living with this illness would be less difficult if the public perception were changed.

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OLDER WIDOWERS' RELATIONSHIPS WITH THEIR CHILDREN: A QUALITATIVE INQUIRY

Deborah K. van den Hoonaard, Gerontology Department St. Thomas University, Fredericton, NB, E3B 5G3, (*dkvdh@stu.ca*), Tel: (506) 460-0362, Fax: (506) 452-0611

This paper is based on the findings of an in-depth interview study with widowers over 60 about their experiences as widowers. Rather than focussing on grieving, this study looked at the social meaning of being widower and how older widowers negotiate their social world. Twenty-eight men, 20 in New Brunswick and 8 in Florida, participated in this study. This presentation focusses on how the men talked about their relationships with their adult children. While some widowers described emotionally close relationships, others were willing to be critical of their children and to claim that they did not care about their children's opinions about their father's behaviour. This attitude was particularly striking when it involved children's reactions to the men's relationships with women. The paper concludes with the suggestion that masculinity has a noticeable effect on the men's interpretation and relating of their relationships with their children. The study on which this paper is based was funded by a grant from Social Sciences and Humanities Research Council.

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THE ROLE OF RELIGION IN THE CONSTRUCTION OF PERSONAL NARRATIVE AMONG THE VERY OLD

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A common if stereotypical perception of the elderly is that they are "more religious" than their younger counterparts, perhaps especially those who live in rural areas. From analyses of the frequency and content of references to religion, faith, or spirituality made by 12 elderly individuals (6 F, 6 M) in the qualitative component of a study of people 80 and over living in or around Fredericton, NB, the presenters will evaluate the role of religious beliefs in how participants talk about their lives, or tell their lifestories. Reference will be made to recent research on narrative gerontology and on spirituality in later life. Special consideration will be paid to gender differences and to the impact of participants' religious beliefs on their interpretations of pivotal life events (e.g., loss of spouse, illness, raising a family), as well as to the possible "interviewer effect" on what participants recount, given, e.g., that one of the interviewers is known in the region as a former minister. Also noted will be interviewees' responses to questions asked in the quantitative component of the study concerning their religious affiliation, level of education, former profession, and other potentially relevant factors and scores.

Theme: IMMIGRANT EXPERIENCES IN LATER LIFE

Chairs: Marlene MacLellan and Tina Rust

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TWO CULTURES, ONE GRANDMOTHER: LATE LIFE IMMIGRATION AND HEALTH EXPERIENCES

Noreen Lerch, 302-1025 Meares Street, Victoria, BC, V8V 3J7, (*noreen.marie@shaw.ca*), Tel: (250) 386-4433

As the Canadian population becomes more diverse, so does the need for health research on the needs of our immigrant population. In Canada, culture is considered one of the 12 key determinants of health. Canadian nursing has a strong commitment to standards of appropriate and culturally sensitive care as evidenced by the release of a Canadian Nurses Association position statement on culturally competent care in 2004.

Health-related perceptions, experiences and outcomes depend directly on the individual's cultural background and life context. Although it is often taken for granted that the process of aging includes psychological, biological, and sociological dimensions, the Gerontological literature reflects a paucity of attention to effects of differentiated cultural patterns on the aging process and how these differentially affect the health and perspectives of the aging individual or social/ethnic group.

Immigration can be considered to be a significant life-changing event. This paper will explore current Ethnogeriatric literature related to late-in-life immigrant perspectives on health. Results of exploratory discussions and focus groups with prospective and key informants will be presented with the rationale for the development of research questions for an ethnographic study of the experiences of older immigrant women.

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ELDERLY CHINESE IMMIGRANTS LIVING ALONE: ROLES OF SOCIO-CULTURAL DETERMINANTS

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Chinese culture places strong emphasis on family values, which often translates into adult children “being there” to provide the care elderly parents need. It is a cultural norm for the Chinese elderly people to live with adult children. It is particularly the case for elderly immigrants who are often faced with additional challenges associated with social and cultural adjustment. Therefore, it becomes an interesting and important research question to ask why some elderly Chinese immigrants reside alone. Using the data from a multi-site survey on health and well being of older Chinese in Canada, this paper examined the predictors for elderly Chinese immigrants living alone. The sample (N=660) consisted of single elderly (65+ years) Chinese immigrants born outside of Canada. Results of hierarchical logistic regression analysis have shown that culture-related factors (i.e. having a non-western religion and length of residency in Canada) play the most important role in predicting the elderly immigrants’ choice of living alone. Other significant predictors are related to social and financial resources (i.e. secondary education and higher income). The findings support the argument that culture plays a more important role than social/financial resources in determining the elderly Chinese immigrants’ decision to living alone.

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RISK AND PROTECTIVE FACTORS OF DEPRESSION AMONG OLDER CHINESE IMMIGRANTS IN CANADA: ACCULTURATION, RELATIONSHIP WITH CHILDREN, SOCIAL SUPPORT AND PERCEIVED SERVICE BARRIERS

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The current study surveyed the prevalence of depression and the risk and protective factors associated with depression in a sample of 213 community-dwelling Chinese immigrant elderly in Toronto, Ontario. The participants included elderly living in the community as well as those living in government-sponsored senior apartments. Using the Geriatric Depression Scale, nearly 30% of the elderly participants reported symptoms of depression in the mild and the severe ranges. A predictive model of depression, including gender, age, socioeconomic status, living alone, self-rated financial condition, self-rated health, relationship with children, perceived social support, Canadian acculturation, coping, and perceived service barriers, was further tested with well-defined, multidimensional measures in a hierarchical regression procedure. The results showed that the model explained 33% of the variance in the depression scores. The effect of demographic variables on depression disappeared when subsequent well-being and psychosocial variables were entered into the equation. However, four significant predictors were identified. Chinese elderly's relationship with children, perceived social support, Canadian acculturation negatively predicted depression, while their perceived service barriers positively predicted depression. Implications for preventions and interventions for older Chinese immigrants with depression and for future research on this population are addressed.

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CULTURE-RELATED PREDICTORS OF SERVICE BARRIERS EXPERIENCED BY CHINESE IMMIGRANT FAMILY CAREGIVERS

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Family caregiving is a stressful process, particularly when adding the complexity brought forth by minority status such as being immigrants or ethnic minorities. With the growth of cultural diversity, it is important to understand family caregiving in different immigrant and ethnic minority populations. This paper assessed service barriers experienced by Chinese immigrant family caregivers and the predictors of different types of barriers. The data were collected from a random sample of Chinese caregivers who were born outside of Canada (N=315). Principal component analysis was performed with the access barriers reported loading onto cultural barriers, administrative problems, circumstantial challenges, perceived negative quality of services, and personal attitude. Multiple regression analysis was used to identify the role of culture-related factors in predicting service barriers, when controlling for the confounding effects of caregivers' sociodemographic status. The results show that financial factors are significant in predicting the number and types of barriers reported by the caregivers. Culture-related factors play a significant role in predicting the total number of access barriers and the different types of barriers experienced by the family caregivers. The findings indicate the importance of culturally sensitive support for family caregivers so as to reduce the access barriers.

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SERVICE PROVISION FOR SENIORS: CHALLENGES FOR COMMUNITIES IN ATLANTIC CANADA

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The delivery of services for seniors in Canada today is complex and challenging. Canada's aging population is affecting the demand for services and changing the face of service provision (how and where services are delivered, the types of services available). Regionalization of health services, fiscal constraints, advances in technology and medicine, shifts to community based care, societal and family changes, and the prevalence of chronic disease combined with an aging population are factors contributing to challenges in service delivery for seniors. In this paper, the results from the Atlantic Canada component of a national study about service provision for seniors are reported. The paper begins with an overview of the methods and design of the national study. This is followed by a discussion of the key findings and the challenges confronting communities as they strive to meet the needs of seniors. The findings demonstrate that communities in Atlantic Canada face similar challenges in meeting the needs of seniors. The challenges identified are grouped under four categories: broad systemic issues, lack of housing and care options, poor integration and coordination of services, and disparities between rural and urban geographies.

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EFFICIENT FOR WHAT PURPOSES? THE CHALLENGE OF THE "NEW MANAGERIALISM" IN SERVICE DELIVERY TO RURAL OLDER PEOPLE

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"Efficiency or cost-effectiveness" with regard to public goods such as health care has become divorced from "its larger purpose" of "the best possible use of resources to achieve a valued end" (Gross Stein. 2001, pp. 4-6). This paper explores how the trend in managerialism associated with this "cult of efficiency" affects service delivery to rural older people living in situations of mistreatment and neglect. The paper refers to findings from a recent study by the authors that examined service delivery to older people living in situations of mistreatment and neglect in rural communities in Eastern Canada. The methods used were qualitative and included data collection through individual interviews (N=55), focus groups (N=5), and feedback groups (N=5). Analysis was inductive in that it employed ongoing coding in a comparative data analysis. The cultural norms within the communities included the need of older people to have control over the type and amount of assistance, and trust in people who deliver it. A disconnect was identified between these needs and the managerial approaches manifest in centrally-organized, urban-based programs, with their increasing emphasis on "efficiencies" through uniformity in standards, bureaucratic accountability and time management.

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RURAL GERIATRIC MEDICAL OUTREACH MODEL IN NORTHERN BRITISH COLUMBIA CANADA: A SERVICE EVALUATION

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The paper will present data from an evaluation of a rural medical specialist outreach model. The Outreach Service purpose is to provide support to rural physicians and other health care professionals by offering specialized interventions for a frail elderly population with interrelated complex conditions. Evaluation surveys were distributed in a one time mailing to physicians who refer to the service, geriatric specialists who provide the service, nurses and others providing care for the patients, managers and other support staff who organize the service. Evaluation surveys were returned in self addressed stamped envelopes provided with the evaluation survey. Information gathered during this evaluation was confidential. The data indicates that the model has provided older people in Northern Health communities with improved access to care, enhanced quality of care, and sustainability of care. Capacity for older people to remain in their own homes has been enhanced. The data suggests that limited sustained amounts of focused specialist consultation, provided in partnership with northern practitioners can provide significant improvements in health outcomes. Knowledge transfer has occurred.

The Geriatric Outreach Service functions within the context of the Northern Health Network of Excellence for Rural and Remote Geriatric Services.

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ACCESSING TELEHEALTH SERVICES: RECOGNIZING THE CHALLENGES FACING OLDER ADULTS IN RURAL AND REMOTE COMMUNITIES

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Telehealth - the use of information and communication technology to deliver health care across distance - is considered a central mechanism for improving care for individuals living in rural and remote regions of Canada. In 2002, the "Commission on the Future of Health Care in Canada" called for an expansion of the telehealth system. However, telehealth technologies have not been thoroughly evaluated, and while politically attractive the systems are also contentious as they do not necessarily resolve structural problems that affect access. For example, elderly residents face challenges associated with cultural, political, and jurisdictional issues. Whether or not technology can overcome these matters remains unclear.

This research is based on participation in a Canadian Institutes of Health Research (CIHR) sponsored New Emerging Team project: "Development and Evaluation of Strategies to Improve the Care of Persons with Dementia in Rural and Remote Areas". During consultation with 14 rural and remote telehealth communities in the province, the team learned that despite the advances in technology, other factors limited people's access to the service. This presentation will identify those factors but will also look at possible adjustments to ensure that the aging population in rural and remote communities is well served by changing technology.