



Centre on AGING

Newsletter, Vol 26, No. 1 ▲ University of Manitoba ▲ ISSN 0826-4694 ▲ Winter 2008

Centre on Aging Research Fellowship Recipients

The Centre on aging is pleased to announce that, in honour of our 25th Anniversary, we are funding two research fellowships in 2008. The recipients are Shahin Shooshtari, PhD and Robert Biscontri, PhD.

In June 2004, Dr. Biscontri joined the University of Manitoba's Accounting and Financing, I.H. Asper School of Business, Faculty of Management. He received his PhD at Macquarie University, Sidney, Australia.

Dr. Biscontri is investigating the cost effectiveness of antipsychotics in elderly users in Manitoba.



The proposed research will build on research conducted by Dr. Alessi Severini, Faculty of Pharmacy, and Dr. Biscontri entitled *Use of Antipsychotic Agents in Manitoba: Prescribing and Cost Effectiveness*. Their initial study showed that over the period 1996 to 2006 the prevalence of users of antipsychotics for persons over the age of 65 has increased from 4.12% to 6.05% for females and 2.94% to 4.32% for males in Manitoba. The number of patients filling at least

one prescription for an antipsychotic agent increased from 13,874 in 1996 to 23,468 in 2006. The use of first generation antipsychotics has progressively decreased since 1997, and the use of second generation, more costly, antipsychotics has increased.

Accessing the Manitoba Population Health Research Data Registry, will allow Dr. Biscontri use of the Manitoba Health Prescription database (DPIN) which provides information on drug utilization. These records will be matched to medical information covering hospitalizations, outpatient visits, physician visits and other medical services. Dr. Biscontri will investigate characteristics of elderly users with respect to prescription and cost effectiveness while controlling for diagnosis and living arrangements. He will then further investigate the relationships in a control study format comparing elderly users to non-users.

Shahin Shooshtari received her PhD in Community Health Sciences, University of Manitoba in 2003. In 2006 Dr. Shooshtari joined Family Social Sciences, Faculty of Human Ecology.

According to the World Health Organization, life expectancy for individuals with developmental disabilities (DD) has increased significantly over the past 50 years. Many of these individuals live into their 60s and 70s. According to the Public Health Agency of Canada (PHAC) the prevalence of DD among those 15 years and older is estimated at 0.5%. PHAC estimates that, in 2001, 55,850 Canadians between the ages of 45 and 74 with developmental disabilities were living in the community.



Dr. Shooshtari's current research, based on Manitoba's Administrative Databases, confirms that older Manitobans with DD have a higher rate of chronic conditions. These include diabetes, dementia, osteoporosis, hearing and vision loss. Despite having poorer health and higher health care needs, these individuals use fewer health services than those without DD.

To develop evidence-informed

Continued p. 2

25th Annual Spring Research Symposium

The Centre on Aging will hold its **25th annual Spring Research Symposium** on **Monday, May 5, 2008**, at the **Brodie Centre, Bannatyne Campus**, University of Manitoba.

OPENING PLENARY:

Age-Friendly Communities Initiative: The Manitoba Experience

Jim Hamilton, Special Advisor, Healthy Aging, Public Health Agency of Canada (PHAC), Division of Aging and Seniors

Verena Menec, PhD, Director, Centre on Aging, Canada Research Chair in Healthy Aging, Community Health Sciences, Faculty of Medicine

Ian Mackenzie, Former Mayor of Portage la Prairie

MORNING CONCURRENT SESSIONS:

Shining New Light on Alzheimer's Disease: New Clinical Trials

Gordon Glazner, PhD, Pharmacology/Division of Neurodegenerative Diseases, Faculty of Medicine

Daniel Sitar, PhD, Pharmacology and Therapeutics, Faculty of Medicine

Keeping Seniors Mobile and Road Savvy

Michelle Porter, PhD, Faculty of Kinesiology and Recreation Management

Road Safety Representative, Manitoba Public Insurance

Aging with a Developmental Disability: Unmet Health and Social Services Needs

Shahin Shooshtari, PhD, Family Social Sciences, Faculty of Human Ecology

Leanne Fenez, Director, Community Residential Programs, St. Amant Centre

AFTERNOON PLENARY

Ethical Issues Regarding the Withholding or Withdrawal of Life-Sustaining Treatment

Pat Murphy, Clinical Ethicist, Health Care Ethics Service, St. Boniface General Hospital

Shelley Keast, RN, MN, GNC(C), Clinical Nurse Specialist, Grace General Hospital

Charlotte McCurdy, LL.B., Lawyer at Taylor McCaffrey LLP (Called to Bar 1992)

AFTERNOON CONCURRENT SESSIONS:

Vision in Long-term Care Facilities: An Overlooked Need

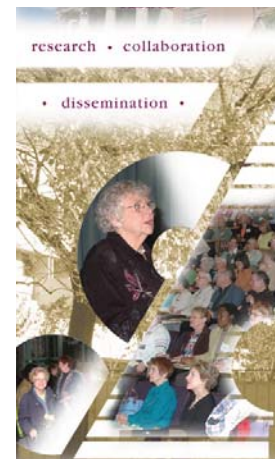
Pamela Hawranik, PhD, Faculty of Nursing

Alexandra Bell, RN, BN, MN, Director of Quality and Education Services, Misericordia Health Centre

Aging in the Justice System

Denis Bracken, PhD, Faculty of Social Work
Community Participant

A **poster session** will highlight ongoing research by faculty members and graduate students and provide an opportunity for one-to-one discussions.



Fellowship Recipients (continued)

policies and programs for full inclusion of these Canadians in the community, more must be known about their characteristics, which kinds of supports and services are available to them, and their unmet needs for health care and social support services. Dr. Shooshtari will use cross-sectional data from the 2001 and 2006 Participation and Activity Limitation Surveys (PALS), and 45 years of age as a cut-off point for those with DD. She will address the following: demographic, socio-economic and health-related characteristics; determine unmet health care and social support services; determine and analyze trends; identify the most common reported barriers to receiving health care and social support services from both 2001 and 2006; and, determine the extent to which these unmet health care and social support services affect this populations overall health status and social participation. Caregiver characteristics from the 2006 PALS will provide additional information. Findings from this study will inform policy, planning and provision of services to enhance the lives of those with developmental disabilities.

Centre on Aging Research Affiliates Update



Michelle Porter, PhD, Faculty of Kinesiology and Recreation Management is the recipient of a Research on Aging Advancement Program (RAAP) grant from the Canadian Institutes of Health Research (CIHR)'s Institute on Aging (IA). This grant will advance her earlier research on mobility outdoors and beyond for the independently living (also funded by the IA) designed to study various tools and technologies related to mobility and aging. One tool studied was the Roadwise Review CD-ROM. With co-applicant Michel Bedard (Lakehead University) she presented in a workshop entitled "Evaluation of Evidence-Based Assessment Tools for Older Drivers: Translating Research to the Roadway".



Kerstin Steiber Roger, PhD, Family Social Sciences, Faculty of Human Ecology, and Pamela Hawranik, PhD, Faculty of Nursing, were awarded funding from the Manitoba Medical Services Foundation for a project entitled Dementia and Knowledge Translation. The primary goal of this study is to describe the 'best practices' and the 'lessons learned' regarding the acquisition of knowledge, its transfer and dissemination by medical and social service professionals and unpaid care providers involved in the care of older adults and those with dementia. Knowing how individuals acquire and utilize information (online and in person) regarding the care of older adults is vital in making recommendations towards the effective and relevant communication of information and resources.



Dr. Roger also received funding from the University of Manitoba (co-investigator, Dr. Marie Edwards, Faculty of Nursing) to examine decision making by older adults at end-of-life and the role that professionals, family, friends, and spiritual advisors play in the process. The nature of discussions about end-of-life care and communication patterns in families, the way these conversations are interpreted when health crises emerge, and the types of supports or resources patients and families desire in relation to these discussions will be investigated.



Candace Rideout, PhD, Human Nutritional Sciences, Faculty of Human Ecology, was awarded funding to develop an Eco-Eating Program for nutrition education, linking nutrition and sustainability for personal and planetary health. In recent years, increased attention has been paid to the potential environmental consequences of human behaviour. Use of non-renewable energy sources such as fossil fuels has been a focus but, thus far, less consideration has been given to the environmental cost of dietary behaviours. Given that 18% of greenhouse gas emissions are attributed to livestock production and overconsumption of food is increasing, re-thinking aspects of our food choices is imperative. Once developed this program will provide concrete dietary strategies for reducing participants' greenhouse gas emissions and achieving and maintaining a healthy body weight.



Richard Milgrom, PhD, City Planning, Faculty of Architecture was awarded funding to support his research mapping the social impacts of infrastructure development in Winnipeg, Manitoba. Unlike the growing literature on the environmental and fiscal costs of urban sprawl (the low density expansion of urban areas), the social impacts of this sort of development have been less extensively explored. Dr. Milgrom is focussing on the social impacts felt by two groups: the low income, disproportionately aboriginal population that remains in the inner city; and seniors, who lacks ease of mobility and access to services. The size of both of these populations is predicted to grow substantially in coming years.

Family Perceptions and Satisfaction with End-of-Life Care in Personal Care Homes

The purpose of Dr. Thompson's dissertation research was, first, to further our understanding of the experience of dying in a long term care (LTC) facility from the perspective of family members, and second, to identify what factors are related to satisfaction with end-of-life care. Eighty-seven family members completed a telephone survey interview in the first phase of the study. In the second phase, three focus groups were conducted to further explore areas of satisfaction and dissatisfaction with end-of-life care.

STUDY FINDINGS

The findings from the first phase of the study indicate that family members are generally satisfied with the care residents receive at the end of life, but did have some concerns about specific areas of the care their family member received:

- 54% were 'very satisfied' with the end-of-life care provide to the resident, with 11.5% being 'not or very dissatisfied'.
- Most family members (71.3%) felt that care at the end of life had met their expectations.
- 84% of respondents identified problems or unmet needs with physician contact and communication, 42% with advance care planning, 24% with care and concern for the resident, 22% with family knowledge, 11% with consistent care of the resident, and 11% with nursing contact and communication.
- Nearly one-quarter of respondents (26.4%) felt the resident had received inadequate management of their pain.
- Family members of residents transferred to hospital in their last month of life were less satisfied

than those who had never been transferred to hospital.

- Family members of residents who died in a location other than the LTC facility were less satisfied than those who died in the facility.
- Further statistical analyses indicated that family satisfaction with end-of-life care was best predicted by contact and communication with nursing staff, feeling that care provided at the end of life met expectations, staff providing consistent care, feeling that the health care aide listened to their concerns about care and that respondents felt they had received enough emotional support from the staff.

RECOMMENDATIONS

Focus groups participants assisted in the development of a list of recommendations for improvements in end-of-life care delivery. These recommendations include:

- Develop programs and policies in end-of-life care - include mandatory training of all staff in end-of-life care, pain management, and how to communicate with families on what to expect when the resident is dying and the after-death process (i.e. removal of personal items from the facility).
- Develop indicators of end-of-life care success - LTC facilities need to have a clear understanding of what constitutes success in end-of-life care and how they are measuring whether or not care met these indicators.
- Embrace a philosophy of palliative care in facilities - a philosophy of quality end-of-life care needs to be developed for each facility and must be supported by the administration.
- Provide clarity around the language used in advance care planning – confusion exists around the differences between a living will,



Genevieve Thompson is a post-doctoral fellow who joined the Manitoba Palliative Care Research Unit in September 2007. She recently completed her doctoral degree in the University of Manitoba's Department of Community Health Sciences. Dr. Thompson was the 2006/07 recipient of the Centre on Aging Betty Havens Memorial Graduate Fellowship. This article is an excerpt from her final report submitted to the Centre on Aging.

advance directive and an advance care plan and which directs the care the resident will receive.

- Improve physician continuity – the use of alternative models of care including the use of advance practice nurses or physician assistants need to be explored, and a mechanism to either improve communication between the resident's previous family physician or the ability to retain one's previous physician is seen as a critical aspect in the care of LTC residents.
- Improve resources available for end-of-life care - this recommendation reflected the need for information booklets on what to expect at the end of life along with access to pastoral care services
- Provide bereavement follow-up and offer counselling after decision making - most respondents had not had any bereavement follow-up but those who had this contact appreciated it and found it reflected compassion on behalf of the LTC facility. Counselling and on-going support is needed for those family members who are required to make end of life decisions on behalf of the resident.

Family Perceptions (Continued)

- Provide an exit interview for all family members - respondents want the opportunity to provide feedback on the facility's performance.
- Increase the use of volunteers -respondents expressed concern for those residents who did not have any family to advocate for them or to visit with them.
- Explore ways to avoid hospital transfers - examine alternative models of care and which interventions might be possible to provide in the LTC facility in order to eliminate non-emergent transfers to hospital.

CONCLUSIONS

This study provides useful research on family satisfaction with end-of-life care in LTC facilities and the findings of this study resonate with many of the models of quality end-of-life care described in the literature including ensuring adequate pain and symptom management, timely and responsive communication, education, holistic and individualized care, preparation for death, and bereavement support. It is hoped that these findings will provide direction for quality improvement projects in LTC facilities and guide future investigation in the examination of interventions aimed at improving family satisfaction with care at the end of life.

CAG 2009

October 22-24
The Fairmont, Winnipeg

Age-Friendly Communities Summit

A two-day summit on **Age-Friendly Communities** was held in **Portage la Prairie**, Manitoba on February 11 and 12, 2008. The summit, hosted by the Manitoba Seniors and Healthy Aging Secretariat, focused on informing communities throughout the province about age-friendliness and ways to make communities more 'friendly' and accommodating to people of all ages.

Approximately 70 representatives from 10 communities participated in the summit, including delegates from Arborg, Cartwright, Elkhorn, Gilbert Plains, Gladstone, Morris, Pinawa, The Pas, Roblin, and the R.M. of Macdonald. The Minister responsible for Seniors, Kerri Irvin-Ross, provided an opening statement and announced that the rural communities participating will share \$20,000 in provincial funding.

Speakers offered a variety of global, national, and local perspectives on the importance of developing age-friendly communities. These included Dr. Jane Barratt, Secretary General of the International Federation on Aging; Jim Hamilton from the Public Health Agency of Canada; and Ken Brennan, Mayor of Portage la Prairie.

A panel discussion further highlighted the importance of developing age-friendly communities in Manitoba from the perspectives of the Association of Manitoba Municipalities (Shirley Kalyniuk); the Manitoba Chamber of Commerce

(Graham Starmer); and the former mayor of Portage la Prairie, Ian MacKenzie.

Verena Menec, Director of the Centre on Aging, University of Manitoba, and Canada Research Chair in Healthy Aging, highlighted findings from the age-friendly focus groups that took place in Portage la Prairie as part of the Global Age-Friendly Cities Project. She also presented information about the Community-University Research Alliance (CURA) initiative related to age-friendly communities.

The summit was highly interactive, as participants were given the opportunity to engage in breakout

“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has”.

Margaret Mead

sessions to discuss age-friendly features in their respective communities and to learn about the phases involved in making their communities

more age-friendly.

Don Fletcher, President of the Active Living Coalition of Older Adults (ALCOA), offered a compelling and inspiring summary of the two-day's events. As communities work to develop age-friendly features, he reminded them to 'start small', to record successes and learn from them, and to celebrate age-friendly achievements. He quoted Margaret Mead, the American cultural anthropologist, who reminded us to "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has".

Café Scientifique

In conjunction with the Canadian Federation of Biological Sciences annual conference being held in Winnipeg in June, 2008, there will be a Café Scientifique on "Sarcopenia" on June 20th. This event, funded by the Canadian Institutes for Health Research (CIHR) will provide "an opportunity to bring together researchers with members of the public to spark a discussion about some of the most interesting 'and sometimes contentious' research currently underway in Canada. It pulls science away from its usual habitats of the classroom and the laboratory and into cafés, bars, restaurants, even theatres, demystifying new developments and opening them up for public debate." The purpose of this particular event will be to discuss the following questions:

- Is the muscle loss associated with aging (sarcopenia) a disease?
- Is it inevitable?
- Can anything be done to prevent it or minimize the consequences?

The term sarcopenia was coined in 1988 by Dr. Irwin Rosenberg, Director of the Jean Mayer Human Nutrition Research Center on Aging. It is taken from the Greek words of *sarx* for flesh and *penia* for loss. Over the ensuing years sarcopenia has enjoyed great usage in the medical literature. A search for the word sarcopenia in PubMed results in over 500 articles being retrieved. Scientists from Boston, Calgary and Saskatoon will be on hand for the discussion. This Café Scientifique might be of interest to seniors, health care workers (e.g., kinesiologists, physical therapists, dieticians, long term care staff, etc.), and researchers. All are welcome! For more information contact Michelle Porter at porterm@ms.umanitoba.ca.

Designing and Developing Food Products

As our population ages, nutrition will play a critical role in the health and well-being of older adults. Baby boomers are said to be more health conscious and want better food choices. As a result, food developers and processors are refocusing their products and marketing strategies to better meet consumers demands. With this in mind, the Rural Economic Development Initiative (REDI), Manitoba Agriculture, Food and Rural Initiatives (MAFRI); and Advancing Canadian Agriculture and Agri-Food (ACAAF), Manitoba Rural Adaptation Council (MRAC) each provided \$80,000 in funding to **Christina Lengyel**, Human Nutritional Sciences, Faculty of Human Ecology and **Alphonsus Utioh**, Manager of Product and Process Development at the Food Development Centre, Portage la Prairie. Focus groups will allow Dr. Lengyel and Mr. Utioh to review and identify products that are commonly consumed by adults 50 years of age and older and viewed as important vehicles for the delivery of specific nutrients (e.g., protein, vitamin B12, calcium, vitamin D, and fibre) and non-nutrients (i.e., phytochemicals).

At the funding announcement in Portage la Prairie, the Honourable Rosann Wowchuk, Agriculture, Food and Rural Initiatives Minister, noted "By creating a new range of nutritious foods, we also create new markets and business opportunities for these products that will create new opportunities in Manitoba's agricultural sector." All food products will contain made-in-Manitoba ingredients and will provide a new value-added market for local producers. A collaborative approach will be taken. Researchers will also draw on the expertise at the Richardson Centre for Functional Foods and Nutraceuticals (RCFFN), Manitoba Food Processors Association (MFPA), and the Canadian Centre for Agri-food Research in Health and Medicine

(CCARM).

In a recently completed study, using data from the Manitoba Follow Up Study, Dr. Lengyel examined the eating



practices of elderly men, how these relate to their quality of life, and the implementation of practical health promotion strategies. Using multiple logistic regression models, controlling for demographic variables, a positive relationship was found between the increasing consumption of vegetables/fruit and grain products and healthier self-rated diets. Those consuming meat/alternatives or milk products "daily" or "rarely" rated their diets as healthier than those consuming these items "most days". Further information about this study is published in:

Lengyel CO, Tate RB, Bayomi DJ. 2007. Food group consumption and self-rated diets of elderly community-dwelling Canadian men. The Manitoba Follow-up Study. The Journal of Nutrition, Health & Aging 11(1):8-13.

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.

Director: **Verena Menec**, PhD
Canada Research Chair (CRC)
in Healthy Aging
Community Health Sciences
Faculty of Medicine

The Centre on Aging News is published 3 times a year and is available on our web site or by request. Direct comments and inquiries to:

Centre on Aging News
338 Isbister Building
University of Manitoba
Winnipeg, MB Canada
R3T 2N2

Tel: (204) 474-8754

Fax: (204) 474-7576

E-mail: aging@umanitoba.ca
Web: <http://www.umanitoba.ca/centres/aging>