

Our Future is Aging:

Current Research on Knowledge, Practice and Policy



Program Abstracts

June 16 -17, 2016

Mount Saint Vincent University

Halifax, Nova Scotia, Canada



Centre
on
Aging
Nova Scotia

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Thursday, June 16, 2016

9:00-10:00 am

Keynote: Dr. Judith Phillips, Professor of Gerontology and Deputy Principal of Research, University of Stirling

MAKING RESEARCH RELEVANT: THE INTERSECTION OF DISCIPLINES AND SECTORS

Current research collaborations and funding programs are calling for interdisciplinary, multi sector and user-engaged research approaches to ensure research outcomes are relevant to older people. Drawing on her extensive role in supporting research collaborations, Dr. Phillips will share her knowledge and experiences with a suite of projects and funding infrastructures to discuss what is involved in fostering and nurturing interdisciplinary connections. Using the example of the UK's *New Dynamics of Ageing* program (2006-2015), she will examine the researcher and community responses to its implementation as well as discuss other instruments used in the UK and Canada to facilitate connections and translate research into policy.

10:30-12:00 pm Concurrent Session A

A.1 Aging, Adversity & Resilience

RESULTS OF AN INTERVENTION DESIGNED TO REVERSE THE EFFECTS OF EARLY LIFE ADVERSITY ON RELATIONSHIPS IN LATER LIFE

Dr. Vince Waldron, Arizona State University; Kathleen Waldron, Arizona State University

Those who experienced serious adversity early in life appear more likely to experience challenges at midlife and beyond. These include social isolation, relational distress, emotional dysregulation, and some chronic illnesses. Persons with a history of early adversity may respond more intensely to stressful events later in life but they may also exhibit vantage sensitivity – heightened responsiveness to training and interventions designed to promote improved emotional coping and relational skills. This possibility is examined with preliminary data drawn from a community sample of 220 participants (ages 45-70) in an online course in social intelligence (Zautra & Zautra, 2015). The sample includes 110 persons who experienced high levels of childhood abuse and 110 persons with little or no abuse. Data include pre- and post-tests as well as 3- and 6-month follow-up assessments of changes in daily well-being, relational behaviors, and emotional reactivity to stressors, and stress biomarkers (DHEA-S and IL-6). Daily diary data are collected. A subset of participants and close confidants are randomly-selected to engage in extended qualitative interviews designed to collect detailed information about cognitive, affective and behavioral changes experienced after training. Initial findings from interviews suggest high adversity participants reported improved awareness of nonverbal behaviors, better emotional regulation, constructive reframing of childhood adversity, efforts to expand social networks, and a reduction in destructive communication. This presentation focuses on qualitative results, the promise of interventions of this type, and educational applications.

REFINING THE ECOLOGICAL MODEL OF RESILIENCE FOR OLDER WIDOWED MEN AND WOMEN

Dr. Kate M Bennett, University of Liverpool; Eva Balgova, University of Liverpool

Widowhood is a high-probability life event in later life. Whilst bereavement and subsequent widowhood are naturally highly stressful, the majority of widowed men and women cope well enough to continue their lives without professional intervention. Amongst those widowed people are some, reported as between 38 and 54% (Bennett, 2010; Bonanno, 2004; Spahni et al., 2015) who could be defined as resilient, able to adapt or bounce back in the face of adversity (Windle, 2011). Thus, there is growing interest in resilience amongst widowed people, and in the factors that contribute to that resilience. However, much of the work has focused on quantitative analyses and on bereavement rather than qualitative work focusing on the longer-term effects of widowhood. In this study we examine resilience amongst older widowed people using qualitative methods. We utilize the following definition of resilience: "the process of negotiating, managing and adapting to significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and 'bouncing back' in the face of adversity" (Windle & Bennett, 2011). We analyze data from over 100 in-depth interviews of older widowed people which focused on the experiences of widowhood. We examined factors that promote or hinder resilience. 1/3 of participants were resilient and 1/3 were not. The remaining 1/3 showed some resilient features. Key factors include psychological characteristics, social support, and religious faith. We develop the idea of more than a binary classification of resilient or not-resilient.

ROLE OF STORYWORK IN STRENGTHENING RESILIENCE: A COMPARISON OF GROUP VS. SOLO ACTIVITIES IN ENRICHING OLDER ADULTS' NARRATIVE

Dr. William Randall, St. Thomas University; Dr. Dolores Furlong, University of New Brunswick; Dr. Clive Baldwin, St. Thomas University; Dr. Sue McKenzie-Mohr, St. Thomas University; Linda Matthews, St. Thomas University

The research informing this paper is exploring the link between older adults' level of resilience and the sorts of stories that they tell about their lives (Randall, Baldwin, McKenzie-Mohr, McKim, & Furlong, 2015). The hypothesis behind this project is that helping people recount thicker, more developed narratives about their lives will enrich their inner resources for coping with the challenges that later life presents. This paper will provide data that compares two sets of participants. The first consists of 14 individuals (65+) who engaged in a process of telling, writing, and reflecting on the stories of their lives by attending 3 one-day group workshops entitled "The Autobiographical Adventure". The second consists of 4 individuals who engaged in a similar process of storywork not in a group but by themselves, as well as in the course of being interviewed one-on-one by a research assistant. Following engagement with the narrative materials and process, participants were asked to reflect on any change they experienced in their sense of overall well-being, sense of meaning in life, degree of resilience, and how they see their story developing. The aim of these comparisons is to assess the relative impact of doing storywork in a group setting vs solo upon a person's narrative development.

A.2 Aging in Place and Sustainability

THE ROLE OF AGING POPULATIONS IN SHRINKING CITIES

Maxwell Hartt, University of Waterloo

Aging populations are both an effect and driver of urban shrinkage. The inability for shrinking cities to retain or attract young people results in lower birth rates, higher dependency ratios and, often, an unbalanced workforce. The factors contributing to urban shrinkage have been widely discussed in the urban studies and planning literature, however the emergence, influence and interaction of these factors in urban shrinkage processes have received little attention. This paper builds on the established circular causality of urban shrinkage processes by empirically examining the time series relationship of fifteen demographic, migratory, labour and built environment factors. Additional focus is put on the role of aging in the shrinkage process. A novel cross-correlation network analysis is developed to disentangle the complex processes and explore the regional differentiation of urban shrinkage. Cape Breton Regional Municipality, a shrinking and aging city, is examined over a period of seventeen years from 1997 to 2013. Results indicate that factors in the urban shrinkage process are strongly interrelated and exhibit circular trends and feedback mechanisms. Remarkably, trends in aging are positively associated with employment, labour participation and immigration.

THE SUSTAINABILITY OF THE AGING IN PLACE INDUSTRY

Dr. Suzanne Dupuis-Blanchard, Université de Moncton

The majority of older adults want to stay in their homes for as long as possible. This reality generates various thoughts and questions on the part of government, community service agencies, researchers, seniors and families as to available options for support and care for aging in place. Of enormous complexity, aging in place is a multifaceted concept that involves the housing sector, health, communities and public policy. The goal of this presentation is to describe findings from a program of research on aging in place with older adults in the province of New Brunswick. Two qualitative and one mixed-methods study were conducted in the last few years describing the process of aging in place described by adults over the age of 75 years; the service needs of older adults wanting to age in place; and, service agencies' future planning for support and care in the community. Results showcase New Brunswick's ability to represent different Canadian settings in being an officially bilingual province with a rural and urban landscape. Pooling the results from these studies provides a better understanding of the sustainability of the aging in place industry in New Brunswick, including the need to revise services, assess human resources practices and the importance of planning for our future that is aging.

AGING COMMUNITIES AND RISING SEAS, A COMMUNITY PLANNING AND DESIGN CHALLENGE: CASE STUDIES FROM NOVA SCOTIA

Dr. Patricia Manuel, Dalhousie University; Dr. Eric Rapaport, Dalhousie University; Dr. Janice Keefe, Mount Saint Vincent University

Rural communities in Atlantic Canada are aging. Sea level is rising along the shores. Individually, these two trends present challenges to community planning and design; together they are formidable, and they are the future of many towns, villages and hamlets in the region. Nova Scotia has the largest proportion of senior citizens of any Canadian province, and many of them are living in rural coastal communities where infrastructure and services are vulnerable to impacts of inundation and storm flooding as the coastline moves inland. Using a case study approach and the understanding of two disciplines – community planning and gerontology – we investigated the relationship between coastal flooding, aging populations, and the infrastructure and services of importance to the health and well-being of elderly residents in Lunenburg and Annapolis Counties, Nova Scotia. We used Geographic Information System (GIS) mapping and analysis, and combined population projections to 2026, spatial distribution of infrastructure and services, location of residential dwellings, and sea level rise and storm flood extent projections in 2025. We examined local policies and plans for responsiveness to both climate change impacts and strategies to support aging populations through community design. Our work shows increasing community vulnerability: assets important for older residents will be impacted under the scenarios used in our studies; and community planning and design are not yet adapted to address the impacts. We have illustrated the need to for informed planning and design to ensure livable, and safe, rural communities of aging citizens living along an increasingly vulnerable coast.

A.3 Innovations in Clinical Practice

THE LIVED EXPERIENCE OF ALCOHOL ADDICTION IN LATE-LIFE: A PHENOMENOLOGICAL STUDY

Dr. Gloria McInnis-Perry, University of Prince Edward Island; Jane Aitken-Herring, Community Addictions East Health PEI

Alcohol is the most commonly consumed substance by older adults and its use is often under-detected, misdiagnosed, and associated with morbidity (Berks & McCormick, 2008). Approximately 17% of adults over the age of 60 misuse alcohol and are heavier drinkers than the previous generation (Mortimer, 2011). Furthermore, 15% of those living in the community have active dependence problems (Merrick et al., 2011). Nursing knowledge concerning addiction in late-life is needed. This study describes the lived experience of eight community-dwelling older adults, age 65 years and older, who were diagnosed with alcohol addiction in late-life. A phenomenological inquiry using Giorgi's (Giorgi, 2009) research methodology was employed to describe the meaning of alcohol addiction for the older adult. Giorgi's method of data analysis was used to identify the themes that emerged from the lived experience of late-life alcohol addiction. Findings consisted of six intertwined themes: alcohol addiction is a non-authentic all-consuming way of life with deep psychological

suffering; it is a chronic illness with both intrinsic and extrinsic factors; consumption of alcohol serves a dual purpose, to enhance one's mood and/or well-being and to self-soothe or attenuate negative emotions; it eventually erodes, disrupts, or disables one's emotional function and social relationships with little opportunity for reconciliation; it threatens the older person's health and well-being; and embracing a recovery perspective as a response to alcohol addiction, can save one's life. The findings are discussed relative to the literature on alcohol addiction. Implications for mental health nursing and other healthcare professionals will be presented.

EXPLORING THE INFLUENCE OF ORAL HEALTH LITERACY AND ORAL HEALTH CHRONIC DISEASE KNOWLEDGE ON OLDER ADULTS ORAL CARE BEHAVIOR

Alison MacDougall, University of Prince Edward Island; Dr. Lori Weeks, Dalhousie University

Unlike previous generations, baby boomers are keeping their own natural teeth as they enter into older age. The purpose of this exploratory, mixed-methods online study was to explore the influence of oral health literacy (OHL), and oral health chronic disease knowledge (OHCDK) on oral care behaviours (OCBs). A convenience sample of 69 community dwelling men (n=19) and women (n=20) was recruited. Participants ranged in age from 50 to 69 years and had achieved higher than high school education. 52.17 % reported living in an urban setting, and 46.38% had an annual household income of greater than \$75,000. All participants had some natural teeth and 72.46% had access to private dental insurance. The mean OHL score was 13.36 and the mean OHCDK score was 10.01. Pearson product moment correlation co-efficient procedure revealed a low but positive correlation between OHL and OHCDK scores. [$r = 0.31$, $n = 69$, $p = 0.008$]. The mean dental behaviours score was 5.60. Regression analysis determined the significant predictor model for dental behaviours included: (1.46) dental insurance + (0.85) age cohort + (0.6) level of education. ($F(3) = 311.87$, $p < 0.0001$, $R^2 = 93.5\%$). Qualitative analysis revealed six major themes: Relying on Dental Professionals, Only Knowing Part of the Story, Making the Connection, Living with the Consequences, Practicing and Valuing Oral Health, and Identifying Barriers to Care. Triangulation showed that participants had adequate OHL, yet were lacking in OHCDK. Participants described the influential role that dental insurance has on OCBs. Future research should focus on a larger sample sizes with equal numbers of men and women.

DEVELOPMENT OF THE PICTORIAL FRAILTY SCALE

Dr. Olga Theou, Dalhousie University; Kayla Mallery, Nova Scotia Health Authority; Dr. Melissa Andrew, Dalhousie University; Dr. Kenneth Rockwood, Dalhousie University

Several frailty scales have been proposed, but most have significant limitations. Some require verbal reporting or performance tests not feasible for the severely frail, and many evaluate only the patient's or clinician's perspective. The purpose of this study is to develop a Pictorial Frailty Scale (PFS) to measure frailty levels using visual keys, in order to make it simpler and more sensitive to cultural differences. Our multidisciplinary team includes researchers and healthcare professionals with expertise in frailty assessment. After reviewing available frailty scales and the current evidence about frailty assessment in clinical settings, the team identified 14 domains for inclusion: function, mobility, balance, cognition, social support, affect, pain, aggression, medication, incontinence, tiredness,

weight-loss, vision and hearing. Domains were visually represented by a graphic designer. Each domain included 3-7 levels representing progressively worsening health which will allow the assessor (healthcare professionals, patients, and caregivers) to select which picture best represents the patients' health status within each domain. After the initial pictures were developed, interviews were conducted with 30 healthcare professionals, patients and caregivers and members of the general public, to provide feedback on the preliminary version. Based on feedback, the pictures were modified and we are currently working on finalizing the PFS scale. The next phase will include evaluation and validation of the scale in a multi-site study. The newly developed PFS could be a simpler, more useful and universal way of identifying frailty compared with previous frailty scales.

A.4 Interprofessional Education

CAN COOPERATIVE LEARNING STRATEGIES LEAD TO PRACTICE CHANGE IN CONTINUING CARE?

Sandra Woodhead Lyons, Institute for Continuing Care Education and Research; Dr. Sharla King, University of Alberta; Steven Friesen, Bethany Care Society; Dr. Heather Moquin, University of Alberta

Objectives: Learning Circles (LC) are a cooperative learning strategy which bring practitioners together in small workplace learning groups to identify and address practice priorities. The study established and evaluated a series of LCs within seven supportive living and long term care organizations in Alberta. We will discuss how LCs supported the frontline staff and how they can contribute to practice change. **Methods:** Though a practice driven initiative, the LCs were structured according to an adaptation of a specific learning model (Hess et al, 2015) and were informed through broader theoretical understandings of experiential learning and reflective practice. Multiple data collection tools and methods were utilized. Qualitative data was mainly collected through focus groups with LC participants and semi-structured interviews with facilitators and site sponsors. Thematic analysis was conducted on the qualitative data by multiple researchers. **Results:** LCs were perceived as a useful venue for team development and relationship building and were seen as initial steps towards the planning and implementation of practice changes. **Conclusions:** A number of concrete practice changes resulted from the LCs. Community partners with the project confirmed that LCs provide a unique learning strategy in this context for the processing of frontline clinical issues and for the integration of policies and procedures into practice.

EXPLORING INTERPROFESSIONAL EDUCATION AND COLLABORATION IN LONG-TERM CARE: WHAT ARE THE IMPACTS ON STAFF?

Christy Nickerson Rak, Maplestone Enhanced Care; Dr. Heidi Lauckner, Dalhousie University; Dr. Ellen Hickey, Dalhousie University; Jennifer Isenor, Dalhousie University; Anne Godden-Webster, Dalhousie University

With increasing demands on the long-term care (LTC) system, innovative approaches are needed to improve care, to make LTC a practice field of choice for new health care

professionals, and to increase satisfaction among staff. Increasing collaborative practice within LTC can be one such approach. Interprofessional education (IPE) initiatives have been found to attract students to less popular areas of study, such as geriatrics (Grymonpre, 2013; Suter et al., 2012) and to impact the practice of those who currently work in LTC (Grymonpre et al., 2010). This research explores the impact of a partnership between a University and a LTC provider to increase IPE and collaboration in a LTC home in Halifax, Nova Scotia. As a result of this partnership, a number of activities take place at the LTC home including collaborative team meetings, uniprofessional learning placements (with more than 800 learners since 2010), and interprofessional student learning opportunities (9 experiences since 2010). Using a qualitative descriptive approach, semi-structured, in-person interviews were conducted with eight staff members to understand how the presence of these learning activities has impacted them and the collaborative culture at the LTC home. Staff members represented nurses and direct care providers, support services (e.g., housekeeping, dietary), clinicians (e.g., social work, physiotherapy), and administration. Results illustrate how increasing the involvement of learners within LTC and engaging staff in these activities impact the working environment. Implications for LTC facilities considering the development of interprofessional learning experiences will be proposed along with potential future research directions and next steps.

SYNERGY OF INTERDISCIPLINARY TEAMWORK: VIRTUAL DEMENTIA TOUR SIMULATION IN LONG TERM CARE

Lisa MacNaughton-Doucet, Dalhousie University; Karine Smith, Nova Scotia Health Authority; Patricia Hattie, Meadows Home for Special Care

The Virtual Dementia Tour (VDT) is an evidence-informed simulation designed to enhance sensitivity for caregivers of persons with dementia. The simulation replicates the decline of participants' sensory, cognitive, and physical functions as they are ushered into a darkened room to complete five simple tasks. A three-way interdisciplinary planning team was formed with the goal of offering this simulation to long-term care staff. The team consisted of an education coordinator of a long-term care facility, faculty member of a baccalaureate nursing program, and dementia resource consultant within a health district. With robust success, the VDT was provided to 68 persons in a long-term care facility over two days. Participants spanned several disciplines including staff from recreation, rehabilitation, kitchen, housekeeping, nursing, continuing care assistants, management, and volunteers. Each team member had a specialized contribution and if left to work in 'silos', the implementation of the VDT would have been challenging or may not have occurred. Working in a diverse team permitted valuable sharing of knowledge and resources; and the synergy among team members throughout planning and implementation contributed to its success. From an interdisciplinary lens there was both extrinsic and intrinsic value in the experience. It has been a win-win-win!

A.5 Social Isolation and Engagement

SENIORS AND ISOLATION: EXPLORING THE FACTS

Brenda MacKinnon, Community Links; Mary MacLellan, Community Links

Pictou County service and volunteer providers are seeing a tsunami of senior's isolation and loneliness issues. Our health authority lacks supportive resources for seniors; the quality of life of our seniors is deteriorating. We need to determine the root causes of seniors isolation and loneliness so that we can support them. Purpose: We must remove the stigma that surrounds ageism. We must create opportunities for older adults. Using the World Café facilitation technique and hosting consultations we explored: What resources are currently available for seniors? How can seniors have purpose driven lives? What transition are we in? What are the opportunities? More than 135 people engaged in conversation. Project Deliverables included an analysis of materials, stories gathered in the consultations, as well as information gathered from key informants. Report focuses on recommendations and potential next steps. Recommendations to consider were: 1. Apply an asset-based approach to increase the mental, physical and emotional wellbeing of individuals, families and communities, to enable individuals and communities to take more control of their own emotional, physical and mental health and safety. 2. Incorporate a population health lens when providing and developing future programs and services for seniors. 3. Develop and communicate clear messaging about seniors, their individual and collective strengths and challenges, as they relate to creating a healthy and safe community. 4. Advocate to all levels of government, private sector and others regarding strengths and challenges faced by seniors in rural communities, and share positive impacts made by seniors in their communities.

SENIORS' CENTRES AS THIRD PLACES THAT FACILITATE AGING 'IN PLACE'

Dr. Karen Gallant, Dalhousie University; Dr. Susan Hutchinson, Dalhousie University

'Aging in place' suggests that there are places that not only accommodate changes in older people's physical or cognitive abilities and social networks but also hold important meanings for people as they age. Given that the home may be a restrictive or limiting (role-less) environment for some older adults, seniors' centres may be important venues for older adults to age in place. Guided by the concept of third places (Oldenburg, 1999), a community-based participatory research study involving observations and audio-recordings of team meetings with seven centre members examined the features of the physical and social environment (e.g., the interactions and actions that occur) within a small seniors' centre in a mid-sized Canadian city, and the meanings associated with them, that facilitate or undermine aging in place. Findings suggest that as a third place—a familiar and welcoming place that is a consistent feature of seniors' daily lives—seniors' centres can facilitate aging in place by creating opportunities for people to experience self-determination and control by providing inclusive opportunities for meaningful engagement, for sociability, and for being a contributing community member. Even when older adults experience residential relocation, continued participation at a senior centre may provide a sense of

familiarity and continuity. Public spaces that permit (and encourage) shared use in a diversity of activities by a range of different people are those that enable people to feel ‘at place.’

CARING CANINES: DOGS AND DEMENTIA

Dr. Ardra Cole, Mount Saint Vincent University

I draw on my program of research on caregiving and Alzheimer’s disease to provide a description and analysis of the role of dogs in the lives of seniors, both ill and well. Over several years of gathering stories of caregiving as well as photos and artifacts that symbolized what care looked like for family caregivers, one unanticipated finding was the large number of stories, photos, and symbols that included and referenced the family dog as part of the care experience. Whether by providing companionship or psychological or physical security; creating opportunities for physical and social interaction; or by restoring a sense of agency through basic care-related tasks, dogs are an important source of comfort, reassurance and pleasure in the lives of seniors, both ill and well. In the proposed session, I present a selection of images, narratives and audio excerpts that describe the varied roles that dogs play in the caregiving experience. I follow this with an analysis framed by Kitwood’s (1994) theory of person-centred care with its philosophical roots in Buber’s (1937) idea of I-Thou relationships. I specifically focus on Kitwood’s concept of “timalation” – a form of interaction that is based on direct sensual engagement without the intervention of intellectual understanding, and that provides contact, reassurance, and pleasure while making very few demands. This concept has particular relevance for the role of dogs in caregiving.

1:30-3:00 pm Concurrent Session B

B.1 Representations and Responses to Aging

THE LONGEVITY DIVIDEND, THE HUMANITIES, AND COLLABORATIONS AND NETWORKS IN AGING STUDIES

Dr. Leni Marshall, University of Wisconsin – Stout

Cross-disciplinary collaboration in gerontology can foster methodological developments that have significant positive effects on human health. Organizations such as the European Network in Aging Studies and North American Network in Aging Studies (NANAS), which was initially was led by scholars from Gerontology, Literature, the Health Humanities, and Age Studies, foster such research. Such groups promote humanities and arts approaches in gerontology and greater gerontological literacy in the humanities through their missions “to facilitate sustainable interdisciplinary collaborations and methodologies that bridge the medical and social sciences and the humanities, supporting research that increases understandings of the cultural meanings of the aging processes across the lifespan” to improve health and quality of life for elders (NANAS.org). One current project combines research on ageism’s negative impact on healthspan and lifespan, which can change life-

expectancy averages by 7.5 years (Levy, Slade, Kunkel, & Kasl 2002; Wurm, Tesch-Römer, & Tomasik 2007) with studies that suggest viewing and discussing a PBS documentary about aging can reduce students' ageist ideation by an average of 71% (Ragan & Bowen 2001). Humanities faculty have experience showing and leading discussions about videos. Moreover, offering this intervention to the substantial number of undergraduate students who take literature or film studies classes could have a tremendous long term impact on public health (Marshall 2015). Cross-disciplinary efforts are needed to deliver and assess the long-term impact of such interventions.

MOSES'S NEW COMMANDMENTS FOR BABY BOOMERS: HOW THE USE OF CARTOONS IN MOSES ZNAIMER'S ZOOMER PHILOSOPHY CONSTRUCTS THE IDEAL IMAGE OF AGING FOR BABY BOOMERS

Dr. Linda Caissie, St. Thomas University; Dr. Deborah Kestin van den Hoonaard, St. Thomas University

In October 2008 the Canadian Association for Retired Persons (CARP) relaunched its magazine. It changed the name of the magazine from CARP Magazine to Zoomer Magazine in an attempt to attract younger people to the organization and to the magazine; the new magazine suggests its readers are now "men and women 45 and up." According to Zoomer's founder media mogul Moses Znaimer, this new magazine is for the (Baby) Boomers with Zip: successful, forever middle-age, affluent, white, upper-Canadian, and urban. Inspired by Hugh Hefner's The Playboy Philosophy, Znaimer has written e-books on the Zoomer Philosophy which "reveals the secrets" of age and ageing for Baby Boomers. In addition, Znaimer has used cartoons to further illustrate his philosophy. By using ethnographic content analysis, this paper examines the underlying meaning of these cartoons. Forty-one cartoons in four volumes of Zoomer Philosophy, published in 2012 to 2015 were analyzed and compared to Moses Znaimer's philosophy he discusses in each of his volumes. This paper concludes that the Zoomer Philosophy constructs an ideology of successful aging, for Baby Boomers that is male, white, affluent, urban, and forever middle-age.

LGBT INDIVIDUALS AND END-OF-LIFE PREPARATION: NOVA SCOTIA FINDINGS AND POLICY IMPLICATIONS

Dr. Áine Humble, Mount Saint Vincent University; Dr. Jacqueline Gahagan, Dalhousie University

In 2014 and 2015, LGBT individuals and service providers participated in four focus groups in Halifax: (a) lesbian and bisexual women (n = 6), (b) gay and bisexual men (n = 8), (c) transgender individuals (n = 2), and (d) service providers (n = 4). Lesbian, gay, bisexual, and transgender individuals' ages ranged from 59 to 82, with an average age of 67. A variety of chronic illnesses were present. All of the service provider participants were women, and of these, two self-identified as heterosexual. Framed by minority stress theory, four main themes emerged from the analysis of the focus group data. First, communities of care were changing over time, tied in with a lack of unifying cause or issue, and not necessarily related to families of origin. Second, individuals had difficulty asking other for help, not wanting to be a burden on others, and afraid of the paid care that they might possibly receive

(anticipating heteronormativity and/or homophobia). Third, although some had made some preparations for end of life (e.g., three quarters had prepared a will and close to half had living wills and durable power of attorney), there was a fearfulness of talking about death and dying, which delayed end-of-life preparations, and some preparations were out of date and required updating. Fourth, technology was seen as both helpful and potentially negative. Results are discussed in light of Nova Scotian end of life policies.

B.2 System Insights- Context, Practice, Policy

ROLES AND GUIDING PRINCIPLES FOR HEALTH SYSTEM NAVIGATOR PROGRAMS SERVING OLDER ADULTS AND CAREGIVERS

Dr. Lori Weeks, Dalhousie University; Dr. Gloria McInnis-Perry, University of Prince Edward Island; Dr. Colleen MacQuarrie, University of Prince Edward Island; Sanja Jovanovic, Dalhousie University

While there is research interest in establishing the value and cost effectiveness of health system navigators, there is a lack of consensus on the desired characteristics of this role and a lack of knowledge about overarching principles to meet the needs of older adults with multiple chronic conditions and their caregivers. We collected data from 1) older adults and caregivers and 2) people working in the health system on Prince Edward Island. Questions for both groups included: issues for older persons going through the health service transitions; what works well, and what does not work well in these transitions, suggestions to improve transitions, and suggestions for future research. A total of 98 older adults and caregivers participated in focus groups and 52 healthcare professionals completed an on-line survey. Thematic analysis resulted in the identification of two main themes. Theme 1 focused on overall guiding principles of health navigator programs including the utilization of a person-centred approach, developing needs-based eligibility criteria, and being easily accessible for older adults and caregivers. Theme 2 focused on desired health navigation services and supports including information and education, support in planning and using health services, and advocacy for older adults and caregivers. Incorporating health system navigators focused on the needs of older adults with multiple chronic conditions and their caregivers may influence transformative change within the healthcare system, and our results will inform the future development of these programs based on evidence from older adults, caregivers, and healthcare professionals.

REVERSING THE TIDE: REDUCING LONG TERM CARE WAITLISTS AND WAIT TIMES

Susan Stevens, Nova Scotia Health Authority

The aging population in Canada is often described in apocalyptic terms related to its perceived current and future impact on health and social systems. Decision makers, health care practitioners, the public, and the media often call for solutions involving more - more money, more human resources, more beds. In Nova Scotia a real-time social policy experiment is unfolding that validates Martin's contention that "Demography is not destiny" (Martin, 2011, p.43) and that social policy decisions (McDaniel, 1986) will shape our success in meeting the challenges of an older population. With wait lists and wait times for

nursing home care growing, the Nova Scotia Health Authority implemented changes to the long term care placement policy in March 2015. These changes combined with a renewed focus on supporting individuals at home have resulted in significant reductions in both wait times and wait lists as well as influenced the location of applicants at the time of placement. This presentation will present findings from the NS government quantitative analysis of the interRAI-HC assessment data comparing home care clients and long term care applicants (DHW, 2013), qualitative data gathered through telephone and in person interviews completed with long term care applicants and their caregivers (Fancey & Keefe, 2014), outline the new policies and home first approach being taken, and describe the resulting outcomes achieved in the first year of implementation.

EXPLORING EXPERIENCES OF PERSONAL SUPPORT WORKER EDUCATION IN ONTARIO

Dr. Christine Kelly, University of Manitoba

Personal Support Workers (PSWs) are the engine of long-term care and home care in Ontario, and represent a highly precarious workforce that is disproportionately comprised of women, people of color and new Canadians. In recent years, there has been a flurry of policy activity surrounding Ontario PSWs, including the creation of a common worker for multiple contexts, the establishment of an online registry, a wage increase and the introduction of an educational standard. Informed by feminist and disability scholarship around care and the nature of gendered labour, this presentation explores the context of PSW education in Ontario, highlighting the complex landscape for PSW training programs and the newly introduced PSW Program Standard. Drawing on qualitative interviews and focus groups with educators, employers, PSW students and recent graduates, this presentation shares themes related to the educational experiences and perceptions of these experiences from multiple perspectives. The study demonstrates that students enter PSW programs with promises of secure job prospects that do not reflect the experiences of those who graduate, participants express a marked desensitization to abuse that they themselves face or witness of the residents during placements and upon employment, and that the “common worker” approach of the training programs is biased towards long-term care. The policy developments surrounding PSWs are missing some of these issues that perhaps call for a more fulsome cultural discussion around how to best value and support this essential workforce.

A COLONIAL GENEALOGY OF NURSING HOMES IN NOVA SCOTIA

Dr. Katie Aubrecht, Mount Saint Vincent University

In this presentation I share findings from a genealogical analysis of the history of nursing homes in Nova Scotia that traces their appearance to the English Poor Laws. Documents from the Nova Scotia Archives, and secondary research that included peer-reviewed academic publications and publicly available information, were analyzed to understand the social and historical emergence of nursing homes as a form of care for older adults. This work sought to identify and understand the dominant ideologies that shape current policies and popular understandings of nursing homes, and that organize practices within nursing home settings. Archival research made it possible to situate the nursing home within a broader policy context that crossed temporal and geographic borders. In contrast to

assumptions that the nursing home is a place designed for the care of older adults, historical documents tell a tale of intergenerational entanglement that links the social phenomenon of the nursing home with poor houses, workhouses and cottage homes, the trafficking of child labourers or ‘Home Children’, and the development of the residential school system in Canada. Findings have policy relevance and make a valuable contribution to knowledge of the social history of nursing homes in the province.

B.3 Biomarkers and Brain Health

RELATIONSHIP BETWEEN FRAILTY AND BIOMARKERS OF ALZHEIMER’S DISEASE: A SCOPING REVIEW

Lindsay M K Wallace, Dalhousie University; Dr. Olga Theou, Dalhousie University; Dr. Kenneth Rockwood, Dalhousie University; Dr. Melissa Andrew, Dalhousie University

Background & Purpose: Mechanisms of development and progression of Alzheimer’s disease (AD) are poorly understood, hindering progress in treatment options. The purpose of this scoping review is to investigate the association between frailty and biomarkers of AD in order to better understand its pathophysiological trajectory. Methods: Pubmed, Embase, and PsycInfo were searched using the following medical subject headings and their synonyms: ‘frail elderly; AND ‘alzheimer disease’; AND ‘neuropathology’. Searches using synonymous text words were also carried out. Selection was limited to original articles involving humans, published in English up to November 2015. All studies including measures of frailty and any biomarkers of AD (including: amyloid-beta 42 or tau cerebrospinal fluid measurements, PiB PET amyloid imaging, FDG PET imaging, structural MRI showing selective atrophy; McKhann et al., 2011, Alzheimers Dement) were included. Two independent reviewers completed a two-step screening process (title and abstract, full-text) to avoid bias and all disagreements in screening were resolved by consensus. Results: Our search identified 368 references for inclusion, 285 articles were excluded during screening of titles and abstracts (142 were not original articles, 12 did not have human subjects, 45 did not measure frailty, and 86 did not measure biomarkers). Full-text screening was completed on the 83 remaining articles. Seven articles were not written in English, 39 were excluded because they were not original research, one because it did not have human subjects, 13 did not measure frailty, and 12 did not measure AD-related biomarkers. This left 8 articles included in the study for data extraction. Data on study population characteristics, number of participants, design (cross sectional vs. longitudinal), length of follow-up (where applicable), type of frailty measure, type of biomarker(s), outcome measures and results were extracted and categorized accordingly. This scoping review sheds light on the complex relationship between biomarkers of AD and frailty and identifies gaps in our knowledge to direct future research.

FRAILTY, NEUROPATHOLOGY, AND DEMENTIA DISEASE EXPRESSION

Dr. Kenneth Rockwood, Dalhousie University; Judith Godin, Nova Scotia Health Authority; Dr. Melissa Andrew, Dalhousie University; Dr. Joshua Armstrong, Dalhousie University

Although a number of studies have linked frailty with cognitive impairment, fewer studies have examined these constructs together in relation to brain health. With the understanding

that there is an inexact correlation between neuropathological lesions and cognitive function in late-life, examining autopsy data through the lens of frailty may provide novel insights. Here, we examine the National Alzheimer's Coordinating Center (NACC) database to evaluate the variance in clinical outcomes explained by frailty, after accounting for neuropathology. METHODS Health assessment data from the last visit prior to death was linked to neuropathology information collected at autopsy in the NACC. An accumulation of health deficits frailty index (FI) was developed using 30 assessment variables. Hierarchical multiple regression models were developed to evaluate the separate impact of control variables (age, sex, education), neuropathology, and frailty on clinical outcome measures. RESULTS After accounting for the control variables, seven neuropathological markers accounted for a significant amount of variation in both the Mini-Mental State Exam (MMSE; R2 change = 0.24) and Clinical Dementia rating (CDR; R2 change = 0.21) scores. When the FI was added to these models, the FI accounted for a significant amount of additional variation in both the MMSE (R2 change = 0.07) and CDR (R2 change = 0.14) scores. DISCUSSION Inclusion of frailty reduced the explanatory power of neuropathology on clinical outcomes. Additional analyses using the NACC may provide further insights into the relationships between frailty, aging, neuropathology, and cognition in older adults.

DEVELOPMENT OF PET PROBES FOR ALZHEIMER'S DISEASE

Dr. Sultan Darvesh, Dalhousie University; Dr. Ian Pottie, Mount Saint Vincent University; Dr. Terrone L. Rosenberry, Mayo Clinic; Earl Martin, Mount Saint Vincent University

Background: Alzheimer's disease (AD) is a common neurodegenerative disorder. Definitive diagnosis of AD requires post mortem neuropathology analysis. Observation shows cholinesterases associate with Alzheimer neuropathology and can distinguish AD characteristics from those in normal aging. Hypothesis: Positron emission tomography (PET) scanning probes targeting cholinesterases can effect definitive diagnosis of AD during life. Theoretical framework: Substituted 2,2,2-trifluoro-1-phenyl-1-ethanones have been shown to strongly bind to cholinesterases. Radioactive ^{18}F -, incorporated into such compounds, could provide PET images of brain cholinesterase activity indicative of AD. Methods: This work describes development of "cold" (^{19}F) techniques to simulate eventual radioactive ^{18}F incorporation into substituted 2-chloro-2,2-difluoro-1-phenyl-1-ethanones. Specifically, all derivatives were produced using a Weinreb amide synthetic strategy. Synthesized products underwent biochemical investigations to test affinity towards cholinesterases. All chlorodifluoro precursors were tested for incorporation of "cold" nucleophilic fluoride (^{19}F -) to produce corresponding trifluoro compounds. Results: Substituted 2-chloro-2,2-difluoro and 2,2,2-trifluoro-1-phenyl-1-ethanones were produced in 50-80% yields. All compounds showed affinity towards cholinesterases. To simulate production of radioligands, fluoride (^{19}F -) incorporated into chlorodifluoro precursors produced trifluoro compounds in acceptable yields. Structures were validated spectroscopically. Conclusions: Weinreb amide strategies produces substituted 1-phenyl-1-ethanones in good yields. These structures have sufficient cholinesterase affinity to hold promise as PET imaging agents for AD diagnosis. Educational significance: New synthetic strategies have generated substituted 2-chloro-2,2-difluoro-1-phenyl-1-ethanones as precursors for PET radio imaging agents for AD that are amendable to incorporation of radioactive fluorine. Practice implications: Early, non-invasive diagnosis of AD promises timely interventions and the ability to test more effective therapeutic approaches to the disease.

B.4 Voices Shaping Long Term Care

RECREATION SERVICES IN CONTINUING CARE - THE VOICES OF RECREATION STAFF

Sandra Woodhead Lyons, Institute for Continuing Care Education and Research; Dr. Robert Haennel, University of Alberta

Objectives: The importance of supporting recreation services within continuing care (CC) was one of the top issues identified by the Institute for Continuing Care's consultation process in 2013. This paper discusses the results of a series of focus groups conducted with recreation staff from across Alberta in 2014. **Methods:** The study was conducted in 3 parts: i) an on-line survey of all CC facilities in Alberta; ii) administration of a resident survey within a select group of these facilities; and iii) focus groups with recreation staff in CC facilities. This presentation focuses on the results of the seven focus groups that were conducted across the province (Grande Prairie, Ft. McMurray, Edmonton [2], Calgary [2], Lethbridge) with recreation staff from both supportive living and long term care. A total of 39 individuals participated. Each discussion at focus group was recorded, transcribed, and analyzed using NVivo. **Results:** Data from the focus groups identified 6 major themes affecting recreation services in the CC sector. These themes included: funding, staffing, role clarity, professionalism, programming challenges, and differences in perspective on quality of life (QOL). **Conclusions:** Recreation staff view their services as enhancing the QOL of residents, however they do not believe they were well supported within the existing CC funding model. The themes identified by the recreation staff were interconnected and strongly impacted how recreation services were provided within the CC setting. These findings may have significant implications for CC policy and practice.

HEALTHY AGING: APPROACHING CHANGE FROM THE GRASSROOTS PERSPECTIVE

Beth Arsenault, Collaborative for Healthy Aging and Care; Jodi Hall, New Brunswick Association of Nursing Homes; Suzanne Dupuis-Blanchard, Universite de Moncton; Barbara Burnett, Atlantic Institute on Aging

The province of New Brunswick has one of the fastest growing seniors' populations in Canada, which is projected to double over the next twenty years. This demographic however has the potential to become one of the province's greatest assets by bringing their talents, experience, and expertise to the table when reinventing the way New Brunswick defines its aging experience.

In June 2011, a small group of long-term care stakeholders came together to discuss their unique and common issues around aging. The conversation has since grown to include 35+ stakeholders, including seniors themselves, whose programs and ideas support NB's senior population. Three priority areas of focus surfaced as a result of these conversations: caring communities, continuum of care, and consultation and contribution. These in turn have assisted in moving the conversation forward in developing a shared philosophy that assists communities in developing social prototypes that meet their particular aging requirements. The presentation will describe the group's work to date in building system capacity,

impacting culture and affecting needed policy change by providing engagement opportunities that ensure the voices of seniors are heard in developing an aging agenda that affects them directly. Examples to be presented include the senior engagement sessions held during the 2015 federal election, a political forum on healthy aging and care during the 2014 provincial election, along with some examples of New Brunswick nursing homes lowering their walls by reaching out into the community, by providing services for seniors living in the wider community.

ENHANCING RESIDENT CARE IN NURSING HOMES: CHARACTERISTICS OF OPINION LEADERS IN THE LONG TERM CARE SECTOR IN ATLANTIC CANADA

Dr. Lisa Cranley, University of Toronto; Dr. Whitney Berta, University of Toronto; Dr. Jim Dearing, Michigan State University; Dr. Carole Estabrooks, University of Alberta; Dr. Janice Keefe, Mount Saint Vincent University; Erin McAfee, Mount Saint Vincent University

Opinion leaders offer a conduit to social networks that can facilitate the scale up and spread of best practices in long term care. As part of a mixed methods pan-Canadian study, we have identified advice seeking patterns, behaviours, and characteristics of leaders/administrators in nursing homes operating in Atlantic Canada. In the fall of 2015, we conducted semi-structured interviews with individuals identified through the analysis of a social network survey (administered November 2014- January 2015) as opinion leaders, their advice seekers, and boundary spanners. Preliminary results from our interviews suggest that contemporary advice seeking networks are often predicated on enduring, established relationships between advice seekers and opinion leaders from whom they seek advice. The nature of these advice seeking relationships, and the nature of the advice and information sought, changes over time. The characteristics of opinion leaders that advice seekers value included being approachable, knowledgeable, reliable and resourceful, with a good reputation and a willingness to share ideas. Sustained relationships often evolve from unidirectional advice seeking to bi-directional advice seeking and information exchange on topics ranging from care practices, to responses to regulatory change and human resource issues. An enhanced understanding of the characteristics of network actors, particularly opinion leaders, and the nature of their interactions with advice seekers, stands to inform future efforts to speed the spread of new innovations and best practices in regards to resident care.

B.5 Making Research Matter

IT TAKES A VILLAGE: ENHANCING COMMUNITY SUPPORT TO RURAL INFORMAL PROVIDERS OF CARE AT THE END OF LIFE

Dr. Gail Wideman, Memorial University of Newfoundland; Dr. Victor Maddalena, Memorial University of Newfoundland; Dr. Susan MacDonald, Eastern Health; Dr. Daryl Pullman, Memorial University of Newfoundland

Community engaged research is premised on the principle of constituent engagement which necessitates nurturing complex alliances with academics, governments, community organizations and service users. The trajectory from community engagement to successful

and collaborative research outcomes requires creativity, perseverance and a substantial investment of time. Conflicting pressures and priorities must be identified and carefully navigated from proposal development to dissemination and uptake. This presentation will outline the mechanisms of a strengths based research process for engaging communities in exploring and enhancing their capacity to support those providing and receiving end-of-life (EOL) care. Historically, death was a familiar community affair; individuals at EOL were surrounded by family, friends, and neighbours. With the post WWII expansion of hospital services, EOL care was medicalized and segregated in hospitals. Lately the fiscal challenges of providing health and social care for an aging population have led to deinstitutionalization of many services, and a transition back to home and family based support, albeit to community contexts that are markedly different from earlier times. While, the burden of care is exacerbated in rural places by a lack of access to specialized Palliative/EOL resources, rural communities are still generally characterized by social solidarity, close relationships, and community commitments. We outline some capacity building goals of community engaged research including understanding policies and their consequences, environmental and geographic factors, and the importance of networking and collaboration.

EVALUATING AGE-FRIENDLY COMMUNITIES: COMMENTS ON A MULTI- AND INTERDISCIPLINARY APPROACH

Dr. Elizabeth Russell, Memorial University of Newfoundland

Although the number of communities in Canada implementing age-friendly programming is growing, few programs have been evaluated. Social capital theory was used to study and evaluate a provincial age-friendly communities program in Newfoundland and Labrador (NL). This interdisciplinary, multi-sectorial research included academic researchers, seniors, health policy makers, municipal officials, and community volunteers in study development, data collection, and dissemination. Overall, the presentation will comment on the benefits and challenges of multi- and interdisciplinary evaluation research in the aging field, and how to facilitate community-level knowledge translation, with the aim to share effective practices with other researchers. Specifically, this will include a discussion of a) benefits for seniors involved in age-friendly programming in NL, b) the methodological approach taken in this research, c) creating effective and feasible policy recommendations, and d) multi- and interdisciplinary practices used during this research. Study methods included a) surveys of age-friendly committees, b) an analysis of census data, and c) qualitative focus groups or interviews. In total, 108 people and 24 communities participated. Participants from towns experiencing outmigration and those with a higher income per capita had a lower sense of community, creating program implementation challenges. Social, health and educational benefits for seniors were associated with participation in programming. Outmigration increased the need for programming, but yet created a challenge for program development given volunteer burnout, typically addressed by community capacity building.

RESEARCH EVIDENCE INFORMS CHANGE IN NURSING HOMES: AN INTEGRATED KNOWLEDGE TRANSLATION APPROACH

Dr. Janice Keefe, Mount Saint Vincent University; Debra Boudreau, Tideview Terrace; Marian Casey, Shannex; Ann McInnis, Nova Scotia Community College

Engaging knowledge users throughout the research process is key to producing research findings that are more likely to be relevant to and used by knowledge users. The Care and Construction project (2011-2015) can be described as a best practice in integrated knowledge translation as the research results informed actions that knowledge users have put into practice. Senior leaders of nursing homes in Nova Scotia provided evidence of the changes to organizational practice they implemented as a consequence of their participation in, and evidence generated by, the research. Such changes included: modifying staff appraisal process to include “supporting relationship” criteria, changing scheduling to support consistent staff whenever feasible, and revisiting policies about accepting gifts. These actions are largely due to successfully engaging the knowledge users throughout the research process thereby contributing to research findings that were more likely to be directly relevant to and used by the knowledge users. This collaboration originated with the development of the research questions and selection of methodologies. During the project, specific engagement activities included working groups within which both researchers and knowledge users discussed instrument development, collection strategies, interpretation of the findings and dissemination activities. As well, workshops with sector representatives provided further opportunity for interpretation of findings and identifying relevant and meaningful actions for policy, practice and education. This presentation will provide an overview of the iKT approach taken and highlight the factors that supported research to practice.

3:30-4:30 pm

Keynote: Dr. Stephen Katz, Professor, Department of Sociology, Trent University

AGING: RETHINKING *WHAT AND HOW WE KNOW*

The ways we approach our work in the aging field, whether research, practice or policy related, are shaped by cultural ideas and assumptions about the meaning of age and aging. In our work, the focus is often on the correct or best ways of responding to age, without a consideration of how it is that we know age and aging in the ways we already do. In this presentation, Dr. Katz will focus on some key ideas (e.g., population, lifecourse, gender) and draw on practical applications (e.g., falls/falling), to illustrate how a critical approach to knowledge of age and aging has much to teach us about the social values and assumptions that shape our work and everyday lives, and the barriers these assumptions can create for older adults. Dr. Katz’s presentation will challenge us to consider what is involved in a thoughtful relation to age and aging, to understand the ideas and assumptions that may be guiding our approaches, and to recognize how they shape our relations to ourselves and others.

Friday, June 17, 2016

8:30–9:30 am

Keynote: Dr. Alex Mihailidis, Dept. of Occupational Science & Occupational Therapy/Institute of Biomaterials & Biomedical Engineering, University of Toronto

DISRUPTING THE TECHNOLOGY AND AGING LANDSCAPE: NEW TECHNOLOGY AND APPROACHES

There has been significant research completed on the development of technologies to support the wellness of older adults. However, the majority of these devices have not made it to market and suffer from various limitations that make them inappropriate for an older adult to operate efficiently and effectively. In order to ensure that future technologies for aging are useful, new ways of thinking in their designs is required. Disruption in the current technology landscape is needed that will force the way that we think about the design of these technology to change. This presentation will discuss the notion of disruptive technologies and how we are currently applying this concept is the design of our next generation of technologies for older adults.

9:30–11:00 am Concurrent Session C

Posters and Exhibit showcase (see Program book for exhibitor description)

C.1

1. 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.

#2. 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.

#3. 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.

#4. 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.

C.2

#5. 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.

#6. 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.

#7. 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.

#8. 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.

C.3

#9. 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.

#10. 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.

#11. 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.

#12. EXPLORING THE EXPERIENCES OF NOVA SCOTIA'S LONG-TERM CARE RESIDENTS & STAFF WITH ANIMAL ASSISTED THERAPY & RESIDENT PETS

Ceilidh 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.

C.4

#13. 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.

#14. 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.

#15. 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.

16. 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.

C.5

#17. 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.

#18. 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.

#19. 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.

#20. 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.

C.6

#21. 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.

#22. 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.

#23. 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.

#24. 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.

C.7

#25. COMMUNITY AND SOCIAL SUPPORT AS PREVENTION FOR SENIORS' COGNITIVE DECLINE

Emily Philpott, Memorial University of Newfoundland; Dr. Elizabeth Russell, Memorial University of Newfoundland; Dr. Ken Fowler, Memorial University of Newfoundland

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.

#26. BEST PRACTICES FOR ENGAGING OLDER ADULTS IN AGING AND TECHNOLOGY RESEARCH, DESIGN AND DEVELOPMENT

Ellen Crumley, Dalhousie University; Izabela Panek, Dalhousie University; Judith Sixsmith, Simon Fraser University; Pia Kontos, Toronto Rehabilitation Institute; Kieran O'Doherty, University of Guelph Yoko Ishigami, Dalhousie University Lupin Battersby, Simon Fraser University Karla Stroud, University of Guelph Susan Kirkland, Dalhousie University

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.

#27. GUIDING THE INVOLVEMENT OF OLDER ADULTS IN TECHNOLOGY RESEARCH AND DEVELOPMENT: AGE-WELL OA-INVOLVE

Izabela Panek, Dalhousie University; Yoko Ishigami, Dalhousie University; Ellen T. Crumley, Dalhousie University; Lupin Battersby, Simon Fraser University; Kieran O'Doherty, University of Guelph; Karla Stroud, University of Guelph; Pia Kontos, University of Toronto; Judith Sexsmith, Simon Fraser University; Susan Kirkland, Dalhousie University

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.

#28. ENABLING HEALTH TECHNOLOGY INNOVATION FOR OLDER ADULTS: BARRIERS AND FACILITATORS IN POLICY AND REGULATORY PROCESSES

Maggie MacNeil, University of Waterloo; Melissa Koch, University of Waterloo; Ayse Kuspinar, University of Waterloo; Paul Stolee, University of Waterloo; Don Juzwishin, Alberta Health Sciences

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.

11:00 am–12:30 pm Concurrent Session D

D.1 Deconstructing Aging in Place

A CRITICAL ANALYSIS OF AGING IN PLACE: EDUCATIONAL IMPLICATIONS

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

Population aging has been escalating since 2011 when the baby boomers began turning age 65. Over the years policy makers and professionals who provide services to older adults have conceptualized aging in place as an attainable and worthwhile goal that will help to alleviate some of the challenges of an expanding older population. Research on aging in place includes topics such housing, environment, health, and technology. The purpose and method of this presentation is to raise critical perspectives about current definitions, purposes, research and policy on aging in place. The objectives are to: 1. Argue that aging in place conceptualizes competing goals for community care, care by the community including family, friends, neighbours and other volunteers, and cost containment. 2. Stimulate discussion about aging in place by older adults, particularly women 85 years and older. **Findings:** We will highlight how, where, and why aging in place may be attainable and

worthwhile for some older adults, such as those with live daily life with good health, family support, and financial resources. Yet the concept may be unattainable and not worthwhile for others, such as those who are aging with daily life challenges, including low income, isolation, abuse, contaminated water or food, immigration struggles, mental health issues and physical or cognitive disabilities. Discussion will consider issues of equity, empowerment, public and private goals to address the escalating aging population in Canada, especially women 85 and older. From an educational perspective, what might older adults learn and teach societies about aging in place?

AGING IN LGBTQ INTENTIONAL COMMUNITIES: THE EU AS A MODEL

Dr. Liesl L. Gambold, Dalhousie University

Over the past twenty years western governments have increasingly pursued policy agendas that reflect several characteristics of neoliberalism including a “normative privileging of the individual” and a preference for privately funded and delivered care (Teghtsoonian 2009: 28). Many intentional communities were originally developed around environmental values, economic values, community values or religion. In my research I have focused on intentional retirement communities developed by members of the LGBTQ community. Older LGBTQ persons find that there are very few options for them in terms of aging in place amongst people who are also gay or who are at least open and accepting. “Standard” retirement communities may not advertise as uniquely heterosexual, but for LGBTQ people who arrive they soon find that they have to keep their sexual identity to themselves and thus are unable to share stories about their youth, their relationships and their families—biological or chosen—in effect, they are forced to hide their true identities in their later years. Compounded with economic stress and the wide array of physical and mental declines that accompany aging, it is no surprise that aging gay and lesbian individuals are seeking alternatives, and in fact require them. Based on over 30 in-depth qualitative interviews with retirees and service providers in Germany, France and Sweden in 2010, 2014 and 2015, research results show that with little to no government support or initiatives, members of the LGBTQ community have taken the work upon themselves and created safe, sustainable and supportive aging communities. Individuals were interviewed in both permanent retirement and nursing homes as well as intentional communities.

LESSONS FROM THE HOUSING POVERTY EXPERIENCES OF MIDDLE-AGED AND OLDER WOMEN

Janet McClain, Mount Saint Vincent University

Whether we indeed have a housing policy in Canada has been debated since the 1970s and 1980s. In *Women & Housing: Changing needs and the failure of policy* (McClain & Doyle, 1983), it was argued that women faced significant challenges as both renters and homeowners. If these challenges were left unresolved, women would fall through the cracks leading to housing poverty. Unfortunately this prediction reflects many of the challenges middle-aged and older women still face today. Housing remains a visible element in economic and employment policies which have overshadowed the more diffuse elements of housing policy appended to provincial and federal social policies. Housing status and security of tenure are directly related to socio-economic status and to older women's health

status. For middle-aged and older women on the lower-ends of the income scale, many of whom fall below the low-income cut-offs, housing status is a burden which adds to their life challenges and to poverty. This paper will provide a new conceptualization of housing poverty using feminist political economy and gender-based analysis examining social class and income status, health and ability status, marital status, locational deprivations and family relationships with caring responsibilities. Scenarios of living arrangements and housing needs drawn from narratives and observations will illustrate how commodification and privatization result in the mismatch of policies and the remaining government assistance programs without serving older women who are renters and homeowners. Scenarios will be problem-decision sets for needs assessments and policy development in the Atlantic region and across Canada.

D.2 Health Services Planning

RISK FACTORS FOR DRUG-RELATED PROBLEMS CAUSING EMERGENCY DEPARTMENT VISITS IN OLDER ADULTS

Shanna Trenaman, Dalhousie University

In older adults polypharmacy and the use of inappropriate medications are a common cause of drug-related emergency department visits. Given the complex interplay between social, economic and medical factors in older adults the present study explored a comprehensive list of potential risk factors for drug-related emergency department visits. Potential factors included gender; age; comorbidities; history of falls; cognition; education; dependence for activities of daily living; social supports; frailty, number of medications; medication appropriateness index; and use of specific high risk medications. Information collected from the Comprehensive Geriatric Assessment during patient assessment in the emergency department from a subset of the geriatric internal medicine service between 2006 and 2013 was used. Backward stepwise binary logistic regression was used to examine the multiple potential risk factors for drug-related emergency department visits in older adults. The analysis showed that narcotic drug use, any anticholinergic drug use, lack of social supports and increased use of inappropriate medications as identified by an increased medication appropriateness index increased the risk of drug-related emergency department visits. This investigation suggests that avoiding inappropriate medications, avoiding high risk medications such as narcotics and anticholinergic drugs, and the presence of adequate social supports are important in preventing drug-related emergency department visits in older adults.

USING HEALTH SERVICES ADMINISTRATIVE DATA TO DETERMINE ADHERENCE TO THE STOPP CRITERIA: EXAMPLES FROM NOVA SCOTIA

Dr. Ingrid Sketris, College of Pharmacy, Dalhousie University; Barbara Hill-Taylor, College of Pharmacy, Dalhousie University; Dr. Emily Black, College of Pharmacy, Dalhousie University; Jillian Carter, Faculty of Medicine, Dalhousie University

Objectives: Evidence-informed explicit screening tools have been developed to help healthcare professionals systematically review medication profiles. We used individual

criterion from STOPP, a screening tool developed and validated for reviewing older persons' medications, to evaluate the appropriateness of prescribing in Nova Scotia. Methods: Nova Scotia Seniors' Pharmacare drug dispensation database was used in conjunction with the MSI Physician's Billings and the Canadian Institute for Health Information's Discharge abstract database to estimate concordance between prescribing practice and criteria for benzodiazepines and zopiclone (BZD-Z), proton pump inhibitors (PPIs) and colchicine. Descriptive statistics, trend tests, and multivariate logistic regression were used to demonstrate significance. Results: Potentially inappropriate prescribing such as the use of long-acting benzodiazepines (i.e. diazepam 1.5%), duplicate therapy (1.6%), and ≥ 30 days (22.6%) dispensed treatment were prevalent. Older adults received a BZD-Z in the 100 days following discharge in 74% of patients receiving a BZD-Z in the 100 days prior to a fall-related hospitalization. Prescribing of PPIs was potentially inappropriate (dosage or length of regimen) in 37% of new recipients of the drug. Colchicine was considered potentially inappropriate when prescribed ≥ 3 months duration, which occurred in 14.2% of the study population. Conclusions: Nova Scotia administrative health data may be used to identify areas for quality improvement initiatives. Limited concordance between prescribing practice and STOPP indicate opportunities for improvement in prescribing in older adults in Nova Scotia.

FRAILTY RECOGNITION AND MANAGEMENT IN EMERGENCY AND ACUTE CARE: A REVIEW OF EVIDENCE AND POLICY

Dr. Olga Theou, Dalhousie University; Kayla Mallery, Nova Scotia Health Authority; Dr. Judah Goldstein, Dalhousie University; Dr. Kenneth Rockwood, Dalhousie University

Introduction: Early identification of frailty is vital for providing older adults with personalized care. Yet, there is no agreement on which instrument should be used, especially in clinical settings. To help address this challenge, we are conducting a scoping review focused on frailty identification and management in pre- and in-hospital settings. Methods: Literature databases (MEDLINE, CINAHL, Embase, PsycINFO, Eric and Cochrane) were systematically searched. The search terms were "frail" and synonyms of "acute care" and "pre-hospital". Studies were excluded if published before 2000 or if older adults were not included. The search was not limited based on language, design, quality or outcome measure. A grey literature search of websites, government reports, and clinical guidelines will be conducted. Using DistillerSR software, two reviewers independently screened titles and abstracts. Full text of articles meeting reviewers' agreement will be further screened. For each relevant article, extracted data will include: descriptive data (subject demographics, study design etc), frailty measurement tools, and feasibility estimates and outcome measures. Results: The database search yielded 6111 articles. After screening titles and abstracts, 2773 articles remained, 2539 were excluded and for 798 articles there was disagreement among the reviewers. Currently, a third reviewer is resolving these disagreements and screening of the full text of the articles is underway. Conclusion: Identifying frailty early could lead to more targeted care and could help end unnecessary assessments of the severely frail. Proper management can improve health outcomes and help with care planning.

D.3 Healthy Aging and Self Care

“I’LL TRY MY DARNEDEST TO STAY HEALTHY:” THE SELF-CARE PRACTICES OF OLDER PEOPLE RECEIVING CARE

Dr. Rachel Barken, York University

Objectives: Research on later life care typically focuses on the types of support that older people receive from family, friends, and formal care providers. Older people receiving care from others, however, often continue to care for themselves as they direct and maintain their own health, engage in preventive behaviour, and respond to illness. The purpose of this paper is to explore the intersections between older people’s self-care practices and the receipt of support from others. Methods: Findings are derived from semi-structured, qualitative interviews with 34 older people receiving home care services in Ontario, Canada. Interviews were designed to elicit the meaning and value that participants attached to self-care in the context of caregiving relationships. Results: Participants expressed a strong desire to continue to engage in self-care to whatever degree possible even while they received care from others due to chronic health conditions and disabilities. The high value that participants placed on self-care may be understood in a socio-cultural context that emphasizes individual responsibility for health and well-being in later life. Yet, participants often expressed a sense of interdependence between their capacity to care for themselves and the support they received from others. In doing so, they challenged dominant understandings of self-care as entirely an individual responsibility. Conclusions: Self-care is an important aspect of caregiving relationships. Services that support older people’s capacity and desire to practice self-care can improve their sense of well-being as they receive both formal care and care and family support.

MAINTAINING COGNITIVE HEALTH AFTER RETIREMENT

Dr. Judith Godin, Nova Scotia Health Authority; Dr. Olga Theou, Dalhousie University; Dr. Joshua J. Armstrong, Dalhousie University; Dr. Melissa Andrew, Dalhousie University

Researchers have examined the association between cognition and retirement; however, results are inconsistent. Possibly, risks may be context dependent. Some people look forward to retirement as an opportunity to pursue interests and hobbies, whereas others derive meaning and benefits from employment. Our purpose was to explore predictors of cognitive impairment in employed and retired individuals over the age of 50. We conducted secondary analyses of data from the English Longitudinal Study on Aging. Cognitive impairment and frailty were measured using a deficit accumulation approach. At Wave 1 there were 3704 employed or self-employed individuals and 5712 retired individuals. Preliminary results indicated retired individuals were more cognitively impaired than employed individuals; however, after controlling for demographic variables there was no significant difference and after controlling for frailty, retired individuals were less cognitively impaired. For both retired and employed individuals, being younger, more educated, and perceiving higher social status were associated with lower levels of cognitive impairment. Frailty was associated with more cognitive impairment in both groups. For retired individuals, being female and perceiving a fast pace was needed to get things done were

associated with lower levels of cognitive impairment. For employed individuals, perceiving more control at work was associated with lower levels of cognitive impairment. Longitudinal results will also be discussed. Understanding the link between retirement and cognition can facilitate the development of appropriate interventions to help people maintain cognitive health in retirement.

HOW CAN THERE BE ANYTHING WRONG WITH TAKING RESPONSIBILITY FOR ONE'S OWN HEALTH?

Dr. Hazel MacRae, Mount Saint Vincent University

Most people, younger and older, are likely to regard good health as central to quality of life. But what is 'good health'? How is it achieved and maintained, and who is responsible for it? Based on in-depth, face-to-face, qualitative interviews with 36 older women, this paper examines older women's definitions of good health and their views about healthcare and responsibility for health. The study findings illustrate how older adults' definition of health and allocation of responsibility for it can potentially adversely affect quality of care expected and received. Highlighting the significance of social and psychosocial factors in identifying and understanding potential barriers to good health and adequate healthcare for older adults, the policy implications of the findings are discussed.

WHAT SELF-MANAGEMENT STRATEGIES CAN BE USED TO HELP FAMILY/FRIEND CAREGIVERS MANAGE THEIR ROLE AS CAREGIVERS?

Dr. Grace Warner, Dalhousie University; Dr. Susan Hutchinson, Dalhousie University

Objectives: To present the results from a scoping review of self-management interventions for family/friend caregivers. The research question addressed by the review was: What is known from the existing literature about the delivery and effectiveness of self-management interventions for improving psychosocial and self-care outcomes of family caregivers of older adults? **Methods:** The scoping review used Arksey & O'Malley's methodology that included a consultation exercise with stakeholders to provide insights on the review. Five major databases were searched to identify quantitative studies published 2000-2012 that assessed self-management programs delivered to caregivers only or caregivers and care recipient. Two individuals reviewed the abstracts, conflicts were resolved using consensus. **Findings:** After completing the review 26 studies met our inclusion criteria. The interventions ranged from leisure-based programs to online text-based chat groups, with program durations ranging from three weeks to one year. Our review found self-management programs were most commonly provided to caregivers of individuals with dementia. The most common focus of interventions was to help caregivers manage the emotional sequelae resulting from caregiving. This was often in conjunction with information on how to manage the medical aspects of the recipient's condition. Stakeholder feedback indicated a telephone-based intervention might be more feasible and the complexity of interventions made it difficult to pinpoint which aspect of the intervention was essential to its effectiveness. **Conclusion:** The consultation stage was essential for translating findings into program recommendations.

D.4 Care Work

“I JUST DIDN’T SEE WHAT HER BIG PROBLEM WAS”: THE GENDERED LOGIC OF DEPENDENCY IN NURSING STUDENT ATTITUDES TOWARDS FAMILY CAREGIVING

Dr. Katie Aubrecht, Mount Saint Vincent University; Dr. Catherine Ward-Griffin, University of Western Ontario; Nancy Guberman, University of Quebec, Montreal (retired); Dr. Janice Keefe, Mount Saint Vincent University; Pamela Fancey, Nova Scotia Centre on Aging

This presentation shares results from a critical discourse analysis of the reflective journals of 10 third-year nursing students from two universities in Atlantic Canada. Students administered the C.A.R.E. Tool, a validated psychosocial assessment tool for family caregivers, with 100 older heterosexual caregivers of a spouse living with dementia. Following each assessment they recorded reflections on their learning experiences in journal entries semi-structured by guiding questions. The research team employed an iterative process of analysis using a coding scheme that was developed from the journal questions and emergent themes from the journal entries. Findings were interpreted using feminist and disability studies theoretical frameworks to understand the significance of unexamined individual and societal assumptions about care. The analysis yielded significant learnings for nursing education. Journal reflections revealed that students’ perceptions of family caregivers were structured by a gendered logic of dependency. Within the journals students shared their understanding of family caregiving as a job for both men and women, but also a domestic duty for women. Despite visible transformations in students’ learning, enhanced empathy, and awareness of the complexities of caregiving and unmet needs of families, gendered assumptions about caregiving in late life and disability (dementia) persisted. As students conducted formal assessments they also informally assessed caregiver needs for support based on gendered expectations about how family caregivers ought to think and feel about their work. Learnings suggest gendered assumptions in the nursing profession may contribute to attitudinal barriers to recognizing family caregivers as partners in care.

WHAT IS THE STATE OF THE KNOWLEDGE RELATED TO HOME SUPPORT WORKER SAFETY?

Dr. Marilyn Macdonald, Dalhousie University

Life expectancy is increasing in high income countries accompanied by rising rates of chronic diseases and varying levels of disability. The inability to perform at least one activity of daily living for the over 75 year olds varies from a low of 17% in a high income country to 40% in developing countries. The need for assistance with activities of daily living is largely met by family members and home support workers. Although injury rates for home care workers are not available those for nursing home workers are. In Canada workers in the health and social services industries lead the way in injuries with 40,814 exceeding manufacturing at 36,189 and construction at 27,432. The safety and wellbeing of the home support worker is the subject of this scoping review.

Objectives

1. Examine the home care literature in relation to the home support worker and safety
2. Identify a set of patterns related to home support worker safety

3. Provide recommendations related to home support worker safety

Results were analyzed using interpretative description, a qualitative methodology with three elements; the objective, the mechanisms, and the product. In our review, the objective was to develop a credible conceptual explanation of home support worker safety. The mechanisms used were: identifying and extracting multiple relevant sources of textual data following scoping review methods; and synthesizing the data to identify a set of patterns. The product was four patterns. These patterns are: work environment induced injuries, interpersonal relationships, human resources planning and injury prevention initiatives.

D.5 Moving Research to Action

BRIDGING THE RESEARCH TO PRACTICE GAP: APPLYING PRINCIPLES OF KNOWLEDGE TRANSLATION IN AGING RESEARCH

Andrea Bishop, Dalhousie University; Jessie-Lee McIsaac, Dalhousie University

Ensuring evidence is effectively translated to stakeholders is essential to support an aging population in Canada. Knowledge translation (KT) strategies can be used to break down the boundaries between researchers, practitioners and decision-makers working in aging related fields.

The Canadian Institutes of Health Research defines KT as a “dynamic and iterative process that includes synthesis, dissemination, exchange, and ethically-sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the healthcare system” (CIHR, 2012). This definition encompasses both KT practice (the act of moving research evidence, or knowledge, into practice and policy) and KT science (the study of the methods used to promote knowledge uptake).

This interactive workshop will introduce participants to KT principles within aging research, encompassing both dissemination and integrated approaches. Facilitators will provide foundational KT knowledge and practical aging research examples, and discuss the challenges to uptake of research knowledge in policy and practice. Participants will be engaged in group and individual work to identify their KT audience, develop their message, partner with stakeholders, identify potential barriers and develop a KT strategy. Resources and tools (e.g., CIHR Guide to Knowledge Translation, tips for writing for a broad audience) will be provided. Following the workshop participants will understand:

- Differences between KT practice and science
- Differences between dissemination and integrated KT approaches
- Best practices for dissemination and integrated KT
- How to apply KT principles to their own research, policy or practice setting

12:30–2:30 pm

PANEL: OPPORTUNITIES AND ENABLERS SHAPING KNOWLEDGE, POLICY AND PRACTICE ON AGING

Panelists:

Dr. Susan Kirkland, Canadian Longitudinal Study on Aging (CLSA); Dr. Kenneth Rockwood, The Canadian Consortium on Neurodegeneration in Aging (CCNA); Dr. Marilyn MacDonald, Canadian Frailty Network (CFN); Dr. Alex Mihailidis, Aging Gracefully across Environments to Ensure Well-being, Engagement and Long Life NCE Inc. (AGE-WELL NCE)

Moderator: Dr. Patrick McGrath, Integrated Vice President, Innovation and Knowledge Translation, IWK Health Centre and Nova Scotia Health Authority

Significant advancements in knowledge on dementia, technology, end of life care, and the factors that impact the aging experience, have positioned Canada as a leader in the field of aging. Many of these advancements are driven and coordinated by national initiatives that support interdisciplinary work, training and mentorship, and collaborations with industry, government and non-profit partners. This panel brings together representatives from four leading national initiatives to share how each are working to shape new knowledge, policy and practice in the field of aging.