



NICE NEWS

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INSIDE THIS ISSUE:

DIRECTOR'S MESSAGE

**THE PROBLEM OF
FRAILITY: DEFINITIONS
AND MEASURES (P2)**

**SAVE THE DATE!
ANNUAL NICE
KNOWLEDGE
EXCHANGE 2008 (P2)**

**END-OF-LIFE HEALTH
CARE PLANNING
AMONG YOUNG-OLD
ADULTS (P3)**

**ICCE MEMBER
PROFILE: DR. BILKISH
CASSIM (P3)**

**NICE STUDENT
MENTORSHIP
PROGRAM (P4)**

**COMMUNITY CORNER:
THE POWER STUDY (P5)**

**MARK YOUR
CALENDAR: IMPORTANT
DATES (P5)**

**MEMBER PROFILE:
ARLENE BIERMAN (P6)**



DIRECTOR'S MESSAGE

Welcome to our latest edition of *NICENews*. We have quite a few new and exciting developments to tell you about.

First, we have announced the dates for our second Annual NICE Knowledge Exchange. It will take place on June 5 and 6, 2008 in Toronto, Ontario. The program is being finalized, but it will be an exciting and useful one. We are expecting a plenary speaker on knowledge translation, as well as three hands-on forums in knowledge exchange, evaluation and knowledge assessments. We are sure that our members will find these workshops extremely helpful in refining their skills in these areas and even gaining new ones. We also hope to feature guest speakers for each of our Theme Teams and provide time again for our Teams and Committees to meet and work face-to-face.

We are also happy to announce that the students from the CIHR Institute

of Aging "Summer Program in Aging" (SPA) will be participating in our conference this year. The SPA chooses a limited number of students from many fields of aging and provides them with a comprehensive program in becoming a stronger researcher. This year NICE is pleased to host their students at our conference, so that the SPA students can benefit from our speakers and workshops, learn more about NICE and network with our members and fellow students. We look forward to welcoming the SPA students to our Exchange.

And on the topic of students – we have launched our own *NICE Student Mentorship Program*. This program will match interested students with mentors on our Theme Teams and Committees. Students selected for the program will provide support to their Theme Team or Committee and, in return, receive a stipend to attend out

Exchange this year. Please read more about the program in the student section of this issue (page 4).

In another exciting new development, we have been working to increase the functionality of the NICE website. Our revised website is now online, so please be sure to visit us at www.nicenet.ca!

Thanks again to all for your hard work and involvement with NICE, and please enjoy this issue of *NICENews*!

Sincerely,

Lynn McDonald
Scientific Director, NICE



NICE wishes you a very safe and happy holiday season, and best wishes for the coming year!



THE PROBLEM OF FRAILITY: DEFINITIONS AND MEASURES

Accurately measuring frailty in the elderly has important health consequences in terms of injury prevention. But how frailty is defined and, therefore, measured remains a complex and controversial issue.

Rockwood and colleagues (2007) compared two measures of frailty. The first relies on a phenotypic measure of frailty across five items (weight loss; exhaustion; slowness; low physical activity levels and energy expenditure; and weakness). Measures of frailty in three of these five would indicate that an individual is frail.

The second measure of frailty utilizes a Frailty Index (FI) that was developed using 70 deficits from the clinical examination (available at <http://myweb.dal.ca/amintrnits/CSHAclinical-variables.jpg>). The main items included measured the presence and/or severity of current diseases; activities of daily living (ADLs) and physical signs from the clinical and neurological examinations.

The data for the comparison came from the 2305 adults 70 years and older from the clinical

examination cohort of the second wave of the Canadian Study of Health and Aging (CSHA). The comparison was made using test of convergent and criterion validity.

Convergent validity was assessed by correlating the phenotypic and frailty index measures with each other and with other health status measures and analyzed cumulative index distributions in relation to phenotype. Criterion validity was assessed by correlating patient survival with each measure of frailty.

The results indicated a moderate ($R=0.65$) correlation between FI measures and phenotypic definitions of frailty. Each measure also correlated with the CSHA measure of function. In terms of survival, those with a higher frailty rating, however defined, were less likely to survive. Therefore, both convergent and criterion validity for each of these measures was established.

Despite this, the authors do suggest caution in interpreting these results. There are

operational differences in the application of phenotypic definitions as well as in those items included in the frailty index. These differences can lead to subtle differences in the outcome.

Notwithstanding the above caution, each of these measures can be used with some confidence in clinical practice. The phenotype definition of frailty in its simplicity quickly leads to a broad perception of the level of risk. In contrast, the Frailty Index can be used to more precisely define the risk within the frail individual.

Rockwood, K., Andrew, M., & Mitnitski, A. (2007). A Comparison of Two Approaches to Measuring Frailty in Elderly People. *The Journals of Gerontology*, 62(A): 738-743.

SAVE THE DATE! NICE ANNUAL KNOWLEDGE EXCHANGE: JUNE 4-6, 2008

NICE is pleased to announce the date for our
Annual NICE Knowledge Exchange 2008:
June 4 – 6 2008, Toronto, Ontario

Please mark your calendars so that you will be able to attend what is sure to be an exciting and productive event!

Details on the conference program and travel arrangements are still being finalized. The Exchange will be held in Toronto, Ontario again this year. Please keep your eye on our website for updates: www.nicenet.ca.

To help us with planning, it would be very helpful to know if you plan to attend. Please RSVP to Niki O'Shaughnessy at nicenetadmin@utoronto.ca / 416-978-0545

As always, please don't hesitate to contact our Network Manager, Anthony Lombardo, should you have any questions: nicenet@utoronto.ca / 416-978-2197



Networking at the 2007 Annual NICE Knowledge Exchange

END-OF-LIFE HEALTH CARE PLANNING AMONG YOUNG-OLD ADULTS: AN ASSESSMENT OF PSYCHOSOCIAL INFLUENCES.

Although not an easy topic of conversation to broach with patients, end-of-life health care planning is the best assurance in avoiding unwanted, unnecessary or contested medical treatments at the end of one's life. And talking about it, in fact, is the strongest predictor of formal end-of-life plans being established according to a study by Carr & Khodyakov (2007).

Discovering that most end-of-life planning research focused on older, frail and often institutionalized adults, Carr & Khodyakov (2007) became interested in the experiences of the younger, community-dwelling old (early 60s). Specifically, they wanted to assess the relationships between recent hospital admissions; death anxiety/avoidance; desired control over health care decisions; prior experience with end-of-life issues and the participant's own end-of-life

preparations.

The authors used a random sample of 3,838 men and women who participated in the Wisconsin Longitudinal Study (WLS) and had graduated from high school in 1957. They focused the study on three outcomes: whether one a) had a living will, b) had a designated power of attorney for health care, or c) had held informal discussions about end-of-life preparations.

The independent variables measured were: hospitalization and health; personal beliefs; direct experience with end-of-life issues; sociodemographic characteristics; and other planning. Personal beliefs included measures of death avoidance using the Death Attitude Profile-Revised and beliefs about personal versus

physician control over one's health using the Wake Forest University Trust Scales. All of other measures were collected using questions relying on participant self-reports.

The study yielded five findings of interest. First, participants who had been hospitalized in the year prior to the interview were more likely to have engaged in one of the three forms of planning. Second, those who believed that their physicians should make decisions about health care as well as those with higher death anxiety were less likely to engage in end-of-life planning. The authors do note, however, that each of these beliefs is amenable to change if carefully targeted interventions were utilized. Third, experiencing the painful death of a loved one predicted all three types end-of-life

planning. Fourth, informal discussions was the strongest predictor of making formal preparations. Fifth, planning strategies were consistent with participants' personal resources and needs.

Although more work in this area needs to be undertaken the fact that informal discussions most strongly predict formal arrangements being made indicates that it is both appropriate and productive for health care workers to initiate end-of-life discussions with young-old patients.

Carr, D. & Khodyakov, D. (2007). End-of-Life Health Care Planning Among Young-Old Adults: An Assessment of Psychosocial Influences. *Journal of Gerontology: Social Sciences*, 62B(2): S135-S141.

INTERNATIONAL COLLABORATION FOR THE CARE OF ELDERLY – MEMBER PROFILE:

DR. BILKISH CASSIM, SOUTH AFRICA

Professor Cassim, MBChB, FCP (SA), MD (UN), is currently Associate Professor/Chief Specialist and Head of the Department of Geriatrics, School of Clinical Medicine at the Nelson R Mandela School of Medicine, University of KwaZulu-Natal in Durban, South Africa.

Professor Bilkish Cassim was appointed as the first head of the Department of Geriatrics at the University of KwaZulu-Natal in 2000. Since then she has been involved in undergraduate and postgraduate teaching in geriatrics at the Nelson R Mandela School of Medicine and has participated in continuing medical education programs for primary care physicians and nurses locally and nationally and recently convened the

first geriatric update to be held in Durban, South Africa. She is also the head of the geriatric unit which provides an inpatient and outpatient clinical service in King Edward VIII Hospital. In addition she is part of a forum to address the health care needs of the elderly at a provincial and local level. This forum includes the social workers, nurses, non governmental and community based organizations involved in the care of the elderly. She also serves on the Advisory Board of the Institute of Ageing in Africa, University of Cape Town.

In 2005, Professor Cassim was elected as the President of the South African Geriatrics Society (2005-2008) and under her leadership, the curriculum and examination

format of the Certificate in Geriatrics of the Colleges of Medicine has been revised. She is also an examiner for the certificate. She was on the scientific committee of the Geriatric 2003 congress which was held in Cape Town, South Africa and has been nominated to serve on the scientific committee for the IAGG conference in 2009.

Professor Cassim was one of the founder members of the National Osteoporosis Foundation and currently serves on the executive committee. She is also a member of the Council of the College of Physicians of South Africa and has served on the Senate of the Colleges of Medicine of South Africa since 2002.

Professor Cassim has recently established a multidisciplinary research group with a focus in ageing. Her current research projects include the spectrum of diseases in the African elderly, HIV/AIDS in the elderly and the epidemiology chronic diseases and dementia in the elderly. She has published on rheumatological conditions and osteoporosis and supervised master's students.



NICE STUDENT MENTORSHIP PROGRAM

The objectives of the Student Mentorship Program are: (1) to develop an enduring interest in geriatrics and gerontology on the part of our students; (2) to build research and evaluation capacity in students; (3) promote the application of research evidence to client services and policy making; and (4) introduce students to key professionals already in the field.

Students would normally be enrolled in a gerontology-related field of study at a post-secondary institution, and be recommended for associate status by Network affiliated researchers and practitioners.

The Network will provide the opportunity for students to engage activities such as knowledge transfer to receptor communities, co-authoring paper presentations, attending conferences, networking and writing for publication, at the discretion of the Mentor. The Network will also provide access to references and resources created by the NICE Network.

Student Mentorship members will be notified in writing if their membership is to be terminated. Student Mentorship membership may be terminated if a member has failed to carry out the duties assigned to them as part of the Mentorship Program, have had a change in their student status, misrepresented her or his student status, or otherwise violated important rules or policies of the Network.

Application Process

Interested students shall submit:

- **Current CV**
- **Confirmation of student status** (proof of their enrollment in a post secondary institution: copy of current student card or letter from your department)

- **Covering letter** indicating their career goals in the field of aging and possible areas they would like to contribute to within NICE. Applicants should **rank** their first, second and third choices of the available Mentorship Placements, as listed under the "Positions Available."

Please note that some Teams and Committees have not identified specific positions; if you are interested in these areas, please rank them accordingly.

The **covering letter** and **CV** can be submitted by e-mail to Anthony Lombardo, Network Manager, at nicenet@utoronto.ca.

Please mail or fax the **confirmation** of your student status to:

Anthony Lombardo
NICE
222 College St., Suite 106
Toronto, ON M5T 3J1

Fax: 416-978-4771

Applications are due by January 14, 2008. Positions will start in February 2008.

Students selected for the mentorship program are required to attend the Annual NICE Knowledge Exchange, June 4-6, 2008, in Toronto, Ontario.

Students will be provided with a \$1,000 stipend to enable them to participate in the Annual NICE Knowledge Exchange to share their work with fellow students and Network members. The stipend will be used to cover transportation costs and hotel accommodations. Any monies remaining from the allocated \$1,000 will be given to the student as an honorarium.

Positions Available

Theme Teams

Caregiving

1. Position to be announced

Dementia Care

1. Position to be announced

Elder Abuse

1. Position to be announced

End of Life Issues

1. Review of End-of-Life tools from student perspective
2. Coordinate the review and revision of law and legislation for legal tools (law experience required)

Mental Health

1. Help develop presentations for tool dissemination workshops
2. Aid in tasks related to the evaluation of the team tools

Committees

Communications

1. Position to be announced
2. Position to be announced

Curriculum Development

1. Assist with website activities and help coordinate best practices workshop
2. Aid in publication of competencies developed by the committee

Knowledge Identification

1. Position to be announced

Researcher Training

1. Aid in the development of an outreach package to interest undergraduate and graduate students in specializing in geriatrics / gerontology
2. Aid in the development of an intergenerational outreach program aimed at high school students to heighten interest in specialties in geriatrics / gerontology

Professional Development

1. Conduct online research to help coordinate the development of the committee

COMMUNITY CORNER: THE POWER STUDY KNOWLEDGE TRANSLATION AND STAKEHOLDER ENGAGEMENT

The POWER Study (www.powerstudy.ca) under the direction of Dr. Arlene Bierman, Principal Investigator (see member profile on page 6), is producing two women's health report cards that will generate new information on the access to, quality of, and outcomes of health care for seniors in Ontario. The Report Cards will serve as evidence-based tools to help policymakers, health care providers, and other stakeholders improve health and equity among all women and men in Ontario. From its outset the POWER Study has prioritized stakeholder engagement as a way to optimize the uptake of these tools for knowledge translation.

Stakeholders concerned with providing the best care to older people have been instrumental in assuring the POWER Study produces report cards that are meaningful and actionable. These stakeholders include individuals and groups who will use the Report Cards both in terms of measurement and

monitoring of the performance of the health care system (such as policymakers), and those who will use the information for raising awareness and advocacy (such as community based health organizations) and providing better quality care (such as providers). Stakeholders from a range of community organizations, government, and health care settings interested in aging were instrumental in shaping the indicator selection and helping to define priority reporting areas.

For example, because the POWER Study is interested in measuring access, quality, and outcomes of care for chronic conditions associated with aging, representatives from the Ontario Home Care Association and community care access centres have been invited to attend stakeholder consultations. Likewise, because the study investigates differences in health and health care between groups of women (depending on their age, income level, education, ethnic-

ity, and where they live in the province), researchers and practitioners working in the fields of equity and aging, in both academic and policy arenas were consulted.

In addition, because the POWER Study built in the perspectives and expertise of the stakeholders from the outset, the consultations have also allowed for the opportunity to build a network for knowledge translation. Community based organizations such as the Heart and Stroke Foundation, the Ontario March of Dimes, and others have partnered together to maximize the policy messages of the report cards and to widely disseminate the findings. Ultimately, the stakeholder engagement will aid the goal of identifying disparities between different groups of Ontario women, including senior women, and help inform the development of interventions to reduce those disparities.



MARK YOUR CALENDAR: IMPORTANT DATES

18th Annual Rotman Research Institute Conference: Neuroimaging in Dementia

March 24 - 26, 2008

Toronto, Ontario, Canada

Presented by Baycrest

The Four Seasons Hotel, 21 Avenue Road,
Toronto Canada

Pre-Conference Clinical Session:

Monday, March 24, 2008

Conference: Tuesday, March 25 and

Wednesday, March 26, 2008

For additional information, please visit our website: <http://www.rotman-baycrest.on.ca>
Queries can be directed to (416) 785-2500 ext. 2363 or e-mail pferreira@baycrest.org

Canadian Geriatrics Society Annual Scientific Meeting

April 10-12, 2008

Delta Hotel Centre-Ville

Montreal, Quebec

For more information contact:

www.geriatricsjournals.ca/cgs2008

Annual NICE Knowledge Exchange

June 4-6, 2008

Toronto, Ontario

For more information, visit

www.nicenet.ca

International Federation on Ageing: 9th Global Conference on Ageing and Expo Ageing & Design

September 4 - 8, 2008

Montreal, Quebec, Canada

For more information contact:

<http://www.expageing.com>

Don't forget to check the website for updated conference listings! Click on the "Calendar" tab on our website, www.nicenet.ca.

If you have a conference or other upcoming event you would like posted, please e-mail us at nicenet@utoronto.ca.

MEMBER PROFILE:**DR. ARLENE BIERMAN****W E C A R E T O G E T H E R****NICE NEWS**

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Arlene S. Bierman, MD, MS, FRCPC, is a founding member of the NICE Board of Directors. Dr. Bierman, a geriatrician, and health services researcher, is the inaugural holder of the Ontario Women's Health Council Chair in Women's Health and Associate Professor of Health Policy, Evaluation, and Management, Nursing, and Medicine at the University of Toronto. She is also a Senior Scientist in the Li Ka Shing Knowledge Institute at St. Michael's Hospital and Adjunct Scientist at the Institute for the Evaluative Clinical Sciences (ICES). Dr. Bierman came to Toronto from the US Agency for Healthcare Research and Quality (AHRQ) where she was a Senior Research Physician in the Center for Outcomes and Effectiveness Research, Senior Advisor on Aging, and a Chair of the AHRQ Task Force on Aging. She has served as a Deputy Editor of the Journal of General Internal Medicine.

Dr. Bierman's research focuses on improving access, quality, and outcomes of care for older adults with chronic illness, with a special focus on socioeconomically disadvantaged populations, inequities in health and health care, and the unique needs of older women. She is developing strategies to use performance measurement as a tool for knowledge translation. Her work addresses the interface between health policy, access to care, clinical practice, and health outcomes. A major focus of her work is the conduct of policy relevant research with the goal of increasing the uptake of evidence by policy makers.

She is the Chair of the NICE Knowledge Identification Committee. The committee is identifying existing sources and resources on the internet in the areas of aging that can be used for literature synthesis, teaching and practice tools, and guidelines. These will be posted on the NICE website as a resource for members and the public. She is also working to build linkages between the NICE Network and the American Geriatrics Society.

Dr. Bierman is the principal investigator of the POWER study (Project for an Ontario Women's Health Evidence-Based Report Card). The POWER Study is producing a comprehensive women's health report card that will generate new information on the access to, quality of, and outcomes of health care in Ontario. The second report card will include a chapter devoted to Older Women. The Report Card will serve as an evidence-based tool to help policymakers, health care providers, and other stakeholders improve health and equity in Ontario. Funded by the Ministry of Health and Long-Term Care, the study is a partnership between St Michael's Hospital and ICES. Lynn McDonald, Scientific Director of the NICE Network, is a co-investigator along with 30 other researchers from the areas of health services research, medicine, nursing, geography, and health care policy. The study is also conducting gender-based analyses to elucidate the underlying pathways and determinants of health that lead to observed health and health care inequities. Tools are being developed with broad input from stakeholders across the province (policymakers, providers, consumers, and community-based organizations -see community corner for more information).

Dr. Bierman devotes much time to increasing the uptake of evidence to improve health care quality by policymakers and health system decision makers. She serves as a member of the Ontario Health Quality Council and is Chair of its Performance Measurement Advisory Board. She is a member of the Toronto Central LHIN Senior Council. She also serves on the Geriatric Measures Advisory Committee of the National Commission on Quality Assurance, which develops the quality indicators for Medicare managed care plans in the US and chairs the Medication Management Technical Advisory Group which has developed a suite of quality indicators to assess medication in the elderly which have been mandated for public reporting.

The Last Word is yours...

We hope that you have enjoyed this issue of NICE News. And we want to remind you that our main goal is to provide you with useful, applicable information for your practice. Being a multidisciplinary network it's hard for us behind the scenes to keep on top of the latest developments and happenings in everyone's specialties. We hope that you will help us out by sending us your feedback, suggestions, articles, important dates, exciting news etc... so that we can better meet our goal. You can contact us at nicenetadmin@utoronto.ca.