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Friday, June 17, 2016

9:30 a.m. – 11:00 a.m.

On the Use of the Transtheoretical Model to Explain Fear of Falling and Falls Prevention Strategies Among Adults Aged 50 to 70

Valerie Abd-El-Aziz, University of Prince Edward Island; Dr. Gloria McInnis-Perry, University of Prince Edward Island; Dr. William Montelpare, University of Prince Edward Island; Dr. Lori Weeks, University of Prince Edward Island / Dalhousie University

While falls can happen at any stage of life, the rate of falls increases with age. Fear of falling places one at a greater risk for falls and falls-related injuries. Maintaining daily planned physical activity is an important behaviour that can decrease or prevent both fear of falling and falls, among individuals ranging from 50 to 70 years of age. The transtheoretical model (TTM) is a behaviour change theory that explains the importance of physical activity in preventing falls and reducing the fear of falling among individuals at risk. However, there is scant research on the utility of the TTM in falls prevention programs, specifically related to fear of falling. The aim of this presentation is to describe the utility of the TTM on physical activity promotion, particularly around stages of change (SOC), a core concept in TTM. Based on the TTM, behavior change is considered to be a dynamic process that can be divided into five stages of change (SOC): pre-contemplation, contemplation, preparation, action, and maintenance. As these stages progress, motivation and confidence in the ability to change (self-efficacy) increases before behaviour changes. Interventions are more effective when earlier SOC are targeted, rather than offering action plans to those who are ready to increase, or are maintaining, their physical activity behaviour. Physical activity volume, frequency and intensity are being measured in a cohort of individuals aged 50 to 70. These behaviours will be discussed in relation to known outcomes and as an intervention approach to falls prevention.

Mind Over Matter: An Exploration of Parkinson's Disease and Health-Related Behaviours

Christie Silversides, Dalhousie University

Parkinson's disease is the most common degenerative neurological disease after Alzheimer's, affecting almost 70,000 Canadians with prevalence expected to increase as baby boomers enter their senior years. The cumulative physical and neurological symptoms of Parkinson's disease are dynamic and unpredictable, which reduces personal independence and has been shown to decrease health-related quality of life and increase levels of stress and depression. The diagnosis process itself can leave many unanswered questions and uncertainty about the future, and reports of apathy and withdrawal from participation in the health-related activities of daily life are common. The purpose of this qualitative study was to gain a deep and personal understanding of how the diagnosis of Parkinson's disease influences health-related behaviours. Data were collected through audio recorded, one-on-one, semi-structured interviews with 5 individuals with Parkinson's

in the Maritimes and was transcribed and analyzed using thematic coding procedures. Results indicated that Motivation to maintain a sense of control over progressing symptoms is a priority for people living with Parkinson's. Relationships with primary healthcare providers are strained, and self-advocacy and social support have been identified as key factors to taking part in positive health-related behaviours. There is no known cure for Parkinson's, only symptom-altering medication. People living with Parkinson's are trying to maintain their health and control their symptoms through participation in alternative interventions in an attempt to reduce dependence on traditional pharmaceutical-based prescriptions.

The Relationship Between Verbal Working Memory and Discourse Comprehension in Older Adults

Janine Fitzpatrick, Dalhousie University; Dr. Janet Ingles, Dalhousie University; Dr. Gail Eskes, Dalhousie University

A better understanding of discourse in older adults may be important in helping to maintain cognitive functioning and independence. This study examines how different types of linguistic working memory relate to discourse comprehension in older adults. Working memory is a cognitive process used for the temporary storage and manipulation of information (Baddeley & Hitch, 1974). Research suggests working memory can be measured for different types of linguistic information: phonological (word sounds), semantic (word meaning), and syntactic (sentence formation). Discourse is functional, high-level language in which words and sentences combine to create a meaningful whole (e.g., a narrative or conversation). Study participants ($n = 34$, mean age = 67.5 years) completed two assessments: first, a computerized visual working memory task adapted from Wright et al. (2007) that measures phonological, semantic, and syntactic subprocesses; and second, the Discourse Comprehension Test (DCT, Brookshire & Nicholas, 1993), a series of written stories with corresponding questions that assesses understanding of main ideas vs. details, and directly stated vs. implied information. Preliminary analysis suggests performance on the working memory tasks was negatively correlated with age across most subprocesses. Correlations were found between some working memory subprocesses (phonological and syntactic) and total score of the DCT ($T_b = .255 - .378$, $p < .05$). The relationships between discourse comprehension, working memory and reading skill will be discussed. This research also has implications for understanding the relationship between working memory and communication in aphasia and other neurologic conditions.

Perceptions of Dietary Resilience among Older Community-Dwelling and Long Term Care Residents

Morgan Riley, St. Francis Xavier University; Dr. Laura Gougeon, St. Francis Xavier University

Dietary resilience can be understood as "bouncing back" or maintaining an adequate diet in the face of adversity. A deeper understanding of dietary resilience among older adults living in the community and in nursing homes can be used as a strength-based approach to nutrition care. Objectives: To understand dietary resilience among older (>65y) community-dwelling and long term care (LTC) residents by exploring whether and how eating habits and relationship with food changed in the face of perceived hardships, and identify strategies

used to overcome those hardships. Methods: Semi-structured individual interviews with six LTC residents and five community-dwelling older adults were transcribed and thematically analyzed. Results: Dietary resilience centered on three themes: hardships, changes in diet, and strategies. Hardships included death, health concerns, and moving to the LTC home. Changes in diet revolved around quality and quantity changes. Strategies used were internal (such as attitude) and external (such as social support), with the latter being more commonly used among community-dwellers. Implications and conclusions: Both community-dwellers and LTC residents perceived themselves as being successful in bouncing back to their eating habits prior to the hardships by using different strategies—even though they did not clearly recognize it as “dietary resilience.” Health professionals should strive to facilitate dietary resilience among older adults in LTC facilities and in the community by supporting the use of internal and external strategies, as a means to maintain seniors’ independence and quality of life.

Does Age Matter?: Perceptions of Mode of Death

Emily L. W. Bolt, Memorial University of Newfoundland; Dr. Jennifer Buckle, Memorial University of Newfoundland; Dr. Sonya Corbin Dwyer, Memorial University of Newfoundland; Dr. Benjamin Rich Zendel, Memorial University of Newfoundland

Western society places a large focus on youth and vitality. Accordingly, death of younger individuals may be perceived as more tragic than death of older individuals. To investigate this possibility, vignettes were presented to undergraduate university students. These vignettes described the circumstances of different modes of death with the deceased in each vignette as a younger person (e.g., 27) or an older person (e.g., 76). Participants rated their degree of sympathy, empathy, and their perception of the death as tragic in response to each vignette on a 5-point scale. Results for each rating were compared based on the age of the deceased and the mode of death. The results will be discussed in terms of the factors that influence perception of death across the lifespan, including an exploration of ageism.

Gender and the Abuse of Older Adults: Insights from Professionals in New Brunswick and Prince Edward Island

Dr. Lori Weeks, Dalhousie University; Dr. Suzanne Dupuis-Blanchard, Université de Moncton; Rina Arsenault, University of New Brunswick; Danie Gagnon, NB Association of Nursing Homes; Dr. Colleen MacQuarrie, University of Prince Edward Island

While there is often a feminist lens used in the study and practice of the abuse of women and girls, gender is often neglected by scholars and practitioners working with or for abused older adults. We conducted an on-line survey of professionals working in New Brunswick and Prince Edward Island to learn about their knowledge and concern and any initiatives focused on the abuse of older women. Over 300 professionals completed the survey in either French or English, including over 90% women. While most were employed in a health-related field, others worked in disabilities services, crisis intervention, addictions, and housing. Several questions focused specifically on gender and the abuse of older adults indicated that most respondents did not view gender as an important variable on this topic. The vast majority felt that the abuse of older adults was more important than focusing on gender as related to the

abuse of older adults. A challenge for many participants was not feeling well-connected to others who work with abused older adults. Many indicated wanting further knowledge on specific topics including abuse prevention, financial abuse, neglect, abuse in institutions, and mental capacity. Our results indicate that there is a lack of knowledge and concern about gender as related to the abuse of older adults for professionals working in NB and PEI who completed our survey. Our results point to the need to develop educational and awareness sessions for professionals focused on gender for those who work with this population.

Our Future is Aging – How Can Those 75 Years and Older Influence Canada’s Ecological Sustainability

Dr. Elizabeth Townsend, University of Prince Edward Island; Olive Bryanton, University of Prince Edward Island; Dr. Lori Weeks, University of Prince Edward Island / Dalhousie University

Introduction: Some researchers focus on the costs of health and support services for adults 75 years and older. Others focus on policies and concepts such as active aging and aging in place. This poster will focus on research to connect everyday life and ecological sustainability as Our Future is Aging. Objectives: 1. Using images and citations, the poster will be organized to profile 3 questions about everyday life for those 75 years and older: What will we actually do each day (Activities)? Where will we live (Housing)? How will we get around (Movement/Transportation)? 2. The poster will show a range of everyday life housing, transportation, and activity conditions with comments on their influence on ecological sustainability. Methodology: Starting with the Earth Charter (2010), an interdisciplinary, critical review of literature between 2010 – 2015 will consider how those 75 years and older in Canada can or cannot influence ecological sustainability. Results: The integration of interdisciplinary literature will be used to reflect on the importance of considering ecological sustainability in the design of housing, transportation and activity options for those 75 years and older. Conclusions. The images and literature on those 75 years and older will be used to prompt discussion and policy considerations about what people actually do, depending on where they live, and how they can get around their communities in actually doing ecological sustainability well into old age.

Transportation for Seniors in a Rural Community: Can the Nursing Home Play a Role?

Heather Webster, Mount Alison University; Dr. Odette Gould, Mount Alison University; Elizabeth Daniels, Orchard View Long Term Care; Dr. Suzanne Dupuis-Blanchard, Université de Moncton

In New Brunswick, a large percentage of the population is made up of seniors living in rural communities. This situation presents a number of challenges, particularly in terms of transportation. The present study examined quality of life relating to transportation access in a small rural community in New Brunswick during the first six months of a pilot project where the shuttle bus belonging to a nursing home was used to provide transportation for seniors living in the community. Open-ended interview questions (e.g., “describe a typical day”), self-ratings of health, and standardized quantitative measures of life satisfaction (Diener et al. 1985) and depression (Heidnblut & Zank, 2014) were used with seniors who used the

shuttle bus (n = 8) and seniors who did not use the shuttle (n = 17). Interviews with the shuttle drivers and program coordinators, as well as observations of a bus trip were also carried out. Bus takers had significantly lower self-ratings of health, had slightly higher scores on the depression measure, and reported significantly fewer social activities and less diverse social partners than non-bus takers. In terms of satisfaction with the shuttle service, the bus-takers rated the service very highly (M>9 on a 10 point scale) for availability, comfort, and friendliness of the driver. Interviews with stakeholders (program coordinators and bus drivers) and observational data revealed satisfaction with the service, but concerns about its sustainability. Recommendations for increasing the long term viability of the initiative are addressed in the discussion.

A Social Network Analysis of Long Term Care in Atlantic Canada: Who Should You Look to for Advice?

Dr. Janice Keefe, Mount Saint Vincent University; Dr. Carole Estabrooks, University of Alberta; Amanda Beacom, University of Alberta; Dr. Whitney Berta, University of Toronto; Dr. Jim Dearing, Michigan State University; Dr. Janet Squires, Ottawa Hospital Research Institute

Social network analysis is a tool that can be used to facilitate the spread of best practices. The Advice Seeking Networks in Long Term Care (LTC) Study represents the first effort to apply social network analysis to understand the advice seeking behaviors of senior leaders in LTC across Canada. This presentation focuses on study results in Atlantic Canada. One leader in 193 LTC homes in Newfoundland, Nova Scotia, Prince Edward Island, and New Brunswick was asked to complete an online survey to identify individuals and organizations from which they sought advice about resident care. Response rate was 63%. A majority of respondents were women with a background in nursing who serve in director of care/nursing positions. Data analysis was conducted in three steps. First, patterns of advice seeking were visualized using Gephi and ArcGIS. Second, using UCInet, statistics about each network as a whole were calculated, including measures of density, connectivity, and reciprocity. Third, statistics about key actors in each network were generated to identify opinion leaders and boundary spanners (i.e., actors who serve as a bridge between otherwise unconnected others) in each province. The results suggested that province-wide, but not region-wide, advice-seeking networks exist in Atlantic Canada. The structure of these networks varies substantially from province to province, according to the presence of opinion leaders and boundary spanners and organizational affiliations, among other factors. These results demonstrate the potential of social network analysis for facilitating the scale-up of research interventions and practice strategies throughout the LTC sector.

Out of the Loop: Social Network Isolation in Long-Term Care in Nova Scotia

Erin McAfee, Mount Saint Vincent University; Dr. Janice Keefe, Mount Saint Vincent University; Dr. Carole Estabrooks, University of Alberta

Objectives: Based on the data from the TREC project "Advice Seeking Networks in Long-Term Care", the purpose of this study is to better understand the nature, characteristics and reasoning as to why some directors of care in nursing homes are isolated from the social network. Research Question: What are the descriptive characteristics of Directors of Care who are network isolates in Nova Scotia and what factors contribute to their isolation within

the network? How does network isolation impact on the DOCs ability to access information and advice? Theoretical Framework: The research is imbedded in the diffusion of innovation's theoretical framework that explains how and why new innovations and interventions are spread throughout a network. In this case of Social Network Isolates, one might assume that with limited connectivity to the network, opportunities and experiences of spreading new innovations and best practices will be limited. Method: The project will utilize findings from the Quantitative Survey for the selection of Network Isolates (n=10), identified by visually observing the network maps and low centrality scores. Semi-structured interviews will be conducted with the network isolates as well as observations within isolated facilities. Interviews will address demographic factors that may lead to network isolation but also aim to understand the implications of a limited social network. Observations will help to provide contextual information about the homes. Outcomes: The anticipated outcomes of this research is to understand what factors contribute to isolation and what impact this has on access to information regarding best practices and innovations.

Using Falls to Figure out Where We Stand in Long Term Care: A Report from the Care by Design Study

Emily Cameron, Dalhousie University; Dr. Susan Bowles, Dalhousie University; Dr. E. G. Marshall, Dalhousie University

Falls and the resulting complications are common among frail older adults. We aimed to explore risk factors and potential prevention strategies for falls in elderly residents of Long-Term Care Facilities (LTCF). Methods: This was a cross sectional study design using data from the Care by Design (CBD) study, within Nova Scotia's Capital District Health Authority. This observational time series cohort study collected data before, during and after the implementation of CBD, a new model of coordinated primary care in LTCF. Here, we analyzed data collected after the implementation of CBD (September 1, 2011- February 28, 2012). Results: Falls were frequent; 56.2% of residents fell at least once. Among residents with dementia, 63.4% fell at least once, compared to 41.8% of those without dementia ($p=0.001$). Adjusting for potential confounders including age, sex, dementia diagnosis and polypharmacy, women had lower risk of falls than men (RR -0.86, 95% CI: -1.43, -0.29). Associations between medication use and falls were examined. Benzodiazepine use was inversely associated with falls, and other medication classes showed no association in our sample. Discussion Cognitive impairment and male gender were associated with increased the risk of falls in our study population. Medications were not, which may suggest that they are being appropriately preferentially discontinued in residents at risk for falls. Although not all risk factors are modifiable, increased screening and preventative measures could be targeted towards those individuals with risk factors for falls in LTCF.

Exploring the Experiences of Nova Scotia's Long-term Care Residents & Staff with Animal Assisted Therapy & Resident Pets

Ceildh Haliburton, Mount Saint Vincent University

This presentation will describe a phenomenological study of animal assisted therapy (AAT) in long term care and map out a co-constructed narrative approach. I will detail an interpretive/constructivist research design, in which I will seek to co-create narratives with

interview participants in order to garner meaning and understand their lived experiences with therapy animals. Interpretive/constructivism is predicated on the assumption that social reality is a human construct. We each construct our own reality based on our unique experiences and perspectives, thus there is no ultimate truth that is external to us. We each have our own subjective, internal 'truth' and our own way of perceiving, relating to and existing within the world around us. A phenomenological approach to understanding aging in the AAT context will be used as it provides a useful framework for examining the effects of AAT that takes into account the individual's previous history with animals. A phenomenological approach will be helpful for conceptualizing the meaning that people attach to their interactions with and responsibility for animals and how this can endure through time.

Function in Relation to Hospitalization for Influenza vs. Other Acute Illness Among Older Adults: A Report from SOS Network

Sarah MacDonald, Dalhousie University; Dr. Shelly McNeil, Canadian Center for Vaccinology; Dr. Melissa Andrew, Dalhousie University / Nova Scotia Health Authority; Lingyun Ye, IWK Health

Introduction: Functional decline is common following admission to hospital. Influenza is an important trigger for this decline, though how functional outcomes differ between influenza and other acute illnesses remains unknown. We aimed to investigate function in older adults admitted to Canadian hospitals with lab-confirmed influenza vs. non-influenza acute medical conditions. Methods: The Serious Outcomes Surveillance (SOS) Network conducts active surveillance for influenza. In 2011-12, it comprised 40 hospitals in 7 provinces. Inpatients with lab-confirmed influenza were "cases"; those testing negative were matched "controls". In adults 65+, function was measured using the Barthel Index (BI) at three time points: baseline (prior to current illness), during admission, and 30 day post discharge. Results: Influenza cases (N=446) were older than controls (N=679) (mean 80.6 vs. 78.6, $p < 0.001$), with no sex difference. Cases had lower functional status at baseline: BI 83.0, (SD 27.8) vs. 88.4 (SD 20.4), $p = 0.006$. Both groups experienced functional decline in hospital (BI 60.2 [SD 35.9] for cases vs. 63.1 [SD 32.4] for controls, $p = 0.3$). At 30 days post-discharge, all patients had recovered function, though not back to their prior baseline (81.9 [SD 25.6] vs. 86.2 [SD 22.2]). Discussion: Both cases and controls experienced substantial declines in function during hospital admission. Functional recoveries post-discharge are reassuring, but may mask a subgroup with catastrophic disability. Maintenance of function is important for older adults' health and wellbeing. Prevention of illness and hospitalization, including with influenza vaccine, is an important public health goal.

Vaccine Effectiveness in Frail Older Adults: A Systematic Review

Ellen Macdonald, Dalhousie University; Dr. Shelly McNeil, Dalhousie University; Dr. Melissa Andrew, Dalhousie University / Nova Scotia Health Authority

Influenza is an important cause of morbidity and mortality among frail older people, yet the effectiveness of influenza vaccine in older people (let alone those who are frail) has been

questioned. We therefore sought to answer the question: Is influenza vaccination effective in preventing influenza, influenza-like illness, hospitalization, institutionalization, functional decline, and mortality in frail older adults compared to frail older adults not receiving influenza vaccine administration? Abstract: Influenza is an important cause of morbidity and mortality among frail older people, yet the effectiveness of influenza vaccine in older people (let alone those who are frail) has been questioned. We therefore sought to answer the question: Is influenza vaccination effective in preventing influenza, influenza-like illness, hospitalization, institutionalization, functional decline, and mortality in frail older adults compared to frail older adults not receiving influenza vaccine administration? EMBASE, CINAHL, and PubMed databases were systematically searched for studies up to 2015. One independent reviewer assessed the eligibility of each report based on predefined inclusion PICO framework criteria: Population: Frail older adults both in the community and in long term care homes. Older adults were defined as aged 65 years and older and frail was defined by any accepted definition or measure of frailty (e.g. Phenotype, frailty index). Intervention: Any formulation of influenza vaccine Comparison: No influenza vaccine in frail older adults. Outcomes: vaccine effectiveness (VE) for preventing influenza, influenza-like illness, hospitalization, institutionalization, functional decline, and mortality. Preliminary Conclusions/Results – More research needed in this area. What studies were found showed influenza VE is lower in frail populations and outcomes are worse among those who develop influenza compared to less frail counterparts. This points to a need to focus on additional preventative measures for frail older adults. Consideration of frailty is important in assessing VE, to not consistently underestimate the effectiveness of influenza vaccination of older adults.

The role of documentation systems in structuring nurses' judgments about the cognitive function of hospitalized older people

Elaine Moody, UBC School of Nursing, Alison Phinney, UBC School of Nursing; Jennifer Baumcusch, UBC School of Nursing; Geertje Boschma, UBC School of Nursing

Nurses are at the center of calls to better care for older people in hospital, particularly for those who may experience cognitive changes while hospitalized. Nurses' understanding of patients' cognitive function guides decisions about how best to provide care. Documentation systems have been shown to structure practice, and contribute to determining how individuals act within particular settings. This poster will describe how documentations systems contribute to how nurses judge the cognitive function of older people in hospital. The guiding theoretical framework contends that places are comprised of social and relational elements that contribute to enabling and constraining the actions of individuals. A focused ethnography was conducted that included interviews and observation with 21 nurse informants, and analysis of the documents they used on two units of a large hospital in Vancouver BC. Documentation systems were important structural influences on the way nurses made judgments about the cognitive function of their older patients; documents played a role in how nurses constructed evidence and in how they weighed evidence in judgments. Four themes will be discussed describing how documentation systems: 1) provide direction for how to assess cognitive function; 2) help build a frame of reference for understanding cognitive function; 3) require multiple reporting; and 3) constrain nursing communication. Implications for refining documentation systems to better reflect the

realities of nursing practice will be discussed, as well as possibilities for supporting the use of cognitive assessment tools in nursing practice through documentation systems.

Older adults' and caregivers' beliefs and attitudes towards deprescribing

Emily Reeve, Dalhousie University; Sarah Hilmer, University of Sydney; Lee-Fay Low, University of Sydney

Introduction. Use of harmful and/or unnecessary medications in older adults is prevalent. Knowledge of attitudes of older adults and their caregivers' towards deprescribing will contribute to medication optimization in practice. **Aims.** The aims of this study were to develop and validate a tool to assess older adults' and caregivers' beliefs and attitudes towards medication use and barriers to deprescribing. **Methods.** The previously validated Patients' Attitudes Towards Deprescribing questionnaire was revised based on literature, expert opinion and focus groups and a caregiver specific version was developed. Following piloting, the self-administered questionnaires were distributed to adults aged ≥ 65 years old and caregivers of older adults. Psychometric validity and reliability were examined. **Results.** A total of 383 older adults (mean age 74, 47% taking > 5 medications) and 200 caregivers (mean age of care recipient 81, 54% taking >5 medications) completed questionnaires. Four common factors were found: burden of medications, appropriateness of medication, concerns about stopping and involvement/knowledge of their medications. The vast majority of older adults (88.2%) and caregivers (84.6%) stated they would be willing to stop a medication if their doctor said it was possible. The concern factor score was correlated with reduced willingness to stop in older adults ($P=0.004$). Higher burden and involvement and lower appropriateness ($P<0.002$ for all) were associated with increased willingness to have a medication stopped by caregivers. **Discussion.** This recently developed and validated tool may provide insight into individuals' willingness to have medications deprescribed.

Current and Future Research Endeavors at York Care Centre

Jennifer Donovan, York Care Centre

York Care Centre is known as a Centre of Excellence, striving to this standard for many years, continuously working on the quality of care and quality of life provided to all of their residents. With the goal of continuously striving toward this standard, recognizing the importance of research and evidence-based practice, York Care Centre has been involved with several research projects. One of the current projects is with Dr. Pakzad and colleagues at Universite de Moncton assessing for cognitive impairment within our resident population. This study will help advance the knowledge in the field of dementia. Another project that has seen substantive results in collaboration with the Canadian Foundation for Healthcare Improvement is "Appropriate Antipsychotic Medication Use in Long-term Care." This project has seen improvement in residents' abilities, function and interaction and engagement with their families and staff. There are a number of other projects under development at this time. We at York Care Centre would love to establish partnerships with other researchers within the Maritimes as well as Canada to build research capacity. York Care Centre is pleased with the partnerships established with various researchers and foundations. We intend to utilize the evidence to help enhance resident quality of life, the ultimate care in what long-term care encompasses.

Do We Need a Critical Gerontology Network for Nova Scotia?

Anne Gillies, Mount Saint Vincent University

The poster provides an interactive 'micro' action research and educational site to catalyze the possible formation of an inter-disciplinary critical gerontology network in Nova Scotia for students, academics and practitioners. Theoretical background related to critical gerontology will be presented, referencing critical theory, cultural studies, political economy and feminist perspectives, and positioning it as a "vibrant sub-field blending humanities and social science ideas to challenge the instrumentalism of mainstream gerontology and broader aging studies beyond bio-medical models" (Katz 2003, p. 15) while drawing on elements of postmodernism, institutional ethnography, phenomenology, social constructivism, and social movements. The key ideas of critical gerontologists including Baars, et al. (2006), Biggs et al. (2003), Estes (2001, 2003, 2005), Katz (1996, 2003, 2005, 2006), Minkler and Estes (1999), Moody (1993), and Phillipson (1999, 2003, 2005, 2006) will be summarized briefly in terms of the complex relationship between structural/cultural/institutional issues and the aging individual from a critical theory perspective. The poster will outline the potential objectives, advantages and outcomes of a network that might be hosted by an academic department or research centre with gerontology student coordination. Potential critical learning, inter-disciplinary research collaborations, policy advocacy, and knowledge translation opportunities will be described, including the use of virtual platforms. A brief feedback questionnaire will be completed by poster viewers to capture the level/type of interest in the network and obtain contact information for follow-up.

Toward malnutrition risk reduction in community-dwelling seniors in Nova Scotia: Efforts in research, education, and practice

Dr. Catherine Morley, Acadia University

The purpose of this presentation is to raise awareness about efforts in malnutrition risk reduction in community-dwelling seniors in NS through research, education, and practice. Findings in 2015 that 45% of Canadian adults were malnourished upon hospital admission revealed that malnutrition rates in community-dwelling seniors are not improving. In 2009, 34% of Canadians who were 65 years or older were at nutritional risk (higher in people living with dementia). Attending to malnutrition risk reduction creates conditions where seniors can age-in-place, reducing hospital congestion. Research: Findings from interviews with caregivers about feeding older family members and their needs/preferences for nutrition education informed an ethnodrama performed in September 2015 followed by a community discussion, and served as material that Nutrition Communications students used to develop/test nutrition education resources and supports for online access. Upcoming interviews with seniors will add to understanding challenges and contributors to maintaining nutritional status, and will further inform knowledge mobilization efforts including using arts-based approaches. Education: Students in Nutrition and Aging, and other courses learn about malnutrition risks in seniors, and how, without attention to these issues, the demographic shift will compound health services congestion. Students want to be part of the solution. Practice: Partnerships are underway with seniors [groups] and colleagues in community practice for research collaborations, and to develop/make available nutrition education programs, resources, and supports that will contribute to malnutrition risk reduction.

Beyond Health and Wellness: A Conceptual Framework to Understand the Arts and Empowerment for Older Adults

Dr. Katie Aubrecht, Mount Saint Vincent University

Published social sciences research suggests engagement in the arts can make a meaningful impact within the lives of older adults, their families and communities. However, much of the literature frames this impact in terms of health and wellness. This poster presents a conceptual framework that can be used to advance systematic understanding of the relationship between older adults' engagement in the arts and empowerment. The framework was developed from a review and thematic content analysis of Canadian research published 2005-2015. Results were synthesized to identify manifest themes related to the impact of the arts, and latent themes related to how older adults are imagined and described within arts-related research. For the purposes of the study the arts were broadly understood to include a range of socio-cultural practices that create and sustain individual and collective identities (e.g., visual arts and crafts, performance, music). The study also considered how the salience of health and wellness perspectives within published arts-related research serves as a normative frame that can shape what empowerment means and how it is experienced. When viewed from the perspective of health and wellness, empowerment appeared largely as a question of enhanced insight, capacity and competence. The implications of such interpretations for marginalized older adults are presented to illustrate the need for systematic and reflexive approaches to understanding the relationship between aging and the arts.

Do Provincial Approaches to Home and Community Supports and Services Delivery Help or Hinder Client-Centred Care?

Kaitlyn Delaney, Mount Saint Vincent University; Dr. Katie Aubrecht, Mount Saint Vincent University; Dr. Janice Keefe, Mount Saint Vincent University

Home and community support services can play a crucial role in helping older adults remain in their homes for as long as possible. In Canada, 93 percent of seniors live in private households and many require formal and/or informal support in order to continue to live independently. It is estimated that 1 million Canadians receive formal home care and that approximately 8 out of every 10 are seniors (Canadian Institute of Health Information, 2011). And yet, the ways that home and community-based supports and services are organized and delivered can vary considerably at the provincial level. Despite provincial differences, an environmental scan of publicly available reports on service delivery models in four Canadian provinces (BC, MB, ON, NS) suggests a common commitment to client-centred care. This presentation shares the results of a review and synthesis of published literature on client, caregiver, provider, and policy perspectives on home and community-based supports and services within the Canadian context. This review was conducted over a five month period (May–Sept. 2015), and includes peer reviewed scholarly articles, grey literature, and publicly available information on websites from 2000-2015. An interest in understanding how provincial approaches to service delivery help or hinder client-centred care framed the search and interpretation of results. The key issues related to client-centred care that emerged from the literature were consistency, scheduling and time constraints.

The review also identified knowledge gaps about home and community-based care in Manitoba and Nova Scotia, with the majority of published work focusing on British Columbia and Ontario.

Accessibility of Nova Scotia public home and community care programs for low income individuals/couples

Nancy Stoddart, Mount Saint Vincent University

Objective: To determine the accessibility of Nova Scotia public home and community care programs for low income individuals/couples.

Method: A comparative analysis of the financial eligibility criteria and client cost for seven Nova Scotia public home and community care programs was conducted in April, 2016; Home Care, Supportive Care, Caregiver Benefit, Personal Alert Assistance, Seniors Wheelchair Program, Home Oxygen, and Seniors' Pharmacare. Multiple eligibility criteria existed within two programs providing 10 policy/policy components. Consistency between policies and the relationship between financial eligibility criteria, low income cut offs (LICO), low income measures (LIM), and market basket measures (MBM) were examined to determine the extent to which low income individuals qualified.

Results: Two types of financial eligibility requirements were found (no income restrictions, financial eligibility restricted to Continuing Care Fee Determination). Financial eligibility and cost combinations included: income restriction + no client cost (5 of 10 policy/components), no income restrictions + no client cost (2 of 10), no income restriction + cost income based (3 of 10). Two of these three used the Continuing Care Table. All policy low income thresholds were above the LICO but below the LIM. Seniors' Pharmacare threshold was above the LICO but below MBM.

Conclusion: Accessibility and/or cost of NS public home and community care programs was consistent among 7 of 8 policy components with income restrictions or cost. All 8 thresholds were above the LICO suggesting accessibility for low income individuals.

Minding the Gap: Optimizing access to Provincial Government Services and Information For New Brunswick Seniors

Dr. Janet L. Durkee-Lloyd, St. Thomas University

The New Brunswick Report by the Premier's Panel on Seniors (2012) recognized that older adults in NB struggle with access to the relevant information needed to enhance their quality of day to day living. This report recommended that attention should be given to developing and implementing strategies which will allow older adults in New Brunswick to access this information. In doing this, three overriding variables must be considered: 1) NB is the only officially bilingual province in Canada, 2) NB has a Literacy Rate of Level 2 and 3) only half (51%) of older adults use the internet. This poster will present preliminary findings from a systematic review of the New Brunswick Senior's Guide to Services and Programs. Each program is evaluated for accessibility of information and the usability of related print materials. Age Friendly Community Indicators (Program Inventory, Simply Put Checklist to evaluate print materials and the SMOG Readability Formula) will be used to assess the guide and its related information materials. This research is part of a larger study, including surveys, interviews and focus groups, investigating how older New Brunswicker's access information. The primary outcome for the project is to develop

strategies that can close the gap between how information is delivered and how it is accessed by older adults in living in this province.

A Home-Based Fitness Intervention for Older Adults

Anne Corbin, Community Links; Jan Boswell, Community Links

Evidence points to regular physical activity as one of the most effective interventions to reduce both the rate and the number of falls among those over 65. There is also growing evidence of the beneficial effects of physical activity on cognitive function. However, engaging seniors in this age group has its challenges. These include attitudes of older adults toward exercise as well as lack of access to programs due to income levels, availability of transportation, and lack of appropriate programs and leaders, especially in rural areas. Statistics Canada data on self-reported levels of physical activity among those 65+ show that many seniors, especially women, are inactive, and do not meet the Health Canada minimum guidelines for physical activity among older adults. In an attempt to remove some of the economic and environmental barriers to maintaining a basic level of physical fitness, Community Links developed Fitness in the Kitchen, a self directed program incorporating 8 simple exercises that require no special equipment and were developed to help maintain or improve balance, strength, flexibility and circulation. Survey results from older adults (55+years) indicate main reasons for using the program: convenience, no cost, and can be carried out as part of everyday household routines. Community health and wellness facilitators describe the program as a prime example of how to incorporate exercise into one's everyday life.

Community and Social Support as Prevention for Seniors' Cognitive Decline

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Dementia and other cognitive problems are growing issues among the aging Canadian population, and in turn, the maintenance of seniors' cognitive health is becoming a public health concern. Previous research indicates that negative social interactions are related to cognitive impairment and the progression of cognitive decline, and that social support and/or engagement may slow the progression of, or be protective against, future cognitive decline. This research examined 1) positive social interactions, 2) subtypes of social support (tangible, emotional, informational, and affective), and 3) sense of community belonging as predictors of cognitive decline in Canadian seniors, using a sample of 12,364 people aged 65 and older, from the 2008 Canadian Community Health Survey – Healthy Aging Component. Descriptive results showed that cognitive function declined with age and was lower for males than females. Importantly, positive social interactions and stronger sense of community belonging correlated with higher cognitive function among Canadian seniors. Unexpectedly, higher reported emotional/informational social support correlated with poorer cognitive functioning, suggesting that the relationship between emotional and informational subtypes of social support and cognitive health is more complex than previously understood. These findings suggest that supportive and engaging social environments and sense of community belonging may foster cognitive and psychological resilience in old age. Future initiatives seeking to prevent seniors' cognitive decline should consider including

components of social wellness and community engagement, creating implications for policy and practice.

Best Practices for Engaging Older Adults in Aging and Technology Research, Design and Development

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Introduction: It is considered best practice to engage older adults (OAs) in aging and technology research, design and development, yet guidelines to support researchers are not targeted towards aging and technology. Objective: To conduct an evidence-based scoping review of best practices for engaging OAs in aging and technology research, design and development. Theoretical framework: User-centered design and participatory research. Methods: Six databases were searched. Articles were independently assessed for inclusion. Data collected included: method, age, cognitive ability, disease/condition, technology type, who participated, what participants did (eg, generated ideas, discussed vignettes) and evaluation of the research process, including barriers and facilitators. Results: A total of 61 articles met inclusion criteria and were analyzed, each averaging 4 methods of OA engagement (range 1-12). Novel methods included vignettes, visualizations, logging emails/phone calls, photos, drawing house plan, scrapbooks, storyboards, cartoons and cards. Evaluations of the research process found that OAs who are frail, cognitively impaired and in care homes require different research methods than independent and cognitively intact OAs (eg, ongoing consent, choice of methods). OAs gained new insights into research and design, as did researchers and technology developers. Discussion: Involving OAs in research exists on a continuum, from conceptualization and development to user testing. Research processes can be demanding and time-consuming; giving OAs choices of method is optimal. Practice implications: Researchers need to be flexible and accommodate OAs as the process unfolds.

Guiding the involvement of older adults in technology research and development: AGE-WELL OA-INVOLVE

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OA-INVOLVE is a project within AGE-WELL, a National Centre of Excellence focusing on technology and aging. Improving quality of life, safety, security, and independence for the growing older adult (OA) population requires innovative approaches and trans-disciplinary collaboration. Novel technologies have the potential to benefit individuals and create efficiencies in the health care sector. However, the adoption and effective use of technologies depend on the lifestyle, preferences and needs of OAs and their caregivers. Meaningful collaboration between researchers, technology developers, caregivers and OAs throughout the research and development (R&D) process has the potential to maximize the benefits of technologies by increasing the likelihood for successful uptake. However, there are limited guidelines to support researchers and developers achieving effective OA

engagement through all stages of the technology R&D process. The aim of OA-INVOLVE is to determine and facilitate best practices for the active involvement of OA in technology R&D throughout the AGE-WELL network and larger R&D community. OA-INVOLVE uses a participatory action research approach with qualitative methods to document existing OA engagement practices within AGE-WELL's research projects. We also consult with continuing-care partner organizations to support and learn from their practices and experiences in engaging OAs. We will present this multifaceted approach, which enables establishing evidence-based models for collaborative participatory work with OAs and provides guidance for research teams planning to engage OAs into their research and development projects.

Enabling health technology innovation for older adults: Barriers and facilitators in policy and regulatory processes

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Objectives: Technological innovation offers many potential benefits for the health of older persons, but innovators often find it challenging to navigate policy and regulatory systems in multiple Canadian jurisdictions. We aimed to identify policy and regulatory barriers to, and facilitators of, successful innovation and safe adoption of aging-related technologies in Canada. **Approach:** This study is part of AGEWELL, a Canadian Network of Centres of Excellence. We conducted a scoping review of peer-reviewed and grey literature using health and technology-related databases. Four reviewers independently screened abstracts using inclusion/exclusion criteria. Full-text articles were read and data were extracted using a standardized extraction form. Barriers and facilitators were recorded and analyzed for major themes. Literature review findings were complemented by semi-structured interviews with policy-makers, innovators and other stakeholders. Interviews were transcribed and analyzed using including line-by-line coding done by two independent researchers using NVivo11. **Results:** A total of 2509 articles and reports were reviewed. Opportunities and challenges reflecting different stages of the innovation process were identified. A lack of harmonization between regulation, reimbursement and health technology assessment processes are barriers that complicate the adoption of aging-related technologies for innovators. **Conclusion:** This study identified important facilitators and barriers related to the successful adoption of new health technologies. Additional work is needed to translate our findings into practical resources for policy-makers and innovators.