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# Centre on AGING

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## In Memory of Barbara Jean Payne, PhD

Warm, supportive, patient, wonderful, amazing! These are just a few of the sentiments used by Dr. Barbara Payne's colleagues, students, friends and family when describing their relationships with Barbara. Heartbreaking, devastating, stunned and saddened describe the feelings expressed by these same individuals when Barbara passed away on September 17, 2010, with her family at her side. Barbara touched and enriched the lives of many people.

Barbara Payne was an accomplished woman, receiving her PhD in the Faculty of Medicine, Department of Behavioural Science at the University of Toronto in 1994. Her research expertise was in the fields of social gerontology, health sociology, oral health and older adults, and successful aging. In January 1994, Dr. Payne joined the Centre on Aging and the Department of Sociology at the University of Manitoba as a Research Associate. From 1994 to 1998 she held a position as an Assistant Professor. In 1998 she was promoted to Associate Professor. Barbara also had an affiliation with Riverview Health Centre. In 2004 she was appointed Senior Scholar at St. John's College, University of Manitoba, and in 2005 was appointed as an Associate Professor in Community Health Sciences, Faculty of Medicine. She received a Research Fellowship from the Centre on Aging in 2004-2005 and was appointed Acting Director of the Centre on Aging in July, 2009 for a one-year period. Dr. Payne was also the Conference Chair of the Canadian Association on Gerontology's 2009 Scientific and Educational meetings held in Winnipeg in October 2009. Dr. Payne also taught the two required core courses of the Graduate Specialization in Aging, the "Social Aspects of Aging" and "Health and Aging"



Her willingness to step in whenever help was needed made her an exceptional colleague. Dr. John Bond Jr. (Senior Scholar and Research Affiliate with the Centre on Aging) puts it this way: "Barb's broad understanding of the gerontological literature and a genuine interest in people has resulted in a unique ability to match the intellectual and personal needs of her students, friends and colleagues. She has skillfully guided her students as they explored various topics related to aging. I expect I am among many who appreciate the time working and being with her." Dr. Malcolm Smith (Asper School of Business and Research Affiliate, Centre on Aging) notes, "Barb has been a wonderful colleague. She was always willing to give of her time and offer sage advice." Barbara will live on in our hearts forever.

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## In Memory of Barbara Jean Payne, PhD (cont'd)

As a testament to her support of students in the field of gerontology, Barbara bequeathed to the Centre on Aging, University of Manitoba, funds to establish an *award for graduate students pursuing studies in social gerontology*. With the permission of Barbara's family, the Centre has named the award the *Barbara Jean Payne Memorial Award in Social Gerontology*. The award will be offered for the first time for the 2011-2012 academic year. The Terms of Reference for the award will be on the Centre's web site in January 2011. The award will continue to be offered until the capital and income have been exhausted.

Donations to the award may be sent to the Centre on Aging, University of Manitoba, 338 Isbister Building, Winnipeg, MB, R3T 2N2.



Barbara Payne presents Becky Raddatz (left), City Planning, with the Graduate Specialization in Aging Certificate.

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## With Great Sadness... Evelyn Shapiro, C.M. 1926-2010

Evelyn Shapiro was recognized as a woman of distinction, whose academic scholarship and community service made a major impact on the University, the province, and indeed the wider world. It is a rare individual who can combine the two in one lifetime; it is rarer still to find one who has excelled in both. Evelyn Shapiro was an internationally renowned researcher in the field of aging and health. In the 1970's, as Director of the Office of Continuing Care, Manitoba Department of Health and Social Development, she was responsible for the development and implementation of a single point of access Continuing Care program, the first province-wide home care program in Canada. This became the model for other provinces and countries.



Hers was a career that managed to bridge academe and government, or as some would call it, the "ivory tower" and the "real world". The two solitudes are often at odds, and not infrequently choose to misunderstand one another. Her intimate knowledge of, and the respect she received from, both worlds, enabled her to integrate their best features to advance the cause of promoting the health and well-being of all citizens. Her accomplishments earned her membership in the Order of Manitoba and the Order of Canada as well as the Medal of Honour from the Canadian Medical Association, and an Honourary Doctor of Laws Degree from the University of Manitoba.

The Canadian Association on Gerontology honoured Evelyn Shapiro when it presented her the Distinguished Member Award in 1999 and established the Evelyn Shapiro Mentoring Award in 2005.

Evelyn established an award "The Evelyn Shapiro Health Services Research Award", upon her retirement from the University of Manitoba. The award provides support to graduate students whose thesis research uses the Population Health Research Data Repository housed at MCHP.

When contacted for information on Evelyn, Noralou Roos, founding Director of the Manitoba Centre for Health Policy said that she was " – one of my very favourite people..."

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## 2011 Spring Research Symposium



The Centre on Aging, University of Manitoba will host its 28th annual Spring Research Symposium on Monday, May 2, 2011. The Symposium is held to promote a dialogue between University researchers and the community-at-large. University researchers present findings from their research and community representatives discuss the impact of the research on policy, practice and quality of life for older adults. The Symposium is one of the activities held to support the Centre's vision: to be a recognized leader in research in aging, to improve the lives of older adults, their caregivers and families, and to enhance communities within and outside of Manitoba; and our goal: Effective Community Partnerships and Knowledge Dissemination. Topics vary from year to year. This year's Symposium will focus on:

- Decision-making in alternate/complimentary health care: Chinese medicines and natural health products;
- Historical perspectives on aging and the elderly : The view from Italy in the Later Middle Ages
- Issues facing Aboriginal seniors;
- Ethical issues in introducing new medical treatments;
- The future face of seniors organizations: An armchair discussion, followed by an in-depth workshop;
- Evaluating cognitive functioning in older adults from diverse language and cultural backgrounds; and,
- Mobility in functional activities: orthopaedic assessment and treatment.

It promises to be an exciting and educational day! The Symposium will be held at our Bannatyne Campus. Registration will be in the Brodie Centre Atrium, 727 McDermot Ave. Last year over 400 individuals registered for the event. These included faculty, graduate students, and staff from various faculties; federal government representatives; provincial government representatives; program representatives from regional health authorities; hospital staff; representatives from personal care homes/long- term care facilities/supportive housing; from other social agencies; and, the public. Registration materials will be available on the Centre's web site shortly. If you would like to be notified when they are online, e-mail: [aging@umanitoba.ca](mailto:aging@umanitoba.ca).



## Upcoming Research Seminar Series Presentations

- **Aging After Communism**  
**Don Fuchs**, PhD., Professor, Faculty of Social Work  
Tuesday, January 25, 2011  
348 Helen Glass Centre | 12:00 p.m. to 1:00 p.m. | Fort Garry Campus
- **The Possibilities for a Decolonizing Research Agenda on Indigenous Aging**  
**Silvia Straka**, PhD., Assistant Professor, Faculty of Social Work  
**Michael Hart**, PhD, Assistant Professor, Faculty of Social Work, Community Health Sciences, Faculty of Medicine, and Co-Director of the Centre for Aboriginal Health Research  
Wednesday, February 23, 2011  
539 Drake Centre | 12:00 p.m. to 1:00 p.m. | Fort Garry Campus

All are welcome to attend!

## Negative Attitudes Don't Keep Seniors From Using Mental Health Services

*Older Adults' Help-Seeking Attitudes and Treatment Beliefs Concerning Mental Health Problems by Corey S. Mackenzie (Centre on Aging Research Affiliate), Tiffany Scott, Amber Mather and Jitender Sareen published in the American Journal of Geriatric Psychiatry 16:12, December 2008. This article was summarized by Margaret McKenty.*

Older adults tend to use professional mental health services less than people in younger age groups, but why? Recent analysis of survey data by University of Manitoba researchers, comparing attitudes and beliefs between different age groups, has shown that age and negative opinions about seeking help are not the barriers they suspected. Surveys from Australia, the United States, and Europe have all found high rates of mental health problems combined with strikingly low rates of mental health service use, particularly among older populations. Closing the gap between rate of illness and rate of use is becoming more important in Canada and the United States.

In the past, research has pointed to several reasons why older adults tend not to use mental health services: they are less likely to perceive a need for help, and they are less likely to have access to properly trained geriatric mental health professionals and health insurance. However, the influence of such factors as help-seeking attitudes and beliefs about mental health treatment has not been clear. Do older adults shy away from psychiatric help because they tend to feel more stigma regarding such treatment, or perhaps do not believe therapy is effective? Without large representative samples, it is hard to draw any conclusions about the effect of differing beliefs on behaviour.



Corey Mackenzie

Results from a 5,600+ person survey in the U.S. were analyzed to explore attitudes to mental health treatment, then correlated with such variables as age, gender, race/ethnicity, and years of education. The questions uncovered attitudes through three questions:

- Would survey participants seek professional help if they had serious emotional problems?
- How comfortable would they feel talking about personal problems with a professional?
- How embarrassed would they be if their friends knew they were getting professional help for an emotional problem?

Belief in the usefulness of mental health services was tested by the question, "Of the people who see a professional for serious emotional problems, what percent do you think are helped?" This study found that, contrary to frequent speculation in the gerontology literature, older Americans do not have negative help-seeking attitudes or negative beliefs about the effectiveness of treatment for mental health problems. More than 80% of adults 55 and older had positive attitudes, and more than 70% had positive treatment beliefs. These attitudes also are more positive than those of younger adults.

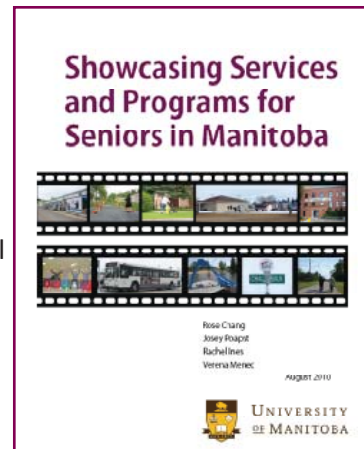
However, more research is needed to supplement the survey data and explore age differences in more nuanced ways, as well as examine changes in beliefs about treatment resulting from advances in therapy. We do not yet know whether age differences in help-seeking attitudes are due to lifespan development, birth cohort, or some combination of those factors. The current findings suggest that research aimed at understanding and improving older adults' under-use of mental health services should look at access to resources (such as trained geriatric mental health professionals), and indicators of need for help – both perceived and objective. The positive attitudes of older adults uncovered in this recent study are a reminder that old age is better viewed as a time of strength, openness and resilience, rather than as a time of weakness, conservatism and frailty.

## Showcasing Services and Programs for Seniors in Manitoba

Between June and August, 2009, 76 Senior Resource Coordinators, three Tenant Resource Coordinators, and three Executive Directors of senior organizations were interviewed to gather examples of unique and potentially successful services, programs, policies, or organizational structures (for example, advisory boards) that benefit older adults.

*Showcasing Services and Programs for Seniors in Manitoba* report highlights the many ways that communities in Manitoba are being made more age-friendly. The following are excerpts from the report.

- The Community Lock Box Program in Carberry provides fire fighters and paramedics with exclusive and complete access to enter residents' homes in case of emergencies.
- A community survey in Notre-Dame-de-Lourdes determined that their seniors really enjoyed reading. As a result, a mobile library service was implemented in a seniors housing complex. The Librarian packs 20 books into a suitcase and takes it to the local manor. The books are exchanged every three months.
- For the visually impaired and the physically disabled, the communities of Baldur and Belmont produce a weekly audio version of the local newspaper, "The Gazette on Cassette". This service is free of charge and extends to a number of seniors in the area allowing them to stay informed on local issues, be included as part of the community, and stay mentally stimulated.



The report is available on the Centre on Aging's web site: [http://umanitoba.ca/centres/aging/cura/pubs/cura\\_publications\\_reports.html](http://umanitoba.ca/centres/aging/cura/pubs/cura_publications_reports.html).

## Community University Research Alliance Age-Friendly Communities: Consultations Update

Three Manitoba communities participated in age-friendly community consultations during the months of October and November 2010. Forty-nine Manitoba communities have now had consultations.

The first was with the Rural Municipality of DeSalaberry and was held in St. Malo. Community Liaison Louise Hutton and Dawn Veselyuk, Project Co-ordinator, facilitated the meeting. Participants completed an age-friendly survey and shared their thoughts about how to make their town and RM more age-friendly. Suggestions that were offered include creating handi-cap parking spaces, adding benches so people can rest and visit with each other, and making public buildings more accessible for those using wheelchairs and walkers.

The second was in the town of Minitonas. Participants were eager to offer advice on how to make Minitonas more age-friendly. Ideas included were to add handrails on steps into buildings, create recreational trails in and around town, and establish a senior's drop-in program that offers social programs and opportunities for interaction.

Louise Hutton and Phaedra Miller, Manitoba Seniors and Healthy Aging Secretariat, facilitated a consultation in Gillam. In addition to meeting with participants, Mayor Jim Goymer gave Louise and Phaedra a tour of this impressive small northern town. Participants in the group engaged in an interesting discussion. With Manitoba Hydro being the main employer, town residents are well provided for and are gearing up for an increased population with the building of new dams. The population base in Gillam is approximately 1300 people, equaling many towns in Southern Manitoba, with approximately 50 families coming and going annually. Many residents have lived here for years and want to retire and stay in the community.

## The Manitoba Network of Psychogeriatric Program Specialists

The Manitoba Network of Psychogeriatric Program Specialists (MNPPS) represents over 20 separate organizations from all regions of the Province involved in the delivery of services to elderly Manitobans with mental health problems and their caregivers. The MNPPS seeks to exchange ideas, innovations and expertise to promote best practice in geriatric mental health service delivery in Manitoba, to promote linkage and coordination of geriatric mental health services in Manitoba, to address ongoing educational needs of the members, and to participate in organizations such as the International Psychogeriatric Association, the Canadian Coalition of Seniors Mental Health and partnerships with other provincial psychogeriatric associations.

From a clinical perspective the key issues in geriatric mental health include delirium, dementia and depression. As a resource to personal care homes in the province, clinicians also address the management of the behavioural and psychological symptoms of dementia.

The MNPPS would welcome opportunities to partner with researchers who are interested in this field. For additional information, please contact the MNPPS Chair at [henryd@brandonrha.mb.ca](mailto:henryd@brandonrha.mb.ca), or call 204-726-8684.

## Centre on Aging Publication Listing 2005 – 2010

This listing includes refereed publications by Centre Research Affiliates (in Bold) and covers a five-year period. It is available on the Centre's web site: [www.umanitoba.ca/centres/aging](http://www.umanitoba.ca/centres/aging).

**St. John, P. D., & Montgomery, P. R.** (2010). Cognitive impairment and life satisfaction in older adults. *Int J Geriatr Psychiatry*, 25, 814-821.

Quality of life in dementia has been studied in clinical settings. There is less population-based research on life satisfaction and cognition. Interviews were conducted with 1620 community-dwelling older adults with mini-mental state scores >10. The objectives of this research were to compare overall life satisfaction (LS), LS with material circumstances (LS (material)), and LS with social circumstances (LS (social)) of older adults with no cognitive impairment, with cognitive impairment no dementia (CIND), and with dementia; to examine the effect of cognition on LS across a broad spectrum of cognition; and, to explore the effect of factors such as depressive symptoms, functional impairment, education, and social support. Results showed that those with dementia and CIND had lower LS than those with normal cognition, but the effect was relatively small. There was a gradient in LS which extended into the normal range of cognition. Depressive symptoms and functional status were strongly associated with LS.

**Blanchard, R. A., Myers, A.M., & Porter, M. M.** (2010). Correspondence between self-reported and objective measures of driving exposure and patterns in older drivers. *Accident Analysis and Prevention*, 42, 523-529.

The driving behaviour of older adults has traditionally been examined using questionnaires and diaries. The accuracy of self-reports has been questioned, and in-vehicle recording devices touted as more objective measures of real-world driving. The purposes of this study were to replicate and extend prior research comparing self-report and actual measures of driving exposure and patterns. Two electronic devices were installed in the vehicles of 61 drivers (67-92 years, 59% women) who were instructed to drive as usual over one week. Participants completed trip logs, daily diaries, a questionnaire on usual driving habits, ratings of situational driving frequency and avoidance and a follow-up interview.

### CENTRE ON AGING

The Centre on Aging, established on July 1, 1982, is a university-wide research Centre with a mandate to conduct, encourage, integrate, and disseminate research on all aspects of aging.

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The Centre on Aging News is published three times a year and is available on our web site or by request. Direct comments and inquiries to:

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