

A global perspective on aging around the world and at home

Aging both abroad and locally is really not so different, as the realities faced by people aging around the world is very similar. This year's Centre on Aging 31st Spring Research Symposium focused on the theme of *Aging around the world Aging in a new homeland*. Several international panelists were invited to present the global perspective this year:

- Dr. John Beard, Director, Department of Ageing and Life Course, World Health Organization;
- Dr. Emem Omokaro, Executive Director of the Dave Omokaro Foundation; and
- Mr. Greg Shaw, Director, International & Corporate Relations, International Federation on Ageing.

The 31st Spring Research Symposium was held over two days. On May 5, 250 people registered for the symposium, and over 50 attended the half day workshops held the next day.

A special thank you goes out to our presenters, student volunteers, workshop facilitators, and note takers for their assistance over the two days.

Global thoughts on population aging

Presenting via pre-taped video from Geneva, Switzerland, Dr. John Beard opened the Centre's 31st Spring Research Symposium by outlining the World Health Organization's (WHO) perspectives on global aging.

A look at the world's current aging population identifies Japan as having the highest proportion of adults' age 60 years and over (30%); however, by 2050, the countries that will age most rapidly are not the ones you would expect. Dr. Beard debunked the myth that aging is an issue for the developed world only, identifying Vietnam, Thailand, Peru, Chile, Iran, and Russia as countries that will have the oldest populations (30 percent and over) in the near future.



Dr. John Beard provided a global perspective on aging and the WHO's plans on how to maximize health capabilities.

Dr. Beard encouraged the audience to take an active stance on aging, which can be accomplished in three ways: looking at the overall economic benefit to society by investing in aging; ensuring that older adults have the right to enjoy the best possible health; and creating societies that are cohesive, peaceful, equitable and secure.

"One of the hallmarks of aging, is diversity," stated Dr. Beard. "Not only do people age differently, their needs differ as they age. Because of this, aging policies need to take this into account as there is a cumulative inequity not only between people, but between and within countries as well."

"Ageism is still persuasive. The lens was developed in the 1950s," Dr. Beard reminded the audience. The perception of aging is not the same as the past, yet this model is still being used today in the development of policies for older adults.

How the WHO is maximizing health capabilities

To further promote maximizing health capabilities, the WHO is doing this in four ways:

- Enhance health promotion over life by encouraging people to live and eat healthier not only at a young age, but at an older age as well.

- Provide good primary health care and long term care.
- Build age-friendly environments.
- Rethink aging.

Dr. Beard set out the WHO's plan on how they will accomplish this by publishing reports, disseminating information through knowledge translation, engaging seniors, and bringing knowledgeable global experts together.

By Fall 2015, Dr. Beard anticipates the WHO will publish a world report on aging and in the following year, have a global strategy in place where all member states will sign off.

To view Dr. Beard's full presentation online, visit: www.youtube.com/watch?v=YsMvQja2iAo&feature=youtu.be.

Meeting the needs of aging immigrants

By Rachel Ines and Catherine Marshall

The afternoon plenary presentation *One size does not fit all—meeting the needs of aging immigrants* was moderated by **Dr. Shahin Shooshtari**, Associate Professor, Department of Family Social Sciences, and included the perspectives of how immigrants are aging in Manitoba from invited panelists:

- Anahita Aminian and Sau Leng Wong, community members;
- Dana Mohr, Regional Manager, French Language Services, Winnipeg Regional Health Authority (WRHA);
- Maureen Keelan, Manager, Entry Program for Older Adult Immigrants, A&O: Support Services for Older Adults; and
- Dr. Lori Wilkinson, Associate Dean and Professor, Department of Sociology, University of Manitoba.

Dr. Wilkinson started off the plenary by providing a short overview of the immigration situation in Canada. Some of these points include

- Canada has the highest percentage of foreign-born populations of the G8 countries (20.8%)
- Between 2006 and 2011, 1.1 million people have immigrated here
- Last year, 13,312 immigrants came to Manitoba (5.2%)
- Of the major Canadian cities in Canada, Winnipeg is the fifth most popular place for immigrants to settle
- The top three immigrant countries are China, Philippines, and India (but it is worth noting that 50% come from a combination of other places)

Following Dr. Wilkinson's presentation, the panelists were asked several questions about immigrants aging in Manitoba.

Challenges older immigrants face

When asked what they see as the biggest challenges faced by older immigrants living in Canada, there were the expected answers which related to adapting to a new climate, adjusting to a new culture, feeling lonely, and encountering language barriers. But there was also a common response about a lack of access to services such as health or recreational services for older adults, or the availability of health information written in plain language.

As Ms. Mohr pointed out, "Language is important for understanding health information as it is deeply personal." More so, she identified that language issues can result in issues surrounding informed consent; risk of misdiagnosis; and compliance issues. And when we are under stress, it becomes harder to speak in a second language (e.g., being in poor health or being stressed can impede communication further).

Mrs. Aminian shared her personal story of the difficulties her family encountered when her step-father began having issues with dementia. For the family, not knowing what it was, how to deal with it, or how to get information, led to difficulties understanding the diagnosis and management, as the family did not know where to go or who to contact for information written in non-technical, plain language.

Meeting the needs of aging immigrants continued on page 4...

Helping older immigrants age

As Dr. Wilkinson pointed out earlier in her presentation, one in every five people were not born in Canada. She suggested providing more resources for aging immigrants or developing a funding model to help aging immigrants settle here. Currently immigrants receive some funding for three years, after which, funding is cut off.

The panelists were all in agreement that more improved language services are needed, by encouraging second language learning—for both immigrants and health care providers; or making more easy-to-understand and accessible health information available in the immigrant's first language. Ms. Mohr suggested adapting an international lens, "All WRHA programs need to look at their service provision through the lenses of culture and aging, and make modifications as necessary."

While there are systems in place, more improvement is needed. Not just in the area of programming but also making personal connections, "We need to facilitate and improve connections among health care providers, and social and community agencies," said Ms. Keelan.

This includes increasing socialization opportunities for older adult immigrants; providing transportation services to get to social and educational services and activities; and fostering community building activities, shared Ms. Aminian.

The session concluded with questions from the audience.

Student global aging posters

To highlight the global aging theme, Students Targeting Aging Research (STAR) members were invited to submit infographic posters highlighting statistics from countries of their choice. Seventeen posters were submitted and displayed at the symposium.

The STAR posters highlighted the diversity amongst the countries and showcased that some countries were aging much faster than others. View the posters on the Centre's Web site: umanitoba.ca/centres/aging/events/CentreonAging_31SRS_GlobalPoster.

Symposium workshop summary

By Dr. Verena Menec and Dr. Nancy Newall

As part of the Symposium, a half-day workshop was held to allow in-depth discussion among participants on issues affecting older immigrants and their families and to look at possible solutions to promote change. Workshop participants discussed three topics related to immigrant seniors:

- Social engagement and leisure activity participation
- Health care services
- Housing

The workshop participants were divided into six breakout groups (two groups per topic) of 6–9 individuals per group. Each group had a facilitator and a note taker assigned to it. Key conclusions from the workshop are the need to

- improve language services (e.g., formal language classes or informal groups)
- provide more easily-understandable, easily-accessible information of services and resources that are available
- target diverse places in disseminating information (e.g., grocery stores, banks, realty offices)
- increase services and opportunities for older immigrants (e.g., interpreting, social programs, orientation to Canadian life, such as dealing with the weather)
- provide transportation services to help older immigrants attend medical appointments, social and educational services and activities
- create more diverse housing options that accommodate the needs of culturally diverse seniors (e.g., three-generation households)
- facilitate and improve connections and partnerships among health, social, and ethno-cultural community organizations, and public and private service providers
- advocate for older immigrants (e.g., to increase funding for services)
- conduct a needs assessment to identify specific needs of seniors from different cultural groups

Download the full workshop from the Centre's Web site: umanitoba.ca/centres/aging/pubs/624.



(left to right) Dr. Verena Menec; Dr. Emem Omokaro; Honourable Sharon Blady, Minister of Healthy Living and Seniors; Greg Shaw, and Dr. Digvir Jayas, Vice-President (Research and International)



Research Fellowship recipients and the newest Centre on Aging Research Affiliates: Dr. Enrique Fernandez, Dr. Miyoung Suh (centre), and Dr. Verena Menec



(left to right) Centre on Aging student award recipients: Julie Erickson, Cara Brown, and Dr. Verena Menec



International student panelist, Aletheia Bajotto, discusses her experiences of what it is to age in Brazil. Aletheia was a visiting researcher studying with Dr. Menec at the Centre on Aging.



STAR student Megan Ferguson poses alongside her global poster on Japan



Honourable Flor Marcelino, Minister for Multiculturalism and Literacy, brings afternoon greetings from the Province

Award recipients

One of the Centre's goals is high-quality education in aging, which is undertaken through two objectives:

- to promote and support both undergraduate and graduate education in the area of aging, and
- to create research training opportunities for students in aging

One way the Centre supports students studying aging is by providing scholarships and awards. For this year's submissions, the Centre received many high quality applications, and four scholarships were awarded. In addition, the Centre adjudicates two graduate fellowship awards on behalf of the Alzheimer Society of Manitoba. Congratulations to all the student award recipients!

Fellowship/scholarship awarded	Award recipient
Betty Havens Memorial Graduate Fellowship	Cara Brown PhD student, Department of Community Health Sciences <i>Conceptualizing patient-centred care in the context of transitions from hospital to home for older adults</i> Advisor: Verena Menec, PhD, Canada Research Chair in Healthy Aging; Professor, Department of Community Health Sciences, Faculty of Medicine
Jack MacDonnell Scholarship for Research in Aging	Maia Kredentser, PhD student, Department of Psychology <i>Healthcare provider experiences and perspectives of end of life care for persons with serious mental illness</i> Advisor: Harvey Chochinov, OM, MD, PhD, FRCPC, Department of Psychiatry, Faculty of Medicine
Barbara Jean Payne Memorial Award in Social Gerontology	Sheila Novek, PhD student, Department of Community Health Sciences <i>Understanding the care pathways and health service needs of people with early-onset dementia: A mixed methods study</i> Advisor: Verena Menec, PhD, Canada Research Chair in Healthy Aging; Professor, Department of Community Health Sciences, Faculty of Medicine
Esther and Samuel Milnot Scholarship	Julie Erickson, PhD student, Department of Psychology <i>Understanding further the psychosocial needs of new nursing home residents is essential for promoting more effective nursing home transitions, and optimizing resident's quality of life.</i> Advisor: Malcolm Doupe, PhD, Department of Community Health Sciences, Faculty of Medicine; Senior Research Scientist, Manitoba Centre for Health Policy
Alzheimer Society of Manitoba Fellowships	Chris Cadonic, Master's student, Department of Biomedical Engineering <i>Computational modeling of mitochondrial energetics in Alzheimer's Disease</i> Advisor: Benedict Albeni, Ph.D., Associate Professor, Pharmacology and Therapeutics, Faculty of Medicine; Division of Neurodegenerative Disorders, St. Boniface General Hospital Research Centre; Holds the Everett Endowment Fund Chair
Alzheimer Society of Manitoba Fellowships	Terresa Miller, Master's student, Psychiatric Nursing program, Faculty of Health Studies, Brandon University <i>Exploring couplehood: When one's spouse has been diagnosed with Alzheimer's disease and resides in long term care</i> Advisor: Frances Racher, Ph.D., Professor, Faculty of Health Studies, Brandon University

Research Affiliate updates

Presentations

Dr. Benedict Albeni presented *Treating mitochondrial and memory impairments in aging and alzheimer's disease* in Chicago at the International Conference on Geriatrics and Gerontology, held July 8–10, 2014.

Media

Dr. Benedict Albeni was featured in the St. Boniface Research Centre's campaign www.researchwashere.com, where he discusses his research program.

Dr. Verena Menec was interviewed by CTV News Winnipeg about the hazards of slippery sidewalks for pedestrians on March 28: <http://bit.ly/1jaUXmj>.

On May 2, the *Winnipeg Free Press* interviewed Dr. Menec about a report compiled by the Canadian Institute for Health Information, on seniors' use of medications: www.winnipegfreepress.com/local/many-manitoba-seniors-taking-improper-drugs-257622501.

On June 2, Dr. Menec published an editorial piece in the *Winnipeg Free Press* on "Nursing homes being outdated": www.winnipegfreepress.com/opinion/analysis/nursing-homes-becoming-outdated-261474221.html.

Dr. Corey Mackenzie was interviewed by Global News Winnipeg about attitudes towards mental health services: globalnews.ca/news/1265309/attitudes-towards-mental-health-services-erode-study-suggests/.

Congratulations

Dr. Pat Montgomery (Centre Research Affiliate, 1995–2000; 2005–2010) and Dr. Elizabeth Boustcha (Centre Advisory Board member, 1999–2006) were jointly awarded the Canadian Geriatrics Society Ronald Cape Distinguished Service Award, which recognizes an individual who has made an outstanding contribution to the health care of older adults in Canada.

Caleb Yeung, medical student, received the 2014 Willard and Phebe Thompson Award from the Canadian Geriatric Society for "Is bilingualism associated with a lower risk of dementia in community-living older adults? Cross-sectional and prospective analyses."

Caleb's paper used data from the Manitoba Study of Health and Aging (MSHA), which was a population-based cohort study, conducted in conjunction with the Canadian Study of Health and Aging. He completed his research at the Centre's offices last summer for **Dr. Philip St. John**. The article is published in *Alzheimer Disease and Associated Disorders*, and is co-authored with Dr. St. John, **Dr. Verena Menec**, and Dr. Suzanne Tyas.

Dr. Pamela Hawranik was elected as the Canadian Network for Nursing Specialties representative to the Canadian Nurses Association Board of Directors for a three year term (September 1, 2014 to August 31, 2016).

Publications

St. John, P.D., Tyas, S.L., Menec, V., & Tate, R. Multimorbidity, disability, and mortality in community-dwelling older adults. *Can Fam Physician*. 2014 May;60(5):e272-80.

Cadonic, C., & **Albeni, B.C.** (2014). Oscillations and NMDA Receptors: Their Interplay Create Memories. *AIMS Neuroscience*. 1:1, 52–64. DOI: 10.3934/Neuroscience2014.1.52.

Roger, K., Wetzel, M., Hutchinson, S., Packer, T., Versnel, J. (2014). How can I still be me? Strategies to maintain a sense of self in the context of a neurological condition, *International Journal of Qualitative Studies on Health and Well-being*, 9: 23534 - <http://dx.doi.org/10.3402/qhw.v9.23534>.

Sawatzky, J.V., Kehler, D.S., Ready, A.E., Lerner, N., Boreskie, S., Lamont, D., Luchik, D., Arora, R.C., & Duhamel, T.A. (2014). Pre-habilitation program for elective coronary artery bypass graft surgery patients: a pilot randomized controlled study. *Clinical Rehabilitation*. 28: 626, doi:10.1177/0269215514539626.

Henriksen, C.A., Mather, A.A., **Mackenzie, C.S., Bienvenu, O.J., & Sareen, J.** (2014). Longitudinal associations of obesity with affective disorders and suicidality in the Baltimore epidemiologic catchment area follow-up study. *J Nerv Ment Dis*. 202(5):379–85. doi: 10.1097/NMD.0000000000000135.

Putting a spotlight on aging issues in Nigeria: An interview with Dr. Emem Omokaro

On the road of life, our chosen career path is not always a straight one. Sometimes it is a series of events that shapes our path and shows us what we were meant to do in life. For Dr. Emem Omokaro, it was a request by friends that led her to the path of advocating for the rights of older adults.

Prior to her work in the area of gerontology, Dr. Omokaro worked as an academic, followed by work in the fashion industry where she travelled back and forth from Nigeria to the United States; exported traditional fabrics to be made into clothing; and mounted fashion shows. While visiting the United States, she was asked by some friends to bring back and to personally deliver provisions to their parents living in rural areas of Nigeria.

It was during these trips that Dr. Omokaro's eyes were opened. "I saw poverty, I saw isolation, I saw exclusion... and then for the first time, I saw how inaccessible healthcare facilities were to them." To assist her friends, Dr. Omokaro would take their parents to the urban centre to access health care services. During these trips, she began to wonder, "...how are the other older persons faring?" In Nigeria, the responsibility of caring for older adults falls to the family (immediate or extended), not the state. But what happens when family is not around to help care for their aging parents and relatives? Or when family is around, what is the quality of care provided to older adults?

This revelation was one of the factors that led Dr. Omokaro to pursue her doctoral degree, which focused on the quality of care for older persons. Upon her graduation, the National Universities Commission awarded her with the Nigerian Universities Doctoral Theses Award (2005) for Best Thesis in Social Sciences in the Nigerian University System. The data from her thesis identified a genuine lack in understanding of the needs of older adults—the irregularities, inefficiency, the lack of government structure—and exposed the poverty that older adults faced. These drivers led to a call to action for Dr. Omokaro, where it became her crusade to highlight the needs of older adults, and she hasn't looked back since then.

Dr. Omokaro is working to move aging issues forward in Nigeria, which includes creating a centre for aging



Invited presenter, Dr. Emem Omokaro, discusses aging issues in Nigeria at the 31st Annual Spring Research Symposium

and a national agenda to address aging issues in her home country. By working within the existing structures and building partnerships, she has developed some innovative strategies that have allowed her to help move forward the agenda of older adults. Some of the strategies she has developed include

- Creating opportunities to provide training in gerontology for academics and students, facilitated through a reciprocal agreement between the University of North Texas (USA) and National Universities Commission (Nigeria). The first set of graduate professors received their Specialist in Aging Certificate in Applied Gerontology in May 2014. This September, Nigerian universities will begin to confer post graduate studies in gerontology.
- Developing partnership with older adults to form advocacy groups and to serve as technical advisors.
- Partnering with the National Population Commission, who conducts the national census, to disseminate information about national demographic trends to a wider audience via conferences, presentations, and publicity and information campaigns.
- Using the Human Rights commission to build the awareness of elder abuse by facilitating policy dialogues, exposing inefficiencies, and pushing for the rights of older adults.

Learning about Canadian supports for older adults

A chance encounter with Centre Associate Director, Jim Hamilton, at a conference in Yaoundé, Cameroon provided Dr. Omokaro with an international connection in Canada. As an invited symposium presenter, she embraced the opportunity to learn first-hand about the systems and policies in place to address aging issues in Manitoba. Her meetings included talking with academics and staff at the University of Manitoba and Brandon University; meeting with local government and senior organization representatives; and speaking with several distinguished seniors, who offered their own personal perspectives on what it means to age in Canada.

"Verena [Menec] and Jim [Hamilton] asked me, what are your five priority areas?" said Dr. Omokaro. By asking her this question, it allowed Dr. Omokaro to focus on her priority areas for developing a centre for aging in Nigeria, which includes

- creating awareness due to misconceptions of aging;
- building capacity;
- engaging stakeholders to facilitate policy and action through community programs; and
- developing entrepreneurship models through care services for older adults and creating jobs for youths.

As she neared the end of her visit, Dr. Omokaro was asked what key points she would take away from her visit to Manitoba. She takes away assurance that she is on the right path for her work to promote the needs of older adults, acknowledging that "I now have friends looking out to feed my vision." Dr. Omokaro's meetings in Manitoba has helped her to conceptualize the type of centre she would like to establish through the Dave Omokaro Foundation in Nigeria.

Armed with her new found knowledge, Dr. Omokaro is certain to raise the profile even more of the issues and needs older adults face in Nigeria.

Dr. Emem Omokaro is a social development expert specializing in an ageing population. She is the Executive Director of the Dave Omokaro Foundation, a Private Trust and non-profit organization with the Corporate Affairs Commission in Nigeria.

Graduate student updates

Research in progress

Submitted by Shauna Zinnick

Shauna Zinnick was recently invited to present her research proposal to researchers and decision-makers at the Translating Research in Elder Care (TREC) Annual General Meeting in Edmonton on May 22, 2014 as a TREC trainee. TREC is a research program which focuses on developing solutions that will help improve the quality of care provided to nursing home residents as well as improving the quality of work-life for those who are providing the care and enhancing the effectiveness and efficiency of the system overall.

Shauna is a Master's student in the Department of Community Health Sciences (Advisor: Dr. Malcolm Doupe). She is working on her thesis project, entitled *Developing a taxonomy of health care aide tasks in a personal care home*. The overall goal of her research is to understand the work that health care aides are responsible for in a personal care home setting during the day shift (between the hours of 7:30 a.m. and 3:30 p.m.) and to initially describe patterns of care. Her research will be divided into three phases: first, she will conduct focus groups with health care aides to develop a comprehensive list of tasks that health care aides are responsible for. She will then utilize the Delphi technique to reach consensus on the health care aide tasks that are the most urgent and important. Finally, she will directly observe several health care aides at work to initially describe patterns of care.

Congratulations!

Congratulations to Catherine Marshall, Master's student, Department of Human Nutritional Sciences (Advisor: Dr. Christina Lengyel), who successfully defended her thesis *Body dissatisfaction, concerns about aging, and food choices of baby boomer and older women in Manitoba* this past June. Catherine was a student award recipient of the Jack MacDonell Scholarship in Aging for the 2012–2013 year and is the co-student lead of the STAR group.

Being seen and heard: Challenging our perception of older adults with vision and hearing loss

We often take for granted that the majority of people have all five senses intact. With the loss of one of these senses through aging, particularly vision or hearing, it becomes a challenge to communicate with others. However, the use of assistive technologies allow individuals to maintain social contact with others.

On April 25, Dr. Walter Wittich was invited to present his research at the Centre on Aging's 21st Annual Research Forum, held on Bannatyne Campus. Dr. Wittich is the Centre for Interdisciplinary Research in Rehabilitation Site Representative at the MAB-Mackay Rehabilitation Centre in Montreal. He focused his talk on three areas: demographics, assisted technology devices, and the story of stigma.

Growing older and living longer

While we have been regularly reminded that the world is aging rapidly, by 2061, it is estimated that there will be 78,000 centenarians (people age 100 years and over) in Canada. As the longevity of people increases worldwide, more people will live to the age of 100 and beyond, which has implications for dual-sensory rehabilitation and health care. Dr. Wittich identified that 6–20 percent of older adults experience some type of hearing loss and vision impairment. He compared the Canadian data to a recent study in Europe, which pooled data from 11 countries using a sample of over 27,500 people. Research findings from this study found that among adults age 50 years and over

- 10.2% had vision impairment only
- 13.5% experienced hearing impairment only, and
- 5.9% were affected by both a vision and hearing impairment.

While the general assumption is that people can see and hear, Dr. Wittich pointed this is not the case by identifying the diversity in the audience: individuals wearing hearing aids; using a guide dog or cane for



Dr. Walter Wittich (left) and Dr. Verena Menec pose for a photo prior to his presentation at the Centre's 21st Research Forum

assistance; and using tactile interpretation. "Vision and hearing loss are often hidden. We may not notice it. And of course this has all sorts of side effects."

The challenges of assistive technology devices

The World Health Organization defines assistive technology as "An umbrella term for any device or system that allows individuals to perform tasks they would otherwise be unable to do or increases the ease and safety with which tasks can be performed."

While assistive technology devices (vibrating alarm clock, flashing lights indicating the doorbell is ringing) are readily available on the market, the number of individuals with vision or hearing impairment who use these devices is low. As Dr. Wittich noted, one of the problems is with how devices are designed. Typically, devices are designed to address a single impairment, under ideal circumstances, but in reality this is generally not the case.

For those with visual impairment

1:4 people eligible to use devices, abandon them
1:4 people who use their devices, don't like them

For those with hearing impairment

1:4 people able to use hearing aids, do so
1:7 people use assistive technologies other than hearing aids

Although assistive devices are designed to help individuals in their everyday life, one aspect that is overlooked in the design is how it affects social outcomes. While many older adults recognize the benefits of using these devices, they do not want to deal with the stigma attached to using them or even self-identify that they are using these devices. Depending on the social situation, an older adult may prefer one device over another. As an example, Dr. Wittich cited use of a service dog is preferable over using a cane for those with visual impairment because people are more likely to socially interact with an individual with a dog.

Another challenge for individuals using assisted devices is understanding how they are used. Dr. Wittich discussed a study in which older adults, who all had some type of vision impairment, assembled a pocket talker out of the box with minimal help. What the researchers found was that people with sensory loss took twice as much time to assemble the pocket talker. Therefore, when dealing with individuals with sensory loss, providing some type of assistance—whether by explaining the process or walking through the process—will assist the individual in completing a task.

Stigma associated with using assisted devices

Dr. Wittich ended his presentation by focusing on the topic of stigma. Older adults face ageist stereotypes not only associated with age, but with the use of assistive technologies as well. “We give greater social value to those not impaired, and make older adults feel unwelcomed, marginalized, and invisible,” said Dr. Wittich.

To determine how the media might influence people's perceptions of aging individuals with vision, hearing, or impairment loss, Dr. Wittich and his colleagues conducted a search of articles found in the *Globe and Mail* over a four year period (2009–2013). Using the keywords “seniors and technology”, “old and disabled”,

and “blind and deaf” along with several other terms in his search factors, he found over 8900 articles, but only 68 articles were included in the final analysis of the media's influence. He shared some of the articles he found with audience members that related to the search terms used.

Dr. Wittich is currently conducting a similar study, but using a French language newspaper and expanding his search to include Web sites in both English and French languages.

As identified at the top of his presentation, individuals with hearing and vision loss are twice as likely to be socially isolated. Assistive technologies can improve functional ability and independence for individuals; however, most people are likely to use these devices when they are home alone or when others are not around, to avoid the stigma attached with using them.

Presentation summary

Dr. Wittich concluded his talk by emphasizing three take away points for the audience:

- The large majority of persons receiving rehabilitation for vision and hearing loss are over the age of 65.
- Using minimal intervention will make a difference for the assistive device user: For example, reading a product manual and taking the time to explain it to a person with vision or sensory impairment.
- Be a role model. Help others overcome the stigmas directed towards users of assisted devices by speaking up when you see something that is wrong and do not be afraid to promote your own disability.

The presentation concluded with questions from the audience.

Dr. Wittich's presentation is available to download on the Centre's Web site: umanitoba.ca/centres/aging/events/570.

Canadian Longitudinal Study on Aging update

By Audrey Blandford, Manitoba Data Collection/CATI Site Coordinator

Manitoba's data collection site housed at Deer Lodge Centre opened in July, 2012. Two years later (July 2014), a total of 2000 individuals living in Winnipeg between the ages of 45 and 85 have completed both their in-home interview and their visit to the Deer Lodge data collection site. This major goal could not have been reached without the hard work and dedication of the in-home interviewers (Joy Svenningsen, Adrian Raizman, Gwen Howe, Debbie Lazaruk and Dawn Mills) and the Deer Lodge data collection site staff (Danielle Thordarson, Gaylene Romero, Erica Evans, Lisa Mestdagh, Darcy Gudmundson, Karen Shen, Melina

Elliott, Bea Fabo, Kenna Leach and Audrey Blandford). Over the next few months, the last 1000 individuals will be recruited into the study to meet the study goal of 3000 participants at the Winnipeg CLSA site.

The CLSA research project achieved another milestone with the completion of over 20,000 telephone surveys. A special thank you goes out to all the participants who took the time to speak with the telephone interviewers. Another thank you goes out to the CATI telephone interviewing staff (pictured below) based out of Dr. Menec's offices on Bannatyne campus for all their hard work in helping to reach this project milestone!



From left to right: CLSA CATI interviewers—Jessica Visser, Jessica Lezen, Eva Weingartl, Hilary Johannson, Elizabeth Drewnik, Levi Garber, and Melina Elliott (CATI Supervisor). Missing: Sue Dauphinais, Hunter Logozar, Catherine Marshall, Samantha Robertson, and Laura Smith

STAY CONNECTED WITH US

The Canadian Government has introduced new Anti-Spam Legislation, which will come into effect on July 1, 2014. It requires the Centre on Aging to acquire express consent from you in order to continue sending you electronic messages.

If you would like to remain up-to-date on Centre events and activities, or have your name added to our electronic mailing list, contact the Centre at coaman@umanitoba.ca or call (204) 474-8754. As of July 1, 2014, the Centre's email contact list will be updated to reflect the new legislation requirements.