



Centre on AGING

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Centre on Aging Research Fellowships 2011-2012

The Centre on Aging is pleased to announce the recipients of this year's Centre Research Fellowships.

Mary Shariff, Assistant Professor, Faculty of Law: *Autonomy, Dignity and End-of-Life Decision Making*

Ms. Shariff teaches and focuses her research interests in bioethics and law; law of contracts; natural resources law; biogerontology, aging and the law; and, assisted death and palliative care. Ms. Shariff states there appears to be two distinct relationships between the principles of dignity and autonomy. *Autonomy* is the ability to make decisions and act on them as a free and independent being. *Dignity* is the proper sense of pride and self-respect. The first relationship is that autonomy is at the foundation of dignity. The second is the principles of autonomy and dignity are opposites. For example, in instances where life support treatments are withdrawn against the wishes of the patient/substitute decision-maker, dignity is often used as the justification. She notes that unlike the Universal Declarations of Human Rights, dignity is not recognized as a right in Canada. Therefore, when legal reform measures for physician-assisted death are being advanced on the basis of a perceived "right" to dignity, this is problematic.



During the tenure of her Fellowship Ms. Shariff will examine the principles of dignity and autonomy to identify how they operate in the legal structure that currently governs end-of-life care in Canada. From an academic perspective, it is hoped that this research will provide clarity as to the legal role and weight of these principles. It should also serve to better illuminate the nature of the competing arguments surrounding assisted death and add to the body of work aimed at facilitating democratic resolution of the assisted death controversy.

Christopher Fries, Assistant Professor, Sociology, Faculty of Arts: *Use of Alternative Therapies as a Form of Self Care Health Behaviour Among Ethno-Cultural Minority Older Adults*

Dr. Fries is a sociologist of health, medicine, and the body, whose primary research interests are in health lifestyles and behaviour, critical public health, social determinants of health and complementary/alternative medicine (CAM). He has published sociological research investigating: people's motivations for the use of CAM; the relationship between ethnicity and the use of CAM; family physicians' ratings of CAM therapies; the emergence of integrative medicine; mixed methods health research designs; and the social determinants of health.

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Use of Alternative Therapies (cont'd)

Dr. Fries notes the relationship between three significant demographic trends in Canada is poorly understood: *our rapidly aging population; our increasing ethno-cultural diversity; and, the growing popularity of complementary/alternative medicine*. His objective is to provide insights into this relationship by examining the health promotion implications of the use of alternative therapies as a form of self care health behaviour among ethno-cultural minority older adults. He will use a life course perspective and mixed methods, to explore how ethnic and cultural factors and age influence the use of CAM as self care. Interviews will focus on the life experiences of the respondents. It will inquire about participants' health and lifestyle practices, and their health care experiences with both biomedical and alternative practitioners. Content areas to be addressed include:

- life history of the illness experience and CAM consultation, comparing those who are dealing with life-long conditions with those who are dealing with later life onset conditions;
- experiences living with multiple chronic conditions and dealing with the effects of co-morbidity;
- how older adults learn about the alternative practitioners they visit;
- who older adults do and do not communicate with about their use of alternative medicine;
- whether or not they discuss their use of alternative medicine with their physicians;
- whether or not they discuss their physician-prescribed medications with their alternative practitioners; and,
- intergenerational and transcultural exchanges regarding the use of alternative therapies by older adults.

This research is intended as a pilot study to prepare for a national mixed methods study of the relationship of ethnicity to the use of CAM as a form of self care health behaviour among Canada's older population.

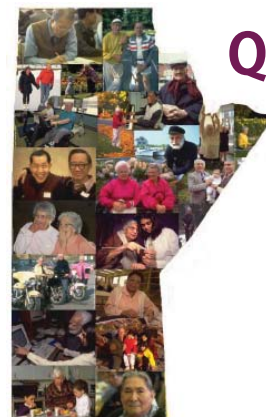
Centre on Aging Quick Facts



As a companion to the **2010 Profile of Manitoba's Seniors**, the Centre on Aging has produced short "quick facts" sheets on Manitoba seniors. These fact sheets are available for downloading and are grouped based on specific chapters in the Profile. Available are two new "quick facts":

- **Quick facts: Demographics, Social connections, Volunteering, Charitable giving** (PDF)
- **Quick facts: Health status, Healthcare and community services, Support and caring, Elder abuse and victimization** (PDF)

Manitoba's seniors Quick facts



Demographics
Social connections
Volunteering
Charitable giving

For detailed information, the complete Profile is available on the Centre's Web site at:



<http://umanitoba.ca/centres/aging/pubs/624.htm>

Centre on Aging 18th annual Research Forum

David Butler-Jones, MD, MHSc, CCMF, FRCPC, FACPM Chief Public Health Officer, Public Health Agency of Canada

The Centre on Aging, University of Manitoba was fortunate to have Dr. Butler-Jones speak at our 18th annual Research Forum on March 11, 2011. Dr. Butler-Jones is Canada's first and current Chief Public Health Officer (CPHO). In this capacity, he heads the Public Health Agency of Canada (PHAC) which provides leadership on the government's efforts to protect and promote the health and safety of Canadians. As a medical doctor he has worked extensively throughout Canada and has consulted internationally in public health and clinical medicine. In addition to his role as the CPHO, he also holds appointments with the Faculty of Medicine at the University of Manitoba and the Department of Community Health and Epidemiology at the University of Saskatchewan.

His presentation, based on his recent publication, *Report on the State of Public Health in Canada 2010, Growing Older – Adding Life to Years*, provided a wealth of information to those who attended. Having the opportunity to further discuss the health and well-being of Canadian seniors, healthy aging and priority areas for action added greatly to the tremendous success of our Forum.

In the *Report at a Glance* Dr. Butler-Jones states “Canada's population is getting older. We are living longer and doing so in relatively good health”. However, there are still areas of concern which needs to be addressed.

Dr. Butler-Jones outlines key issues where Canada can make a difference for healthy aging.

- Meeting basic needs means ensuring that older adults have food, shelter, adequate income and healthcare.
- Aging in place of choice is the ability of individuals to choose to live in their own communities for as long as possible and to have access to home and community services that will support this ability.
- Guidelines for preventing falls and injuries will assist in determining a person's risk of falling and creating safe and barrier-free environments will decrease falls.
- Mental health programs and strategies must be designed to break down the stigmas of mental illness, and address and manage the mental health of seniors, their families and caregivers.
- More work needs to be done in preventing abuse and neglect of seniors through broad awareness and education programs.
- Social connectedness with family, friends and community, including age-friendly communities initiatives, improves the quality of life of older adults.
- Healthy living, including physical activity and healthy eating, supports healthy aging but this can only be attained if there are safe, barrier-free environments and affordable programs.
- Access to care and services in their own communities is very important to older adults. Increased information needs to be available to seniors and their families.

Over 90 individuals attended Dr. Butler-Jones' presentation. Fifty of these individuals, including faculty members; students; government, health and social organizations and agencies representatives; and, older adults reconvened to an informal, in-depth discussion on the report and its recommendations.

The full and highlight version of the reports are available on the PHAC Web site:

<http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2010/fr-rc/index-eng.php>



David Butler-Jones, Verena Menec, Director, Centre on Aging, Jim Hamilton, Associate Director

Community University Research Alliance (CURA) Age-Friendly Manitoba Initiative (AFMI): An Update

Submitted by Dawn Veselyuk, Age-Friendly CURA Project Coordinator, Centre on Aging

On March 17, 2011, six new Manitoba communities attended an Age-Friendly orientation information session and workshop. Dawn Veselyuk, highlighted CURA's involvement by focusing on the research and evaluation components. CURA Community Liaison Louise Hutton facilitated a session on how communities become age-friendly through the community consultation process.

On March 18, representatives from these six communities and the other 66 age-friendly communities in Manitoba were invited to participate in an Age-Friendly Connecting Communities Day. Over 40 communities and more than 100 people attended the event! An armchair conversation, moderated by Centre on Aging Associate Director, Jim Hamilton, highlighted the experiences of four communities in becoming more age-friendly. Participants had the opportunity to engage in small group discussions and attend concurrent sessions focusing on housing, transportation, and 'overcoming challenges'.



(l to r) Connie Newman; CURA staff: Stacy Boone (student), Louise Hutton, and Dawn Veselyuk listen to one of the afternoon presentations

Fifty-five communities have now participated in an age-friendly community consultation. A number of priorities have been identified, such as improving access to buildings; adding painted crosswalks; developing new ways to share community information; offering more social activities and programs to keep seniors active and engaged; and creating handi-cap parking spaces. To date, a total of 1274 age-friendly surveys have been completed as part of the consultations. The top five most and least age-friendly aspects are identified in the table below.

Top five most age-friendly aspects	Top five least age-friendly aspects
Seniors are generally treated with respect	There are not enough paid job opportunities for seniors
Seniors feel safe when walking alone during the day	Public telephone answering services are not adapted to the needs of seniors
Snow clearing is done in a timely manner so walking and driving are safe	There is not enough subsidized housing for low income seniors
There are enough parking spaces close to services and stores	The wait times to get into seniors housing that provides supports to seniors (e.g., assisted living, PCH) are not reasonable
The road signs are easy to read and large enough	There is not enough housing that meets the needs of seniors



Verena Menec, Principal Investigator, CURA, Director, Centre on Aging, and Jim Hamilton, Associate Director

Becoming an age-friendly community requires assistance from a number of areas to make any changes. To assist communities with becoming age-friendly, the CURA team has identified some resources for communities to use as a research starting point. The resources are organized according to the eight age-friendly dimensions and include information from organizations and government and available grants. These resources are on the Centre on Aging's web site at:

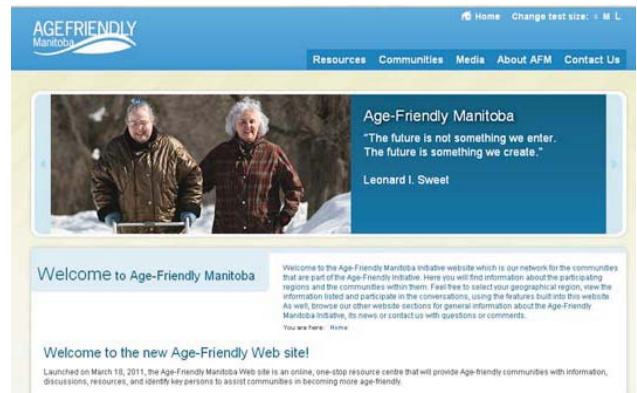
www.umanitoba.ca/centres/aging/cura/pubs/cura_publications_resources.html

Bringing Age-Friendly to the Communities

Submitted by Rachel Ines, Communications Coordinator, Centre on Aging

At the Age-Friendly Connecting Communities Day the Age-Friendly Manitoba Initiative (AFMI) Web site was officially unveiled. A joint collaboration of the Centre on Aging and Manitoba Seniors and Healthy Aging Secretariat, the new Web site (www.agefriendlymanitoba.ca) was developed as an online resource centre for age-friendly communities.

The new Web site allows AFMI communities to chat with one another; see how other AFMI communities are progressing; read age-friendly media articles, view community consultation reports and surveys from other AFMI communities; and find age-friendly tools to help their community become more age-friendly. While the primary focus is on AFMI communities, the Web site will expand in the near future to offer resources for researchers, organizations, and government to learn about the Age-Friendly Manitoba Initiative.



Predictors and Consequences of Loneliness in Older Adults and the Power of Positive Emotions

Nancy Newall, PhD, has joined the Centre on Aging, University of Manitoba, with Post-Doctoral funding from the Canadian Institutes of Health Research's Fellowship - Longitudinal Study on Aging. She will focus her research on *Loneliness and social engagement among older adults: Examining the importance for health and for the development of age-friendly Communities.*

In her dissertation research, Dr. Newall conducted two studies on the loneliness of older Manitobans. Study 1 came out of an interest in understanding what factors might differentiate between 4 groups of older adults presenting different loneliness trajectories over two points in time: those who are lonely at both times (persistently lonely); those who are not lonely at both times (persistently not lonely); those who become lonely; and those who overcome loneliness. For example, Study 1 questions included: what factors can help explain how come some people go from being not lonely to lonely over time? What differentiates those people who are persistently lonely from those who are persistently not lonely? How many people overcome loneliness and go from being lonely to not lonely? and What can we learn from these people? A discriminant function analysis examined social, demographic, physical, and psychological factors as potential discriminators of the 4 loneliness trajectories. Results showed that compared to those who were persistently not lonely, the persistently lonely were more likely to live alone, be in poor health, and have low perceptions of control. These predictors were found to be more important than people's friendships or social activities, highlighting the complexity of loneliness.



Study 2 examined the longitudinal relationships in older adults between loneliness, health, physical activity, and mortality. Study 2 also came out of an interest in "positive psychology" and tested Fredrickson's Broaden and Build Theory that positive emotions (happiness) might serve to "undo" the detrimental effects of negative emotions like loneliness. Results showed that loneliness longitudinally predicted health, physical activity, and mortality, underscoring the importance of socioemotional variables to health. In addition, happiness weakened the strength of the loneliness-physical activity and loneliness-mortality relationships. Therefore, in support of Fredrickson's theory, results suggest that happiness has the power to "undo" the detrimental effects of loneliness on physical activity and even on mortality. Being happy may indeed offset the negative consequences of being lonely.

Based on these two studies, it was concluded that future interventions could target positive emotions, perceptions of control, and loneliness as ways of ultimately enhancing the lifespan, healthspan, and wellspan of older adults.

Ethnic Background Affects Self-rated Health Among Older Adults

Ethnic differences in self-rated health Among Older Adults: A Cross-Sectional and Longitudinal Analysis by Verena Menec, Canada Research Chair in Healthy Aging & Director, Centre on Aging, Shahin Shoostari, Centre on Aging Research Affiliate and Pascal Lambert. Published in the Journal of Aging and Health, 19:1, February 2007. This article was summarized by Margaret McKenty.

Do older adults' ratings of their own health vary by ethnic background, and if so, how? Do those disparities lessen over time, or do they persist?

Researchers have known for some time that self-rated health varies between people from different ethnic backgrounds, but the reasons for this are not well understood. For one thing, the relationship between ethnic background and self-rated health has usually been studied only at one point in time ("cross-sectionally"), not repeatedly over time with the same population ("longitudinally"). Also, the way someone rates their own health is known to be affected by such factors as that person's age, gender, socioeconomic status, actual health status, and (if he or she belongs to an ethnic minority) how much they have absorbed the cultural values and outlook of the dominant ethnic group ("acculturation"). Whether or not these factors can explain the differences completely has not been established.

A study by University of Manitoba Centre on Aging researchers has helped to shed some light on this puzzle. Using results from a long-term study of aging in Manitoba (surveys done in 1983 with over 5200 participants, and in 1996 with over 1800 participants), researchers uncovered a link between ethnic background and subjective ratings of health that persisted even when other factors (such as age, gender, and socioeconomic status) were taken into account.

The participants in the study were asked "what nationality descent do you consider yourself?" and their answers were coded into 12 categories, which were eventually combined into four basic groups for analysis: (1) British/Canadian, (2) Central / North European, (3) Eastern European, and (4) Other. After all other factors were weighed and accounted for, it became clear that older adults of British/Canadian descent continued to be much more likely than those of Eastern European descent to describe their own health as "good" or "excellent" — 68% vs. 45% in 1983, and 62% vs. 39% in 1996. However, when results were analyzed by geographical location (Winnipeg vs. rural), the ethnic difference was less significant, possibly because acculturation happens faster in larger urban centres where cross-ethnic interactions are more likely.

These findings are important because self-rated health is often used to measure overall health in large populations, and because self-rated health strongly predicts real health-related outcomes (including death rates). So, cultural differences that influence people to rate their health differently should be kept in mind when making comparisons across ethnic groups.

In memoriam: Jacqueline Prentice

It is with sadness that we inform the gerontological community of the passing of a true supporter of the Centre on Aging, Jackie Prentice. Jackie was a member of the Centre's Advisory Board for many years and spoke at our Spring Research Symposium.



In her career with the Provincial government her most recent appointment was with the Department of Health and the Cross Department Coordination Initiative where she was instrumental in developing an ***Aging in Place Strategy for Seniors***.

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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