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BC Pages

Newsletter of the B.C. Psychogeriatric Association

President's Report

The past few months have raced by with planning for the annual Conference in Nanaimo, ably led by the local Chair Andrea Hunter and her team. Thank you to all these hard-working people!! We have been fortunate to obtain Dr. Marie-France Rivard to open the conference with a keynote address looking at how the field of psychogeriatrics has evolved over the years. Dr. Rivard is well placed to deliver this keynote as she has been a geriatric psychiatrist since the 80's, and is currently working in Ottawa. She is also the Chair of the Seniors Advisory Committee (SAC) to the Mental Health Commission of Canada and is leading the way forward in promoting seniors' mental health and excellence in the treatment of older adults' mental health problems/illnesses. As the Chair of SAC she is overseeing the development of Guidelines for Elderly Mental Health Planning that will include a review of provincial service models, the ideal continuum of services, staffing benchmarks and exemplar/leading services/programs. Dr. Rivard will be happy to hear any input from the BC field in regard to the Guidelines and the activities of SAC.

The Conference promises a great line-up of sessions representing the array of disciplines and settings in which our members work. Dr. Cooper (from VIHA) will present a keynote on moving forward in psychogeriatric care. Dr Martha Donnelly (from VCH) is presenting twice, once with Marcia Carr carrying out Incapacity Assessments and again with Deirdre Maulstaid on case based learning in dementia care. Other presentations are on: CBT; medication management; dying with dementia in LTC; tobacco, nicotine and concurrent disorders; implementing culture change in LTC. Louise Holland and Shelagh Brennan are each presenting on their research, and Janice Vance is looking at the health care system from the perspective of a provider and a caregiver. To close the conference, Dr Alistair Browne, an ethicist, will talk about good practice in tough times.

As an innovation in our usual conference format, this year's Conference will put on a public meeting as a service to the community. Dr. Rivard will speak and will provide the public with an update on the treatment of mental illness among seniors. Key points in her talk will be that mental illness is treatable and that recovery of mental health is possible.

The energy of the Board has recently been directed at responding to the report *Rising Tide: The Impact of Dementia on Canadian Society*, released by the Alzheimer Society of Canada, This report reveals alarming new statistics about the projected economic and social costs of dementia in Canada. For example, the report says that if nothing changes, the prevalence of dementia will more than double in 30 years, with the costs increasing ten-fold. The Chair of BCPGA's Research Committee has drafted a press release recommending that health and social service planners and funders take the findings and recommendations of the *Rising Tide* report very seriously.

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(The full document can be seen elsewhere in this newsletter.) Clearly, the implications for practice in an already over-stretched system are significant for all of us.

As noted earlier, SAC is developing national Guidelines for Elderly Mental Health Planning and intends to include exemplary services/programs and innovative ways of providing services/care in the face of a less than ideal service continuum and/or human resources. If you or your colleagues have something to share, please contact Dr. Rivard or myself, pennymaccourt@shaw.ca.

The BCPGA sponsored project, *Supporting the Well-Being of Family Caregivers: Tools for Service Providers, Program Planners, Educators and Policy Makers*, (a study of which I am Principal Investigator) was awarded funding by Human Resources and Skills Development Canada. To develop the Caregiver Toolkit for service providers, we are collecting leading practices in assessment, service delivery and in program/services for caregivers. We are inviting people working in the field of older adult services to provide us with any resources or practices that you would like to share with your colleagues across Canada. For a summary of the project, its objectives, approach, activities and intended results, see the Research News column on p. 6.

For further information about this project and to tell me of your experiences, please contact me:
pennymaccourt@shaw.ca.

Penny MacCourt
BCPGA President

The British Columbia Psychogeriatric Association (BCPGA) is a professional, multi-disciplinary, non-profit interest group.

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Wondering About the HST?

With the permission of the Federal government, the Provincial government passed its Harmonized Sales Tax (HST) legislation on April 29, 2010. Confusion and controversy over the effects of the new tax have many BC residents, especially seniors, wondering what it will mean to them. Below is an extract from *The Pen*, a newsletter of the BC Retired Government Employees Union. The author is Ed Turner, a Certified General Accountant who was employed by the Province as Executive Director of the Consumer Taxation Branch, Ministry of Finance, from 1977 to 1993.

"The HST is termed 'harmonized' because it will merge two different tax systems: the current provincially administered 7% Social Services Tax and the federally administered 5% Goods and Services Tax. The federal government will administer the new HST. Under the current provincial tax system, taxes are generally payable on sales and use of what is defined as 'tangible personal property.' This means that 7% tax is paid on purchases by consumers. Businesses are also required to pay 7% tax on goods which they purchase for their own use and not for resale.

The HST is a very different kind of tax. It is considered a 'value added' tax system. Under this system, every business generally will charge all of its customers the 12% tax. However, each business can then recover all the HST which it has paid to its suppliers from the tax which they collect from its customers, they then remit the difference only to the HST administration. This means that in the end, business has NO actual HST tax cost and only the final consumer (you and I) actually end up paying the HST. This new system will therefore result in a 'tax shift' from business to consumers, as businesses will have NO tax burden under the HST.

This type of taxation (on personal consumption) is considered 'regressive' taxation. This means the HST taxes the lower and middle-income consumers at a higher effective rate than wealthier consumers. While it is probably true that wealthier consumers buy higher priced cars, or better furniture, as examples, and therefore pay more sales tax on such purchases, the total HST paid by wealthier consumers, when expressed as a percentage of their available income, will be a lower percentage than the percentage paid by lower to middle income consumers, since this latter group tends to spend most of its available income on basic necessities, most of which will be taxed at 12%. Simply put, lower and middle income consumers pay a higher percentage of their available income as sales tax, than do wealthy consumers.

HST continued on p. 4

ADVOCACY REPORT

BC Psychogeriatric Association Committee Annual Report 2009/2010

The British Columbia Psychogeriatric Association (BCPGA) continues to advocate for better services on the whole range of challenges for seniors with mental health problems, their families and care providers. The following activities to support these goals during the year included:

- Continued the Depression Focus activities initiated by the Board last year.
- Produced and circulated three Advocacy Information Sheets for members of BCPGA and others to advocate on: *Depression in Older Adults, Depression in Informal Caregivers of Older Adults* and *Depression in the Work Place.*
- Wrote to the Premier and copied involved Ministers and Health Authority CEOs on the importance of using the *Guidelines for Elderly Mental Health Care Planning for Best Practices for Health Authorities* when considering organizational or program changes. This is particularly important in difficult economic times.
- Wrote to the Ombudsman to provide input into her review of services for older people. She presented at our conference in Richmond.
- Developed a press release on the Alzheimer Society of Canada *Rising Tide* report and made our members aware of it. [See p. 6]
- Wrote to the Minister of Health regarding the lack of attention to the needs of seniors in the development of the Ten Year Mental Health Plan. We also participated in a meeting on the plan. We received a reply assuring us that seniors' needs would be addressed.
- Recently endorsed and supported BCPGA to join the BC Alliance on Mental Illness and Health, which will provide an additional avenue to advocate for issues affecting seniors, families and care providers.

We would like to thank members of the board and association for their advocacy work and reiterate the importance of advocacy for all members whenever and wherever the opportunity arises.

Respectfully submitted

John Gray
Co-Chair

Elisabeth Antifeau
Co-Chair

Substance Abuse and Seniors

Tobacco and alcohol are responsible for most illnesses and problems related to substances affecting older people. Seniors who are depressed are more likely to smoke. They are also three-to-four times more likely to have alcohol-related problems than those who are not depressed. Between 15 and 30 per cent of people with major late-life depression have problems with alcohol.

- Twelve per cent of seniors in BC are regular smokers. However, in some regions the smoking rate is higher. In northern BC, for example, 15 per cent of older adults smoke.
- Eight of the top 14 causes of death among seniors involve smoking.
- Thirteen per cent of elderly people (compared to five per cent of the general population) use alcohol every day. This means they have a higher risk of long-term health problems.
- Nine per cent of seniors regularly drink amounts that increase their risk of acute harm (like falls or accidents) or chronic harm (like liver disease and several types of cancer).
- About half of all alcohol-related deaths in BC involve people over 65.
- An estimated 4.3 million US adults aged 50 or older, or 4.7 percent of adults in that age range, had used an illicit drug in the past year, based on data from 2006 to 2008
- Marijuana use was more common than nonmedical use of prescription-type drugs for US adults aged 50 to 54 and those aged 55 to 59 (6.1 vs. 3.4 percent and 4.1 vs. 3.2 percent, respectively), but among those aged 65 or older, nonmedical use of prescription-type drugs was more common than marijuana use (0.8 vs. 0.4 percent)
- Marijuana use was more common than nonmedical use of prescription-type drugs among US males aged 50 or older (4.2 vs. 2.3 percent, respectively), but among females, the rates of marijuana use and nonmedical use of prescription-type drugs were similar (1.7 and 1.9 percent)

Recently, a CBC investigation found that as many as 3,300 Canadian seniors die each year as a result of bad drug reactions. Seniors, who make up 13 per cent of the population in Canada, accounted for 44.4 per cent of all deaths reported to Health Canada's adverse drug reaction database between 1999 and 2003.

When it comes to discussions about substance use, seniors are almost invisible. One recent study showed that about half the seniors with symptoms of major depression were not diagnosed by their doctors. Sometimes this happens because symptoms are mistaken for a normal part of aging. Also, elderly people often have physical problems which may be confused with mental illness.

HST continued from p. 2

Under the current provincial sales tax, however, the government always attempted to minimize the 'regressive' nature of its consumption tax by providing exemptions for many basic items which we all purchase, such as various health, safety and energy conservation items, etc. These, however, will all be taxed at 12% effective July 1st.

Under the HST, government will attempt to mitigate the regressive nature of the ST by issuing quarterly rebate cheques to only those in the lowest income groups.

You may be aware that the introduction of the HST was controversial. There was no mention of this major change by government before the May 2009 election, although some claim they were told specifically that an HST would not be introduced. Therefore, the homebuilders, restaurants and many tourist businesses are unhappy, as they see this new requirement to collect an additional 7% on the price of meals, or an admission to a tourist facility, as detrimental to their business. Others are concerned that the 12% HST will increase the 'underground economy' which would have an adverse impact on government and many legitimate competitive businesses. Many also are very concerned about the wisdom of turning over the complete administration of such a critical amount of provincial revenue to the federal government. For all of these reasons, the HST, when implemented, will likely remain an unpopular tax with BC residents for some time to come."

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Early Detection of Age-Related Memory Deficits in Mice

By studying the aging of memory in the mouse, researchers in the Laboratoire Neurobiologie des Processus Adaptatifs (CNRS/Université Pierre et Marie Curie) have developed an experimental protocol that can detect age-related memory deficits at an early stage. They have shown that even at 10 months, which corresponds to a third of their life expectancy, some mice present with age-related memory disorders.

Published in *Neurobiology of Aging*, this work opens new perspectives for an understanding of the cellular and molecular mechanisms underlying the aging of memory and for the diagnosis of Alzheimer's disease. Events of our everyday life, or our recollections, are all constituents of our episodic memory. This is one of the first types of memory to be impaired during aging and at the onset of Alzheimer's disease, following modifications to hippocampal function. Testing this memory remains a challenge for modern neurology. Indeed, how is it possible to verify the authenticity of someone else's recollections? The only solution is to create a new one experimentally.

Read the full article:
www.sciencedaily.com/releases/2010/03/100331152652.htm

Government of Canada Provides Funding to Not-for-Profit Organizations to Engage Local Seniors

OTTAWA, ONTARIO, March 1, 2010-The Government of Canada is once again accepting applications from not-for-profit organizations who want to give Canada's seniors the opportunity to participate in and lead projects that will improve their quality of life and make a difference in their communities.

Today, the latest call for proposals under the Community Participation and Leadership stream of the New Horizons for Seniors Program was launched by the Honourable Diane Finley, Minister of Human Resources and Skills Development, and the Honourable Diane Ablonczy, Minister of State (Seniors). Under the Program's Community Participation and Leadership stream, non-profit organizations can apply for up to $25,000 per project.

"The Government of Canada remains committed to the well-being of Canadian seniors," said Minister Finley. "Through the New Horizons for Seniors Program, we are supporting local organizations and creating new opportunities for seniors to contribute their leadership, energy, wisdom and skills to their communities."

"We recognize that Canada has a growing and diverse seniors' population," added Minister of State Ablonczy. "That is why we are steadfast in our commitment to provide funding to programs that aim to improve the lives of seniors. Projects like these encourage our ageing population to take an active role in their communities, while also providing them with opportunities to build stronger connections with people of all generations."

The deadline for applications for all of Canada except Quebec is April 16, 2010. In Quebec, the Government of Canada intends to launch a call for proposals for both the Community Participation and Leadership and Capital Assistance funding streams in spring 2010. To find out more about this upcoming call, please visit www.hrsdc.gc.ca/seniors.

Since its beginning, the New Horizons for Seniors Program has funded over 5,500 projects in hundreds of communities across Canada, and has the capacity to provide up to $28.1 million in funding each year.

Extract from press release:
http://news.gc.ca/web/article-eng.do;jsessionid=ac1b105330d8b7b9ec69b54b4dea9d96d614692df090.e38RbhaLb3qNe38TaxuMa3aSb40?crtr.sj1D=&mthd=advSrch&crtr.mnthndVl=&nid=516089&crtr.dpt1D=&crtr.tp1D=&crtr.lc1D=&crtr.yrStrtVl=&crtr.kw=&crtr.dyStrtVl=&crtr.aud1D=14&crtr.mnthStrtVl=&crtr.yrndVl=&crtr.dyndVl=

Links & Leads

Brain Games Don't Make You Smarter!

An investigation launched by the BBC last September challenged viewers of the BBC One science TV show "**Bang Goes the Theory**" to use a series of brain training games designed by scientists from the Medical Research Council and the Alzheimer's Society. Volunteers were asked to train their brains for at least 10 minutes a day, three times a week, for a minimum of six weeks.

Different contestants were assigned one of three groups. Members of the first group used software designed to train their reasoning and problem-solving skills. Those in the second group played games geared toward boosting short-term memory, attention, and math skills. And people in the third group were given a series of Web-browser tasks not related to any specific cognitive skills.

Volunteers faced such games as Loop the Loop, in which they had to draw a continuous loop around a series of squares; Flower Finder, in which they had to pick the one flower of four that didn't match the rest; and Jigsaw, in which they had to put together a virtual jigsaw puzzle.

But the results published on the BBC's Web site and in *Nature* magazine found that although people got much better at playing the games themselves, they showed little or no improvement in their ability at everyday thinking, reasoning, memory, or problem solving.

"The results are clear," said Adrian Owen, a neuroscientist at the Medical Research Council, in a statement. "Statistically, there are no significant differences between the improvements seen in participants who played our brain-training games, and those who just went on the Internet for the same length of time."

The experts did acknowledge that further research still needs to be done to see if brain training can keep the brain fit as people age. But for now, the findings indicate that just surfing the Web may have the same effect as completing a jigsaw puzzle at boosting your brain power.

Interested in trying some of the games yourself to see if you get any smarter? You'll find them at the **BBC Labs Web site**.

Excerpt from the CNET News website: http://news.cnet.com/8301-11386_3-20003043-76.html

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The MOCA test (Montreal Cognitive Assessment) has been translated into 31 languages, including Finnish, Serbian and Thai. See the MOCA website for a copy of the test and instructions: http://www.mocatest.org/.

MEMBER PROFILE

Shelagh Brennan, RN MN

BCPages readers may remember Shelagh Brennan, who was introduced as a student member in the April 2008 edition, when she was a Master's Nursing student at UVIC.

We are pleased to feature Shelagh again and tell you that she is presenting at the 2010 BCPGA Conference in Nanaimo on her thesis research topic: "Older Adults Choosing Not to Share Information with Health Care Professionals and the Possible Impact on Their Mental Health."

In addition to being a BCPGA member, Shelagh holds memberships in several other professional associations including the: Gerontological Nurses' Group of BC (GNGBC) (past Provincial Membership Chair); National Gerontological Nurses Association (USA); CRNBC Professional Resource Network volunteer and UVIC Nursing Honor Society. Shelagh continues to be passionate about seniors' care and this is what she has to tell BCPGA members about herself now:

> I live in Qualicum Beach on Vancouver Island and I work as a Community Service Coordinator with VIHA in Home and Community Care in Parksville.
>
> I completed a Master's degree in nursing specializing in advanced practice leadership in gerontology in 2008. Now being in the "real world" I find it very exciting to be part of change management. I particularly enjoy working within an integrated service delivery model and addressing challenges across the continuum of care. I now find that my education and experience have prepared me for a more senior leadership position, so I am looking for a new position.
>
> My best experience since joining BCPGA is making friends outside nursing who are passionate about senior care. Their knowledge and experience drives me to learn more as learning is never complete. I am proud to be a member of BCPGA as it is an association that advances the care of seniors!
>
> I look forward to seeing everyone at the 2010 conference!
>
> If you wish to contact me my email is: shelbren@telus.net

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It is easier to get older than it is to get wiser.

A closed mouth gathers no feet.

RESEARCH NEWS

Summary: Caregiver Project

Need for Project

Caregiving is associated with financial strain and with physical and psychosocial symptoms (e.g., depression, stress, burden, fatigue, feelings of anger, guilt, grief and loss, frustration, loneliness, isolation, and decreased well-being and life satisfaction) placing the physical and mental health of the caregiver, and their ability to continue to provide care, at risk

In spite of the strains caregivers' needs are not formally acknowledged, assessed or addressed by health and social services in most Canadian jurisdictions and service providers lack evidence-informed tools and resources to do so. Additionally, most public policies that affect caregivers directly or indirectly (e.g., health services, labour) have been developed without taking into account their needs and may have unintentional negative effects on caregivers and their families.

Objective 1 : There will be increased cross/inter-sectoral capacity to address caregiver needs across Canada.

A national, multi-sectoral and multidisciplinary network will be formed by linking together caregiver, seniors' and service provider organizations; government departments, health care educators and research centres whose work affects caregivers. The network will bring together diverse knowledge, skills and perspectives related to addressing caregivers needs. This will facilitate knowledge exchange, collaborations, and project promotion, and dissemination across sectors and Canada via participation on project steering committee/working groups, regional workshops, presentations to stakeholders, conferences, email blasts, website postings, newsletter and academic articles.

Objective 2: Service providers will provide evidence informed support to caregivers

A Caregiver Toolkit (informed by a targeted literature review, a survey and four regional stakeholder workshops), will be created for service providers. Contents will include (1) information about challenges caregivers experience; (2) tools to assess caregivers personal and referral needs; (3) leading/best practices in providing caregiver support. The implementation of the Toolkit will be piloted and evaluated in 8 health and social service settings in 3 regions of Canada.

Objective 3: Policies and programs that affect caregivers of seniors directly or indirectly will support them

An analytical framework (the Caregiver Policy Lens) informed by literature and key informant interviews will be developed to assess planned and current programs and policies from the perspective of caregivers, and to identify any unintended negative effects on them. The implementation of the Caregiver Policy Lens will be piloted at 8 sites in 3 regions of Canada, and evaluated by program planners and policy makers from diverse sectors

Caregiver Project: Continued on p.8

BCPGA Press Release on *Rising Tide* Report

BC Psychogeriatric Association Recommends the Rising Tide Report on Alzheimers Disease be Given Serious Attention

British Columbia, April 15, 2010 -- A report released by the Alzheimer Society reveals alarming new statistics about the projected economic and social costs of dementia in Canada. *Rising Tide: The Impact of Dementia on Canadian Society* says that, if nothing changes the prevalence of dementia will more than double in 30 years, with the costs increasing ten-fold.

The BC Psychogeriatic Association (BCPGA) recommends that health and social service planners and funders take the findings and recommendations of the Rising Tide report very seriously.

Some of the key findings in Canada from Rising Tide include:

- Pressure on the health care system: In 2008, more than 103,700 people developed dementia. By 2038, 257,800 new cases per year are expected.
- Pressure on families: The hours of care delivered by unpaid family members are expected to more than triple, increasing from 231 million hours in 2008, to 756 million hours by 2038.
- Possible ways to alleviate pressure on families, the health care system and the economy: Rising Tide proposes four hypothetical intervention scenarios, backed by current evidence that could become critical factors in reducing the impact of dementia. They include:
    - The benefits of physical activity on reducing the risk of developing dementia
    - The benefits of a combination of risk reduction strategies, or even the development of a new treatment, in delaying the onset of dementia by two years
    - The importance of supporting family caregivers who are struggling with the overwhelming emotional and financial hardships of providing care, as well as easing further pressure on the health care system
    - The importance of a "system navigator" to help families find the right services at the right time.

Recognizing the urgent need to start turning the tide of dementia, Rising Tide describes four potential intervention scenarios, backed by current evidence that could become critical factors in reducing the impact of dementia. The report tested the impact of four potential intervention scenarios:

- Increasing Physical Activity
- Delay Onset of Dementia
- System Navigation
- Caregiver Training, Support

All showed the potential for dramatic reductions in economic impact over the next 30 years.

Rising Tide: Continued on p.7

Rising Tide Cont'd from p. 6

Rising Tide makes five recommendations that would make up the components of a comprehensive National Dementia Strategy. They include:

1. An accelerated investment in all areas of dementia research.
2. A clear recognition of the important role played by informal caregivers.
3. An increased recognition of the importance of prevention and early intervention.
4. Greater integration of care and increased use of chronic disease prevention and management.
5. A strengthening of Canada's dementia workforce.

As the national voice for people affected by dementia, the Alzheimer Society is at the forefront of efforts to help turn the rising tide of dementia by:

- Leading the development of a National Dementia Strategy to be adopted by all levels of government, as well as working with the broader neurological community in its efforts to affect policy change.
- Educating Canadians about the importance of risk reduction, early diagnosis and looking after their brain health.
- Investing approximately $2.4 million each year in critical dementia research.
- Providing support and education to people living with dementia, their caregivers and their families.

The board of directors for the BC Psychogeriatric Association wishes to lend support to the Alzheimer Society in their efforts to advocate for a National Dementia Strategy, recognizing that such a strategy is imperative for the future of aging Canadians and their families. In addition the BC Psychogeriatric Association strongly recommends that the BC government and health authorities, who fund and deliver services in the province carefully consider this report.

The British Columbia Psychogeriatric Association is a professional multi-disciplinary interest group, founded in 1997 by grass roots clinicians working in the field of mental health and older adults. The membership is composed of clinicians interested in sharing their expertise with the ultimate goal of benefiting persons suffering from a mental disorder in their later years. The mission of BCPGA is to enhance inter-disciplinary services, education and research in support of the mental health needs of the elderly.

Contact:
Penny MacCourt, President
BC Psychogeriatric Association
Victoria, BC

www.bcpga.bc.ca

For the full report please go to
http://www.alzheimer.ca/english/rising_tide/rising_tide.htm

Membership News

Happy New (Membership) Year!

Happy new (membership) year! I have been steadily processing 2010-2011 membership forms since January and am happy to report that, as of April 1, 2010, 85 members have paid for 2010-2011. Of these members, 22 are new to the BCPGA. A warm welcome to all new members, and a warm welcome back to familiar faces!

For those of you who have yet to renew, your 2009-2010 active membership lapsed on March 31, 2010. To ensure that you continue to receive BCPGA correspondence, we encourage you to renew your membership as soon as possible. The membership form was emailed to all members earlier this year and is also available for download from the BCPGA website (www.bcpga.bc.ca).

You may have noticed a couple of important changes to the 2010-2011 form. Last year, the BCPGA struck a Student Committee that you can join. The other noteworthy change is to membership fees. At the 2009 annual general meeting, members supported a $5.00 increase to the regular membership rate (now $45.00) to offset the costs of enabling credit card payments for both membership and conference registration fees. Student membership fees remain unchanged this year at $20.00.

One section of the membership form that has not changed is space to suggest topics for future editions of BC Pages and the 2011 BCPGA annual conference. As you renew your membership or join our ranks, we welcome your suggestions.

We continue to recognize the accomplishments and contributions of the BCPGA membership by profiling individual members in BC Pages. I encourage you to read the section on Shelagh Brennan in this edition. Shelagh was featured as a student member two years ago, and we wanted to revisit her now that she has completed her program of study. I want again to acknowledge Maia Kennedy for her efforts to prepare member profiles. Please email me at bcpga@yahoo.ca if you would like to share information on your achievements or workplace/program with the membership.

As most of you know firsthand, BC Pages is now circulated via the membership email list. The majority of members have opted for this method of delivery over printed "hard" copies, and this should significantly reduce the printing and mailing costs associated with the newsletter over time. Of course, members can also request to continue receiving a printed version of BC Pages by checking off the box in section 9 of the membership form or by contacting me directly.

Anthony Kupferschmidt
Membership Chair & Treasurer
bcpga@yahoo.ca

Caregiver Project Cont'd from p. 6

Objective 4: Project products (Caregiver Toolkit and Caregiver Policy Lens) are widely disseminated and adopted

Plans to effectively promote and disseminate the Caregiver Toolkit and the Caregiver Policy Lens will be informed by stakeholders from target groups at regional and national symposium and with input from network and pilot participants. Presentations about project will be made to conferences, stakeholders, and information provided for newsletters, journals and websites. Products will be distributed in print, CD and on the project website.

Key Aspects of Approach

A Caregiver Toolkit (informed by a targeted literature review and Regional Workshops, and a survey of seniors and service organizations) will be developed for service providers, comprising information about challenges of caregiving, leading/best practice in caregiver support and assessment tools. A Caregiver Policy Lens, a critical lens for assessing policy/programs from caregivers' perspectives will be developed for program planners and policy makers. Both the Caregiver Toolkit and the Caregiver Policy Lens will be reviewed by respective target groups at regional and national symposiums, and social marketing and dissemination plans developed. The implementation of Caregiver Toolkit and the Caregiver Policy Lens will be evaluated at 16 pilot sites in 3 regions of Canada by pilot leads who also work to spread beyond pilots.

Main Activities

Four Regional Workshops, 2 national symposiums, 16 pilot sites.

Key intended results

A national, multi-sectoral and multidisciplinary network links organizations (caregiver, seniors' and service provider organizations; government departments, health care educators and research centers) to share perspectives, knowledge and skills.

Service providers have (1) increased awareness of challenges facing caregivers, (2) the knowledge and tools to enable them to provide appropriate support to caregivers that decrease the risk to their well being.

Program planners and policy makers have increased awareness of challenges facing caregivers.

The Caregiver Policy Lens (1) is effective in identifying unintended negative effects of programs and policies on caregivers, (2) provides a common framework for governments to develop policy and advocacy groups to critique it.

The Caregiver Toolkit and the Caregiver Policy Lens are widely disseminated, and adopted, by:

- Organizations providing services to seniors and caregivers.
- Governments, health, and social service organizations to plan programs and policies.
- Advocacy organizations to critique government programs and policies.
- Health care profession educators.

Student Connection

What's Happening At UVic

The University of Victoria is experiencing a renewed strength in its program for students who are interested in gerontology. The new Laboratory for Integrative Lifespan Developmental Research has been formally established in the Department of Psychology. Dr. Holly Tuokko, Dr. Stuart MacDonald, Dr. Scott Hofer and Dr. Andrea Piccinin supervise a team of ten graduate students, two post-doctoral students, and 2 honours students. This group is expected to grow even more in coming years, with research interests focusing on numerous themes including patterns and predictors of cognitive decline, longitudinal methodology and harmonization of longitudinal studies of aging, older driver safety, caregiver supports, and successful aging.

Over the past year, students have taken part in many conferences, with perhaps the most memorable taking place at the Pennsylvania State University. Janet Love, Jacob Grande, Correne DeCarlo, Amir Sepehry, Sasha Jouk, and Catharine Sparks, along with the aforementioned supervisors, attended a three-day symposium with some of the most notable researchers from around the world who investigate heath and cognition. Each student presented their own research and had the opportunity to learn and be mentored from senior researchers. Other conferences that our BCPGA students recently attended include: the International Association of Gerontology and Geriatrics in Paris, France (July, 2009); the Canadian Association of Gerontology in London, Ontario (October, 2009); and the Cognitive Aging Conference in Atlanta, Georgia (April, 2010).

Currently, Janet Love, Kristina Kowalski, and Dr. Stuart MacDonald have joined forces with an interdisciplinary team from the University of Victoria. The team is submitting a grant to examine how well Seniors' Community Parks are being used in a spectrum of communities, and whether these parks are having an influence on seniors in the context of physical activity, mobility, well-being and resiliency.

For more information about the Seniors' Community Parks project, see: http://www.actnowbc.ca/seniors/actnow_bc__seniors_community_parks.

If you are interested in learning more about our ongoing gerontology research, please go to the lifespan web site at http://web.uvic.ca/psyc/graduate/life_span_development.php or the Centre on Aging web site at http://www.coag.uvic.ca/.

Janet Love
Student Representative