S E D A P

A PROGRAM FOR RESEARCH ON

SOCIAL AND ECONOMIC DIMENSIONS OF AN AGING POPULATION

Where Would You Turn For Help? Older Adults' Knowledge and Awareness of Community Support Services

Margaret Denton
Jenny Ploeg
Joseph Tindale
Brian Hutchison
Kevin Brazil
Noori Akhtar-Danesh
Monica Quinlan

SEDAP Research Paper No. 244

For further information about SEDAP and other papers in this series, see our web site:
http://socserv.mcmaster.ca/sedap

Requests for further information may be addressed to:
Secretary, SEDAP Research Program
Kenneth Taylor Hall, Room 426
McMaster University
Hamilton, Ontario, Canada
L8S 4M4
FAX: 905 521 8232
e-mail: sedap@mcmaster.ca

Where Would You Turn For Help? Older Adults' Knowledge and Awareness of Community Support Services

Margaret Denton
Jenny Ploeg
Joseph Tindale
Brian Hutchison
Kevin Brazil
Noori Akhtar-Danesh
Monica Quinlan

SEDAP Research Paper No. 244

February 2009

The Program for Research on Social and Economic Dimensions of an Aging Population (SEDAP) is an interdisciplinary research program centred at McMaster University with co-investigators at seventeen other universities in Canada and abroad. The SEDAP Research Paper series provides a vehicle for distributing the results of studies undertaken by those associated with the program. Authors take full responsibility for all expressions of opinion. SEDAP has been supported by the Social Sciences and Humanities Research Council since 1999, under the terms of its Major Collaborative Research Initiatives Program. Additional financial or other support is provided by the Canadian Institute for Health Information, the Canadian Institute of Actuaries, Citizenship and Immigration Canada, Indian and Northern Affairs Canada, ICES: Institute for Clinical Evaluative Sciences, IZA: Forschungsinstitut zur Zukunft der Arbeit GmbH (Institute for the Study of Labour), SFI: The Danish National Institute of Social Research, Social Development Canada, Statistics Canada, and participating universities in Canada (McMaster, Calgary, Carleton, Memorial, Montréal, New Brunswick, Queen's, Regina, Toronto, UBC, Victoria, Waterloo, Western, and York) and abroad (Copenhagen, New South Wales, University College London).

This paper is cross-classified as No. 430 in the McMaster University QSEP Research Report Series.

Where Would You Turn For Help? Older Adults' Knowledge and Awareness of Community Support Services

Margaret Denton, McMaster University
Jenny Ploeg, McMaster University
Joseph Tindale, University of Guelph
Brian Hutchison, McMaster University
Kevin Brazil, McMaster University
Noori Akhtar-Danesh, McMaster University
Monica Quinlan, United Way of Burlington and Greater Hamilton

Acknowledgements

Research Assistance Provided by:

Linda Boos, McMaster University
Kim Grayson, Community Care Research Centre
Jean Lillie, University of Guelph
Jennifer Millen, McMaster University

Community Partners:

Catholic Family Services of Hamilton: Linda Dayler
Coalition of Community Health and Support Services: Lynne Edwards
Community Information Hamilton: Lesley Russell
Seniors Activation Maintenance Program: Lynne Edwards, Dave Banko
Grocer-Ease: Bev Morgan
Hamilton Community Care Access Centre: Barb MacKinnon, Sherry Parsley, Tom Peirce
Ontario Community Support Association (OCSA): Susan Thorning, Taru Virkamaki
Regional Geriatric Program (Central): David Jewell
Social Planning and Research Council of Hamilton (SPRC): Don Jaffray
United Way of Burlington and Greater Hamilton: Monica Quinlan

McMaster Community Care Research Centre Mentees:

Seniors Activation Maintenance Program: Dave Banko
Grocer-Ease: Bev Morgan
Hamilton Community Care Access Centre: Dianne Thompson

Funding Provided by:

The Canadian Institutes of Health Research—Institute on Aging
The Ontario Ministry of Health and Long-term Care and
The United Way of Burlington and Greater Hamilton

Abstract

Community support services (CSSs) enable persons coping with health or social problems to maintain the highest possible level of social functioning and quality of life. Access to these services is challenging because of the multiplicity of small agencies providing these services and the lack of a central access point. A review of the literature revealed that most service awareness studies are marred by acquiescence bias. To address this issue, service providers developed a series of 12 vignettes to describe common situations faced by older adults for which CSSs might be appropriate. In a telephone interview, 1152 older adults were presented with a series of vignettes and asked what they would do in that situation. They were also asked about their most important sources of information about CSSs. Findings show awareness of CSSs varied by the situation described and ranged from a low of 1% to 41%. The most important sources of information about CSSs included informational and referral sources, the telephone book, doctor's offices, and through word of mouth.

Key Words: Community Support Services, awareness, knowledge, acquiencence bias, vignette methodology

JEL Classification: I18

Résumé

Les services de soutien communautaire (SSC) permettent, aux personnes qui font face à des problèmes de santé ou à des problèmes sociaux, de maintenir le plus haut niveau possible de fonctionnement social et de qualité de vie. L'accès à ces services est difficile à cause de la multiplicité de petites agences offrant ces derniers et à un manque de point d'accès central. Notre revue de la littérature révèle que la plupart des études portant sur la connaissance des services sont biaisées par une tendance à l'acquiescement. Pour aborder ce problème, les fournisseurs de services ont développé une série de 12 vignettes décrivant des situations quotidiennement vécues par des adultes d'un certain âge pour qui le recours aux SSC pourraient être opportuns. Dans une entrevue téléphonique, 1152 aînés ont été interrogés avec l'aide d'une série de vignettes. Il leur a été demandé comment ils réagiraient si ils étaient confrontés à chacune des situations décrites. On leur a aussi demandé la provenance de la source majeure d'information concernant les SSC. Les résultats montrent que les connaissances des SSC varient selon la situation décrite et s'échelonnent entre 1 % et 41 %. La source d'information la plus importante des SSC comprend les sources informationnelles et référentielles, l'annuaire téléphonique, les cabinets médicaux et le bouche-à-oreille.

Table of Contents

Introduction

The number and proportion of older adults in Canada is increasing. Many older adults experience a diminished ability to care for themselves and difficulty remaining independent in their own homes. **Community support services** (CSSs) are delivered in the home or community to enable persons coping with health or social problems to maintain the highest possible level of social functioning and quality of life. Examples of CSSs are food services, transportation services, day programs, volunteer visiting and caregiver support services. Timely access to community care and improving access for vulnerable groups were recognized as important issues in *Listening for Direction II*.[1] Access to CSSs is challenging because of the multiplicity of small agencies providing community support and the lack of a central access point. Further, as the health care system becomes more complex, navigating the system for older persons, their families and other health care professionals becomes more difficult. Lack of awareness of available services may lead to failure to recognize service needs or inability to access them.

Study Background

This research project was an initiative of the Community Care Research Centre (CCRC). The CCRC was a partnership of over 30 public and voluntary community care agencies in Hamilton, Ontario and an interdisciplinary group of McMaster University researchers from health, social and management sciences. The issue of access to CSSs was identified as a research priority by Hamilton community care agency representatives at two annual CCRC roundtable meetings. A working group of community care agency senior managers, representatives of planning agencies (e.g., United Way of Burlington and Greater Hamilton, Social Planning and Research Council of Hamilton, Hamilton District Health Council), front-line staff, and McMaster University researchers worked in partnership over a period of 18 months to define the research questions and develop the research proposal. The proposal was funded by the Canadian Institutes of Health Research—Institute on Aging, and the Ontario Ministry of Health and Long-term Care and the United Way of Burlington and Greater Hamilton.

City of Hamilton

The setting for this study is the City of Hamilton. Hamilton is located at the head of Lake Ontario, between Niagara Falls and Toronto. According to the 2001 census, Hamilton's population is 490,268 making it the eighth largest city in Canada. In 2000, Hamilton and five surrounding municipalities, Ancaster, Dundas, Flamborough, Glanbrook and Stoney Creek, merged to form a new amalgamated City of Hamilton. Demonstrating the city's diversity, nearly one-quarter of the metropolitan area population of Hamilton is foreign-born. This makes Hamilton the Canadian city with the third highest proportion of foreign-born residents after Toronto (44%) and Vancouver (38%). Hamilton is an 'aging' city; in 2001, 15 percent of the Hamilton population was over the age of 65 as compared to Canada as a whole which stood at 13 percent in 2000.

[1] Canadian Health Services Research Foundation, the Canadian Institutes of Health Research's Institute of Health Services and Policy Research and their partners (Canadian Institute for Health Information, Canadian Coordinating Office for Health Technology Assessment, Advisory Committee on Governance and Accountability of the Federal/Provincial/Territorial Conference of Deputy Ministers of Health, and the Health Statistics Division of Statistics Canada.

Purpose of This Study

The purpose of the study is to assess older persons' perceived needs for assistance when presented with a social or health problem, their awareness of available CSSs and their sources of information about such services. The study addresses four research questions.

Research Questions

1. Do older persons perceive a need for assistance when presented with a social or health problem for which CSSs might be appropriate?
2. Are older persons aware of available CSSs?
3. Where do older persons seek information about CSSs?
4. What demographic, personal and social characteristics are associated with needs identification, awareness of and information sources for CSSs?

Literature Review

We conducted a review of the literature for primary studies of CSSs that examined: (a) service awareness, service knowledge or service consciousness, and (b) information sources, resources or pathways among older adults. (References included in our literature review are listed in the Reference Section at the back of this report.) We report brief results of our literature search corresponding to our four research questions:

1. Perceived Need for Assistance

Previous studies of service awareness have shown perceived need by asking if a specific service is needed, the number of services needed but not currently received, the number of times a particular service has been needed, and if respondents require help for needs. Perceived need was positively related to the following demographic, personal, social and health-related variables:

- having contact with children
- number of people living in the household
- perceived gender discrimination
- employment status
- number of problems encountered in getting services
- income
- awareness of CSSs
- needing help with activities of daily living
- having poor mental health days
- poor morale
- poor health.

2. Awareness of Community Support Services

Service awareness is a "crucial contingent for service use." Lack of awareness is a significant predictor of unmet need for services. We identified 31 studies that reported the proportion of older adults who were aware of various CSSs. Based on a review of these studies where, on average 34-68% of respondents said they were aware of services, it might be argued that older adults are reasonably well informed about CSSs. However, in two-thirds of the service awareness studies we reviewed, respondents were provided with lists of service or agency names and asked to state whether or not they were aware of each one. This methodology leads to acquiescence bias, the tendency of respondents to reply in the affirmative.

To address acquiescence bias in studies of service awareness, Calsyn and colleagues provided older adults with a fictitious service or agency name, and found that 30% of respondents reported familiarity with a fictitious service. Other researchers have used open-ended questioning to avoid acquiescence bias. In these studies, respondents have been required to state the name of an agency or service that might address a specific problem or provide specific information about a named service to substantiate the claim of service awareness.

3. Sources of Information about Community Support Services

In our review of the literature, we found four primary studies that described where older adults obtain information about CSSs. Older adults' information sources include: (a) formal sources such as service providers and physicians; (b) informal sources such as family members, friends, and relatives; (c) media sources such as television, radio, and newspapers; and (d) print media such as brochures and telephone book yellow pages. There was inconsistency in the literature about older adults' preferred sources of information.

4. Characteristics Associated with Awareness of Community Support Services

Twenty-one of the 31 studies on service awareness reported on the relationship between community support service (CSS) awareness and independent variables such as demographic, health, social and economic characteristics. In most cases, the studies assessed awareness of aggregations of services. These groupings frequently included both CSSs and other services that did not conform to our definition of CSS. However, it was impossible to remove the "other" services from the analysis of results.

Factors positively related to awareness of CSSs include higher levels of education, higher income, being married, and living in an urban environment. Further, it appears that age may be negatively related to awareness of community services. The findings are mixed with respect to which gender has greater awareness of CSSs. The direction of the relationship between awareness of CSSs, health and having difficulties with the activities of daily living is also inconclusive. Participation in church activities geared to older adults was positively associated with awareness of social services, but participation in a broader array of church activities was not related to awareness.

In summary, it is difficult to draw firm conclusions from the research literature on awareness of CSSs because of:

- acquiescence bias
- inconsistent findings across studies
- aggregation of CSSs with other, particularly health, services.

Further, there has been little rigorous research on awareness of CSSs among older adults in Canada.

Study Methodology

The use of vignettes or scenarios is an established research methodology that has been used in research with older persons on topics such as attitudes about community-based services, housing decisions, and perceptions of elder abuse and neglect. Vignettes are short descriptions of hypothetical situations that closely approximate real-life decision-making or judgment-making situations. Respondents are read the vignettes and asked to respond to the hypothetical situation. The use of vignettes avoids acquiescence bias common to many of the studies reviewed on service awareness. Together with front line service providers (Community Care Research Centre mentees), we conducted an environmental scan of community services available in Hamilton and developed a series of 12 vignettes to describe common situations faced by older Canadians for which CSSs might be appropriate. The vignettes were developed to cover a broad range of CSSs available in the community. The vignettes have high face and content validity as they were developed by community support service providers and present common problems experienced by older adults that may be addressed by community support services. Table 1 shows the vignettes used in this study.

1152 telephone interviews were completed in English within a six week period beginning the middle of February 2006 with older adult residents in the greater City of Hamilton. Respondents were each read four short vignettes and asked to imagine themselves in the situation described in the vignettes.[2] During the interview, people were asked: "if you were in this situation, what would you do?" and further, "can you name an organization or program in our community that you would turn to in that situation?" As part of the telephone survey we also collected demographic (e.g., age, gender, marital status, education, country of birth), economic (e.g., income), health (e.g., self-rated health, activity limitation) and social (e.g., social support, membership in voluntary organizations or associations) data about participants. Ethics approval was obtained through the McMaster University Research Ethics Board.

When asked what they would do in the situations described in the vignettes, respondents mentioned twenty different types of assistance including:[3]

1. CSSs
2. spouse
3. son/daughter
4. friends and neighbors
5. relatives
6. physician
7. emergency
8. clinics/hospitals
9. other health professionals
10. non health professionals
11. pastor/clergy/faith community
12. social and recreation services
13. nothing
14. home health services
15. long term care/residential care
16. self help/refer for help/personal strategy
17. government
18. information and referral services
19. disease specific agencies
20. Community Care Access Centre[4]

[2] The sample size for each vignette is 384. Respondents were read one of three panels of four vignettes.

[3] Overall there were 150 different types of responses provided by respondents. These were grouped into twenty meaningful categories for the purpose of analysis.

[4] Community Care Access Centres provide case management, contract out health and community support services and also provide information and referral services. They do not provide community support services directly.

Table 1: Vignettes

Vignette Number	Summary Words for Vignettes	Actual Vignettes
1	**Grief Recovery**	Your spouse died two years ago. You spend a lot of time watching game shows and soap operas. Your family expects you to get on with life. You wish you had someone to talk to.
2	**Financial Insecurity**	You are 72 years old, and your retirement savings are gone. You can't afford to live on your Old Age Security and Canada Pension Plan.
3	**Parental Dementia**	You are the main caregiver for your parent who has Alzheimer Disease. You have discovered that your mother has been taking more pills than she should.
4	**Supporting Your Parents**	The health of your parents is rapidly deteriorating. They are no longer able to cook, clean or buy groceries. They want to stay in their own home.
5	**Caregiver Burden**	You are an only child of a parent with Alzheimer Disease. For years you have been bringing him meals, doing his laundry, and paying his bills. Your spouse is sick and now you have to help him/her too. You are feeling overwhelmed and frustrated.
6	**Financial Abuse**	Your son handles your banking and monitors your investments, since you are unable to leave the house. A recent bank statement shows a lot less money than you think should be there. You think your son is taking your retirement savings.
7	**Leisure**	You are single and recently retired. You have never had time to pursue any leisure activities. You are having trouble filling your time.
8	**Chronic Disease and Safety**	You have severe arthritis in your back and knees. You fell last week.
9	**Caregiver Respite**	Your mother who lives with you, is very confused and can't be left alone. You want to keep her at home, but you have to go to work. The rest of the family are working and cannot help.
10	**Maintaining Your Independence**	You have poor health and are no longer able to do your shopping, housework, or yard work. Your family members are busy and you don't want to bother them.
11	**Transportation**	You have to go for chemotherapy at the hospital several times per week. Your family and friends are unable to help you. You cannot afford to take a taxi and are too weak to take public transit.
12	**Spousal Alcohol Addiction**	Your spouse has been retired for about a year. He or she has started to drink heavily.

Study Findings

Demographic Characteristics of the Participants

Study participants do represent a good cross-section of older adults in Hamilton. **Table 2** presents the demographic profile of our study respondents. This table shows that over two-thirds of study participants were female (71%). In terms of age, 57% were over the age of 60. At the same time 63% of the participants were married, with 19% being widowed, 12% divorced or separated and 6% single or never married. There is a good range of household incomes split across five categories with the most frequent category being $20-$40,000. In terms of education, about one-half of study participants had high school or less (46%), 25% had a trade, non-university certificate or community college and 27% had university education. Over one-half of the study participants (54%) rated their health as very good or excellent, 28% said good and 15% said fair or poor.

Table 3 shows the distribution of study participants across neighborhoods in Hamilton and indicates that our sample is under represented in some neighborhoods, especially in the lower central, east and west sections of the old city of Hamilton. These neighborhoods are more likely to contain lower income residents, and/or those who have recently immigrated to Canada. Recognizing that this may have been a problem for our telephone survey, we also conducted five focus groups with Spanish, Arabic, Vietnamese and Caribbean immigrants to learn about their knowledge and awareness of CSSs. Participants in the focus groups had very little knowledge of community support services (with the exception of the Caribbean immigrants). Responding to the vignette scenarios, most focus group participants acknowledged that they would rely on their family or faith groups. These results are reported elsewhere.

Next, we report findings to address our four research questions.

Findings to the Research Questions

Question 1: Do older persons perceive a need for assistance when presented with a social or health problem for which CSSs might be appropriate?

We were interested in the proportion of older adults who said they would seek help when presented with a vignette that described a common problem faced by older adults. As shown in **Figure 1**, while this varied by vignette, approximately 93% said that they would seek some kind of help. We conclude, that the vast majority of study participants did perceive a need for assistance when presented with a social or health problem for which CSSs might be appropriate.

Table 2: Basic Demographics of the Sample

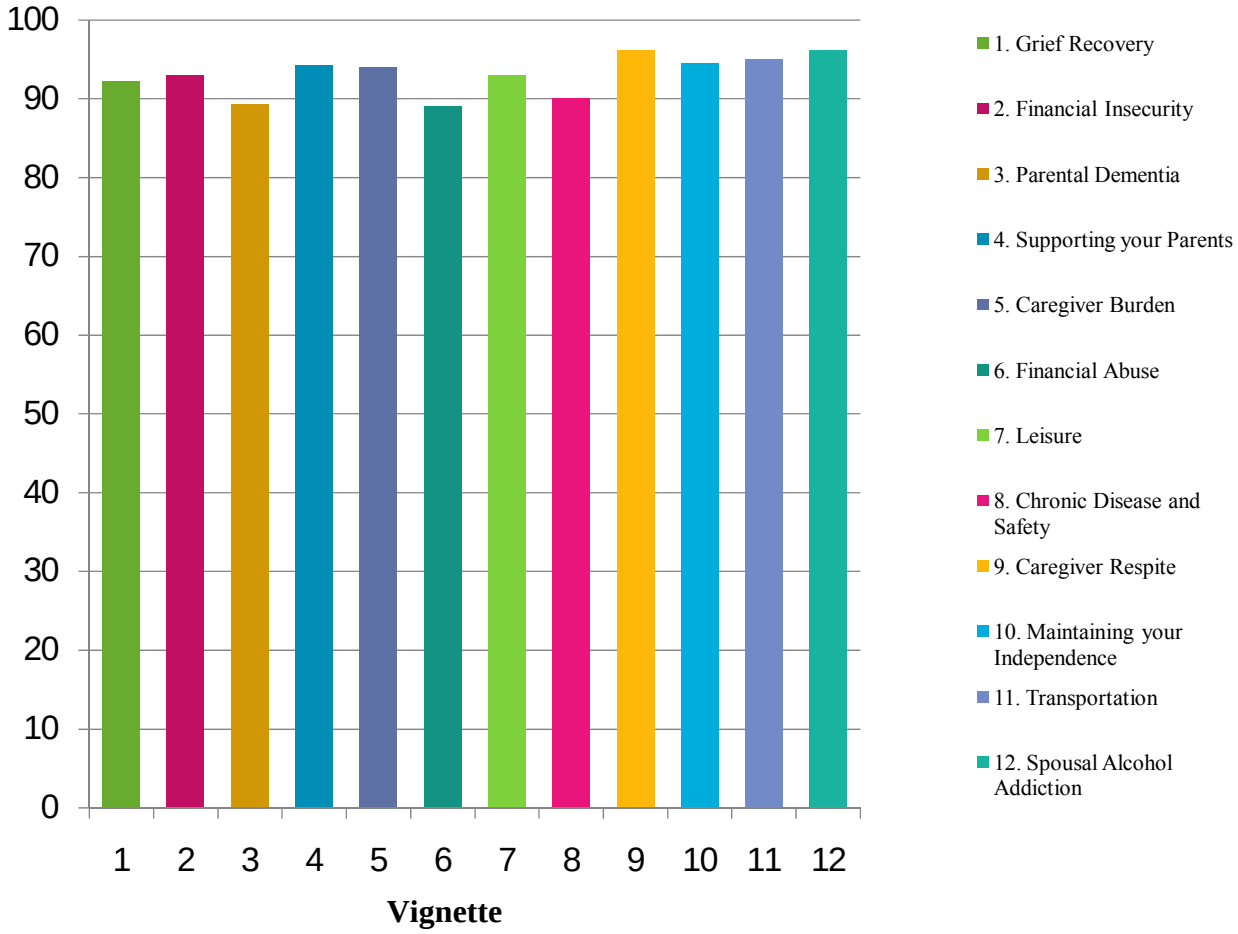
Demographic Variable	Frequency (N)	Percentage
Gender and Age		
Male; 50 – 60	146	12.7
Male; 61 – 70	97	8.4
Male; 71 +	88	7.6
Female; 50 – 60	345	30.0
Female; 61 – 70	243	21.1
Female; 71 +	233	20.2
Total	1152	100.0
Marital Status		
Married, Common – Law	726	63.1
Widowed	221	19.2
Divorced, Separated	133	11.6
Single, never married	71	6.2
Total	1151	99.9
Household Income ($)		
$20, 000 or less	137	15.0
$20, 001 to $40, 000	252	27.6
$40, 001 to $60, 000	170	18.6
$60, 001 to $80, 000	152	16.7
$80, 001 +	201	22.0
Total	912	79.2
Education		
Less than High School	57	4.9
Some – all of High School	479	41.6
Trades, Non-University Certificate, Community College	290	25.2
University of Higher	316	27.4
Total	1142	99.1
Self-Reported Health		
Excellent	241	20.9
Very Good	384	33.3
Good	324	28.1
Fair	146	12.7
Poor	52	4.5
Total	1147	99.6
Country of Birth		
Born in Canada	822	71.4
Foreign Born	320	27.8
Total	1142	99.2

Table 3: Distribution of Study Participants by Neighborhood

Neighborhoods	Frequency (N)	Percentage of respondents in each neighborhood
Eastdale 1	102	8.9
Eastdale 2	72	6.3
Beverly Hills 3	58	5.0
Beverly Hills 4	188	16.3
Valley Park 5	54	4.7
Valley Park 6	101	8.8
Fessenden 7	78	6.8
Fessenden 8	126	10.9
Centermount 9	133	11.5
Centermount 10	60	5.2
Dundurn 11 and 12	52	4.5
McQuesten 13	73	6.3
McQuesten 14	36	3.1
Gibson 15 and 16	12	1.0
TOTAL	1145	99.4

Note locations of neighborhoods:
Eastdale 1: This neighborhood borders Lake Ontario from the Confederation Park area in the west to the Grimsby border in the east.
Eastdale 2: This neighborhood covers a south eastern section of the old City of Hamilton below the escarpment and a south western section of the old City of Stoney Creek below the escarpment.
Beverly Hills 3: This neighborhood covers a small section of the old Town of Dundas, east of the border created by Sydenham Road to Hatt Street to Main Street as far as Spencer Creek and west of East Street.
Beverly Hills 4: This neighborhood covers much of the old Town of Dundas, west of the border created by Sydenham Road to Hatt Street to Main Street as far as Spencer Creek and east of East Street.
Valley Park 5: This neighborhood covers the southeast section of the old City of Hamilton, the old City of Stoney Creek above the escarpment, and the eastern section of the old Town of Glanbrook.
Valley Park 6: This neighbourhood is a section of the west Hamilton mountain.
Fessenden 7: This neighbourhood includes the south-western section of the old City of Hamilton, the southern section of the old Town of Ancaster and the western section of the old Town of Glanbrook.
Fessenden 8: This neighbourhood covers a western section of the old City of Hamilton and an eastern section of the old Town of Ancaster.
Centermount 9: This neighbourhood is a section of the west Hamilton mountain.
Centermount 10: This neighbourhood is a section of the east Hamilton mountain.
Dundurn 11 and 12: This neighbourhood covers areas in west Hamilton through to downtown and also includes an area on the west Hamilton mountain around Chedoke Hospital. This neighbourhood covers sections of downtown Hamilton through to the Dundurn North and York Boulevard area.
McQuesten 13: This neighbourhood is a section of east Hamilton.
McQuesten 14: This neighbourhood is a section of north-east Hamilton.
Gibson 15 and 16: This neighbourhood is a section of central Hamilton.

Figure 1: Percentage of Respondents Who Would Seek Help by Vignette

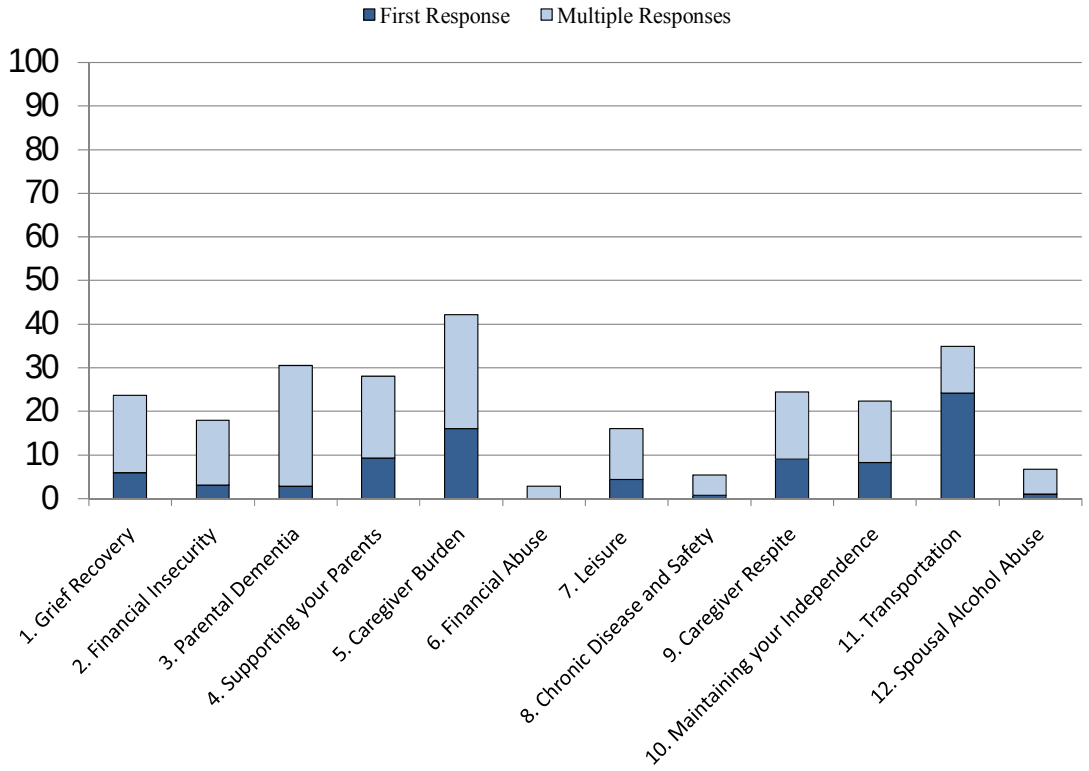


Question 2: Are older persons aware of available community support services?

The question was addressed in two ways. After being read each vignette, participants were asked "if you were in this situation, what would you do?" We calculated the percentage of study participants who identified a CSS as their first response. If a CSS was not identified we asked "anything else" (up to four prompts until a CSS was named). If the study participant did not name a CSS to this first question, we further asked, "can you name an organization or program in our community that you would turn to in that situation?" (Again we used up to four prompts until a CSS was named) The percentage of respondents who answered a CSS at any point during the two questions was then calculated. These results are shown in **Figure 2**.[5] Detailed results are shown in Appendix A.

[5] Of those respondents identifying a CSS, the vast majority were able to name an agency. A minority were only able to identify a type of service. Both response types are included in our measure of CSS.

Figure 2: Percentage of Respondents that Answered CSSs by Vignette by First and Multiple Responses



Findings show that knowledge or awareness of community support services is limited and varied by the type of situation described by the vignette. Figure 2 shows the percentage of respondents that named a community support service by vignette. The bottom section of each bar on the graph shows the percentage that named a community support service as their first response to the question, "what would you do" in the situation described by the vignette. The top or lighter section of each bar shows the percentage of respondents who named a community support service at any later point during the questioning about the vignette.

Awareness of community support services varied by the situation described and ranged from a low of 1% to a high of 41%. Respondents were most likely to be aware of services to assist with care giver burden and transportation services. Awareness was also higher for community support services providing assistance with parental dementia, supporting your parents, caregiver burden, grief recovery, maintaining your independence, and financial insecurity. There was very little knowledge of community support services available to assist people who need assistance with finding leisure activities, spousal alcohol addiction, chronic disease and safety, and financial abuse.

Question 3: Where do older persons seek information about community support services?

As shown in Table 4, about one-quarter of older persons would seek information about community support services from information and referral services, the telephone book, doctor's offices and through word of mouth (i.e., discussions with friends, neighbours and family members). One-sixth would seek information on the internet. Less frequently mentioned sources of information (5-10%) include social and recreation centres, hospitals and clinics, the CCAC, community support services and government sources.

Table 4: Seeking Important Sources of Information about CSSs; First Response and Multiple Responses.

Source	First Response Percentage (%)	Multiple Responses Percentage (%)
Telephone Book	16.8	25.9
Doctor/Doctor's Office	12.7	25.7
Information and Referral Services □	14.5	28.6
Internet	10.1	17.5
Hospital/Clinics	4.0	7.4
CCAC	4.0	6.2
Social and Recreation Centres	4.3	9.6
Word of Mouth*	9.3	23.7
CSSs	2.3	5.0
Other Health Professionals	0.7	1.6
Church/Pastor	0.6	3.3
LTC	0.3	0.6
Government	2.3	4.9
Other	4.3	8.4
Refused/Don't Know	13.9	
TOTAL (% out of 1152)	100.0	

□ **Information and Referral Services includes the following sources:** Newspaper/TV/Radio/Magazines/Media/Mail/The Red Book/Library/University and College

***Word of Mouth includes the following sources:** Friends/Neighbours/Work-related friends/Mother/Daughter-Son-In-Law/Word of Mouth/Other Undefined Relative/Daughter/Child/Mother-Father-Parent-In-Law/Spouse/Son/Sisiter/Sister-Brother-In-Law/Father

Question 4: What demographic, personal and social characteristics are associated with needs identification, awareness of and information sources for community support services?

The findings that address this question will be reported in our second report to the Community.

Discussion

The purpose of this study report was to assess older persons' perceived need for assistance when presented with a social or health problem, their awareness of available CSSs and their sources of information about such services.. Previous studies on awareness of CSSs were inconclusive due to problems with acquiescence bias, inconsistent findings across studies and the aggregation of CSSs with other, particularly health, services.

Findings from this study indicate older adults in Hamilton, Ontario were able to identify a need for assistance when presented with a social or health problem. However, knowledge or awareness of CSSs is limited ranging from 1-41% depending on the type of situation described. Respondents were most likely to be aware of transportation services, services for older persons with dementia, and home support services. There was very little knowledge of CSSs available to assist people who are socially isolated and lonely, who are having financial difficulties or suffer from financial or alcohol abuse.

Older persons seek information about CSSs first from information and referral services, doctors and doctor's offices, newspapers, telephone books, the internet and various other sources. Approximately 10 percent referred to community information services or the CCAC. Many relied on information from word of mouth from family, friends and neighbours.

This is an initial study in a planned program of research dealing with access to and utilization of CSSs. In a follow-up study we plan to assess the adequacy of information about CSSs available from the main information sources identified in the survey and focus groups.

Where do we go from here?

In phase two of this project, a Partners Advisory Committee (PAC) composed of community partner agency representatives, the co-ordinator of the Hamilton Council on Aging and researchers will plan and conduct knowledge translation activities. We will use the organizing framework for a knowledge transfer strategy developed by Lavis and associates. Five questions that will provide an organizing framework include:

- What should be transferred to decision makers (the message)?
- To whom should research knowledge be transferred (the target audience)?
- By whom should research knowledge be transferred (the messenger)?
- How should research knowledge be transferred (the knowledge transfer processes and supporting communications infrastructure)?
- With what effect should research knowledge be transferred (evaluation)?

PAC will meet to review the results and decide on the message(s) to be communicated to the various target audiences. There are four target audiences for applied health research:

- General public, service recipients, employers
- Service providers (e.g. clinicians)
- Managerial decision makers (managers in community organizations)

- Policy decision makers at the federal, provincial and local levels (e.g. health and community care, public health, housing, transportation, Human Resources and Skills Development Canada)

While this research is set in the city of Hamilton, accessibility to services is an issue of concern across the province, and indeed, across Canada. The results of this research will inform policy at the MOHLTC and in LHINs across the province.[6] At the local level study results will help agencies to identify targets for service awareness and education strategies.

[6] The MOHLTC funds many but not all CSSs and is a decision making partner in this project

Reference List

1. *Statistics Canada. Population projections for 2001, 2006, 2011, 2016, 2021 and 2026. http://www.statcan.ca/english/Pgdb/demo23b.htm . 2004.*
2. *Keating N, Fast J, Frederick J, Cranswick K, Perrier C. Eldercare in Canada: Context, Content and Consequences. Catalogue no. 89-570-XPE. Ottawa, Ontario: Statistics Canada; 1999.*
3. *Hamilton District Health Council. Ontario Health Integration Networks. Update #5, 1-2. 12-15-2004. Hamilton, Ontario, Hamilton District Health Council.*
4. *Ontario Ministry of Health and Long-term Care. Local Health Integration Networks: Report on Community workshops. http:/www.health.gov.on.ca/transformation/lhin/121504/community_workshops.pdf . 12-15-2004. 4-30-2005.*
5. *Dault M, Lomas J, and Barer M. Listening for Direction II: National Consultation on Health Services and Policy Issues for 2004-2007. 2004. Ottawa, Ontario, Canadian Health Services Research Foundation.*
6. *Health Canada. Building on Values: The Future of Healthcare In Canada. 2002.*
7. *Rachlis M. Prescription for Excellence. Toronto, Ontario: Harper Collins; 2004.*
8. *Calsyn R, Kelemen W, Jones T, Winter J. Reducing overclaiming in needs assessment studies: An experimental comparison. Evaluation Review 2001;25:583-604.*
9. *Calsyn RJ, Burger GK, Roades L. Cross-validation of differences between users and non-users of senior centers. Journal of Social Service Research 1996;21:39-56.*
10. *Murdock SH, Schwartz DF. Family structure and the use of agency services: An examination of patterns among elderly Native Americans. The Gerontologist. 1978;18:475-80.*
11. *Starrett RA, Todd AM, DeLeon L. A comparison of the social service utilization behaviour of the Cuban & Puerto Rican elderly. Hispanic Journal of Behavioural Sciences 1989;11:341-53.*
12. *Starrett RA, Decker JT, Araujo A, Walters G. The Cuban elderly and their service use. Journal of Applied Gerontology. 1989;8:69-85.*
13. *Calsyn RJ, Winter JP. Predicting different types of service use by the elderly: The strength of the behavioral model and the value of interaction terms. Journal of Applied Gerontology 2000;19:284-303.*
14. *Calsyn R, Roades LA, Klinkenberg WD. Using theory to design needs assessment studies of the elderly. Evaluation and Programming Planning 1998;21:277-86.*
15. *Spence S. Rural elderly African Americans and service delivery: A study of health and social service needs and service accessibility. Journal of Gerontological Social Work 1993;20:187-202.*
16. *Cherry R. Who uses service directories? Extending the behavioral model to information use by older people. Research On Aging 2002;24:548-74.*
17. *Starrett RA, Decker JT. The utilization of social services by the Mexican-American elderly. Ethnicity and Gerontological Social Work 1987;87-101.*
18. *Coulton C, Frost AK. Use of social and health services by the elderly. Journal of Health and Social Behavior 1982;23:330-39.*
19. *Ahmad W, Walker R. Asian older people: Housing, health and access to services . Ageing and Society 2004;17:141-65.*
20. *Calsyn R, Winter J. Understanding and controlling response bias in needs assessment studies. Evaluation Review 1999;23:399-417.*
21. *Calsyn RJ, Roades LA. Predicting perceived service need, service awareness, and service*

utilization. Journal of Gerontological Social Work 1993;21:59-76.
22. *Calsyn RJ, Winter JP. Predicting specific service awareness dimensions. Research On Aging, 1999;21:762-80.*
23. *Chapleski EE. Determinants of knowledge of services to the elderly: are strong ties enabling or inhibiting. Gerontologist 1989;29:539-45.*
24. *Eakin E, Strycker L. Awareness and barriers to use of cancer support and information resources by HMO patients with breast, prostate, or colon cancer: patient and provider perspectives. Psycho-Oncology 2001;10:103-13.*
25. *Fowler FJ, Jr. Health care services for the aged; problems in effective delivery and use, In: Osterbind CC, editor. University of Florida Institute of Gerontology: University of Florida Press; 1970. p. 77-88.*
26. *Hill RD, Tuttle SM, Johnson MA, Morrow-Howell N. Assessing knowledge of services for older adults: The service knowledge quiz. Gerontology and Geriatrics Education 1993;13:53-60.*
27. *Krout JA. Community size differences in service awareness among elderly adults. Journal of Gerontology 1988;43:S28-S30.*
28. *Krout JA. Service awareness among the elderly. Journal of Gerontological Social Work. 1985;9:7-19.*
29. *Kushman JE, Freeman BK. Service consciousness and service knowledge among older Americans. Int J Aging Hum Dev. 1986;23:217-37.*
30. *Moon A, Lubben JE, Villa V. Awareness and utilization of community long-term care services by elderly Korean and non-Hispanic white Americans. Gerontologist 1998;38:309-16.*
31. *Moon A, Evans-Campbell T. Awareness of formal and informal sources of help for victims of elder abuse among Korean American and Caucasian elders in Los Angeles. Journal of Elder Abuse and Neglect 1999;11:1-23.*
32. *Peterson S. Stayed tuned to your programs: Explaining older Americans' program encounters. Journal of Aging Studies 1988;2:183-97.*
33. *Rao VVP, Rao VN. Factors related to the knowledge and use of social services among the black elderly. Journal of Minority Aging 1983;8:26-35.*
34. *Richardson V. Service use among urban African American elderly people. Social Work 1992;37:47-54.*
35. *Salvage AV, Jones DA, Vetter NJ. Awareness of and satisfaction with community services in a random sample of over 75s. Health Trends 1988;20:88-92.*
36. *Sherman S, Ward R, LaGory M. Higher education and peer socialization. Gerontology and Geriatrics Education 1984;4:15-21.*
37. *Silverstein NM. Informing the elderly about public services: The relationship between sources of knowledge and service utilization. Gerontologist 1984;24:37-40.*
38. *Snider E. Awareness and use of health services by the elderly. Medical Care 1980;18:1177-82.*
39. *Snider EE. (B) Factors influencing health service knowledge among the elderly. Journal of Health 1980;21:371-77.*
40. *Spence SA, Atherton CR. The Black elderly and the social service delivery system: A study of factors influencing the use of community-based services. Journal of Gerontological Social Work 1991;16:19-35.*
41. *Ward RA, Sherman SR, LaGory M. Informal networks and knowledge of services for older persons. Journal of Gerontology 1984;39:216-23.*
42. *West GE, Delisle MA, Simard C, Drouin D. Leisure activities and service knowledge and use among the rural elderly. Journal of Aging and Health 1996;8:254-79.*

43. *Calsyn RJ, Roades LA, Calsyn DS. Acquiescence in needs assessment studies of the elderly. The Gerontologist 1992;32:246-52.*
44. *Ehrlich NJ, Carlson D, Bailey N. Sources of information about how to obtain assistive technology: Findings from a national survey of persons with disabilities. Assistive Technology 2003;15:28-38.*
45. *Feldman, Penny H, Oberlink, Mia R, Simantov, Elisabeth, and Gursen, Michal D. A tale of two older Americas: Community opportunities and challenges. AdvantAge initiative: 2003 National Survey of Adults Aged 65 and Older. 4-2-2004. 4-2-0004.*
46. *Goodman IR. The selection of communication channels by the elderly to obtain information. Educational Gerontology 1992;18:701-14.*
47. *Calsyn RWJP. Understanding and controlling response bias in needs assessment studies. Evaluation Review 1999;23:399-417.*
48. *Chapleski EE, Gelfand DE, Pugh KE. Great Lakes American Indian elders and service utilization: Does residence matter? The Journal of Applied Gerontology 1997;16:333-54.*
49. *Taietz P. Community complexity and knowledge of facilities. Journal of Applied Gerontology. 1975;30:357-62.*
50. *Teddlie C, Tashakkori A. Major issues and controversies in the use of mixed methods in the social and behavioral sciences, In: Tashakkori A, Teddlie C, editors. Handbook of Mixed Methods in Social and Behavioral Research. Thousand Oaks, California: Sage Publications, Inc.; 2003. p. 11.*
51. *Schoenberg NE, Coward RT, Albrecht SL. Attitudes of older adults about community-based services: Emergent themes from in-depth interviews. Journal of Gerontological Social Work 2001;35:3-19.*
52. *Morgan LA, Krach C. Selecting senior housing: Information needs and sources. Journal of Housing for the Elderly 1995;11:51-66.*
53. *Pablo S, Braun KL. Perceptions of elder abuse and neglect and help-seeking patterns among Filipino and Korean elderly women in Honolulu. Journal of Elder Abuse and Neglect 1997;9:63-76.*
54. *Alexander CS, Becker HJ. The use of vignettes in survey research. Public Opinion Quarterly 1978;93-104.*
55. *Barter C, Renold E. The use of vignettes in qualitative research. Social Research Update 1999.*
56. *Finch J. The vignette technique in survey research. Sociology 1987;21:105-14.*
57. *Statistics Canada. The Canadian Community Health Survey (CCHS) - Cycle 1.1 Content. http://www.statcan.ca/english/concepts/health/content.htm . 2005. 4-30-2005.*
58. *Statistics Canada.*
2001 Census Questionnaire. http://www12.statcan.ca/english/census01/home/questionnaire.cfm. 2005.
59. *Statistics Canada. 1996 National Population Health Survey Content for October 1, 1996. http://data.library.ubc.ca/datalib/survey/statscan/nphs/1996/nphs96que1.pdf. 2005. 4-30-2005.*
60. *Crabtree B, Miller W. Doing Qualitative Research, Second ed. Thousand Oaks, CA: Sage; 1999.*
61. *Krueger RA. Focus Groups: A Practical Guide for Applied Research. Thousand Oaks, CA: Sage; 1994.*
62. *Krueger RA. Analyzing & Reporting Focus Group Results. Thousand Oaks, CA: Sage; 1998.*
63. *Lavis J, Robertson D, Woodside J, McLeod C, Abelson J. How can research organizations more effectively transfer research knowledge to decision makers? The Milbank Quarterly 2003;81:221-48.*

APPENDIX A: DETAILED RESPONSES FOR EACH VIGNETTE

Vignette 1: Grief Recovery

Vignette 1: Your spouse died two years ago. You spend a lot of time watching game shows and soap operas. Your family expects you to get on with life. You wish you had someone to talk to.

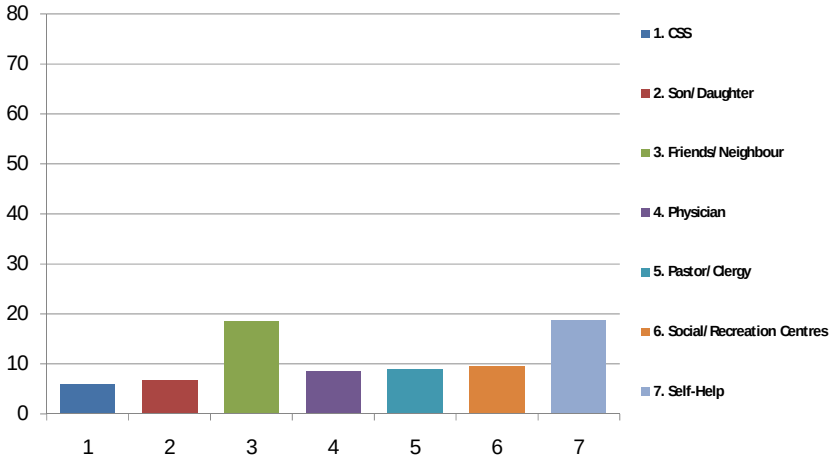
- 6 percent of the study participants named a CSS as their first response.
- Overall, 23.7 percent could name a CSS after prompting.
- The most frequent CSSs named were:

  - Bereavement group/grief counseling
  - Friends in Grief
  - Counseling
  - Catholic Family Services
  - Senior Peer Counseling
  - Friendly Visitor
  - Adult Day Program

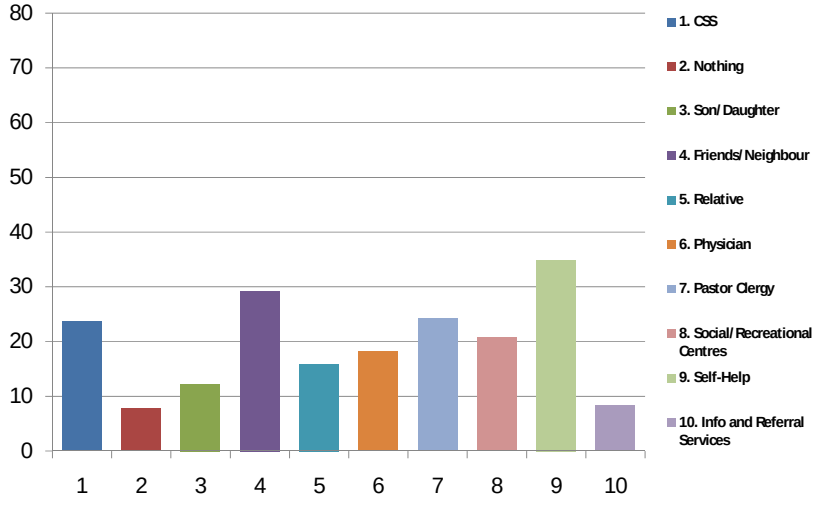
- Other sources of assistance mentioned include:

  - Self-Help
  - Friends and Neighbours
  - Pastor/Clergy
  - Social and Recreation Clubs
  - Physician
  - Relative
  - Son/Daughter
  - Information and Referral Services

Percentage of Respondents by First Response to Vignette 1: Grief Recovery



Percentage of Respondents by Multiple Responses to Vignette 1: Grief Recovery



Vignette 2: Financial Insecurity

Vignette 2: You are 72 years old, and your retirement savings are gone. You can't afford to live on your Old Age Security Pension and Canada Pension.

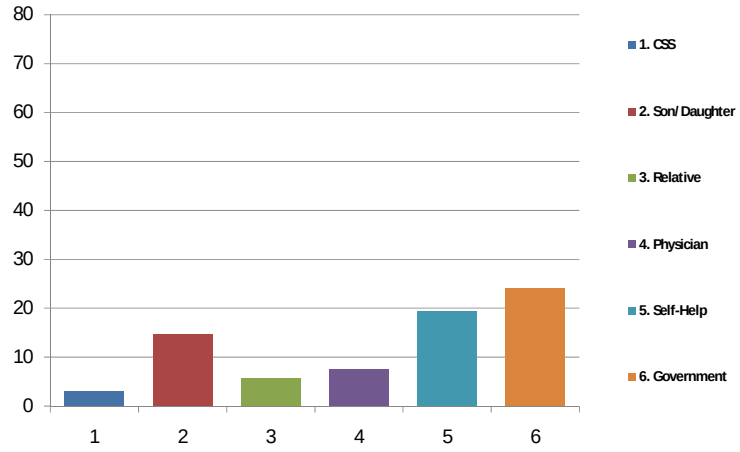
- 3.1 percent of the study participants named a CSS as their first response.
- Overall, 18.0 percent could name a CSS after prompting.
- The most frequent CSSs named were:

  - Salvation Army
  - Good Shepherd Centre
  - Go to Food Bank
  - Counseling
  - Family Services of Hamilton
  - Macassa Lodge Seniors Program
  - Senior Peer Counseling

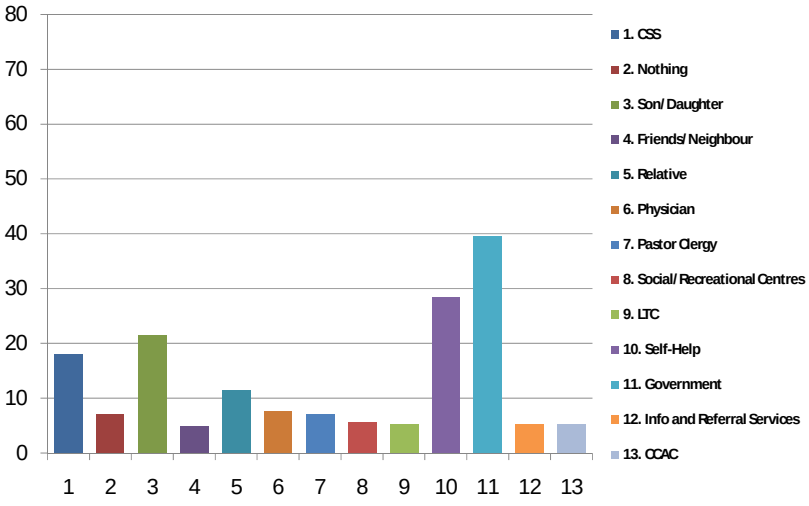
- Other sources of assistance mentioned include:

  - Government
  - Self-Help
  - Son/Daughter
  - Relative
  - Information and Referral Services
  - Physician
  - Pastor/Clergy
  - Social and Recreation Clubs
  - LTC
  - Friends and Neighbours

Percentage of Respondents by First Response to Vignette 2: Financial Insecurity



Percentage of Respondents by Multiple Responses to Vignette 2: Financial Insecurity



Vignette 3: Parental Dementia

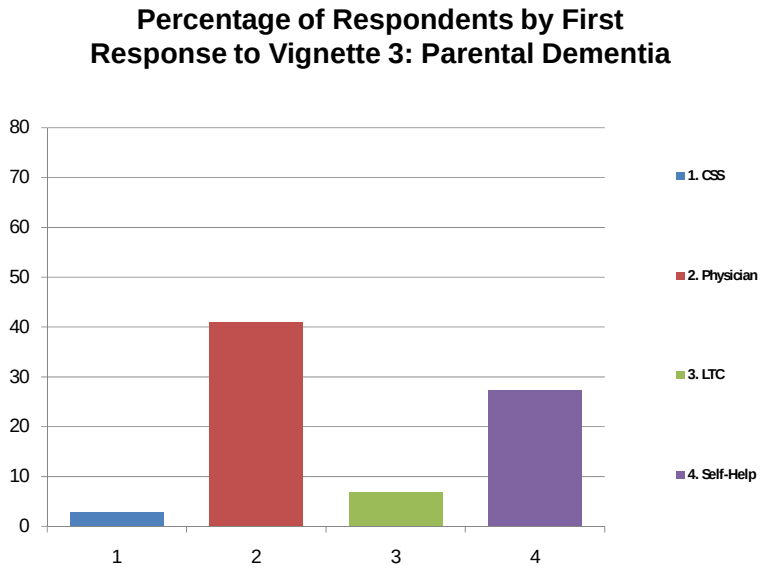
Vignette 3: You are the main caregiver for your parent who has Alzheimer Disease. You have discovered that your mother has been taking more pills than she should.

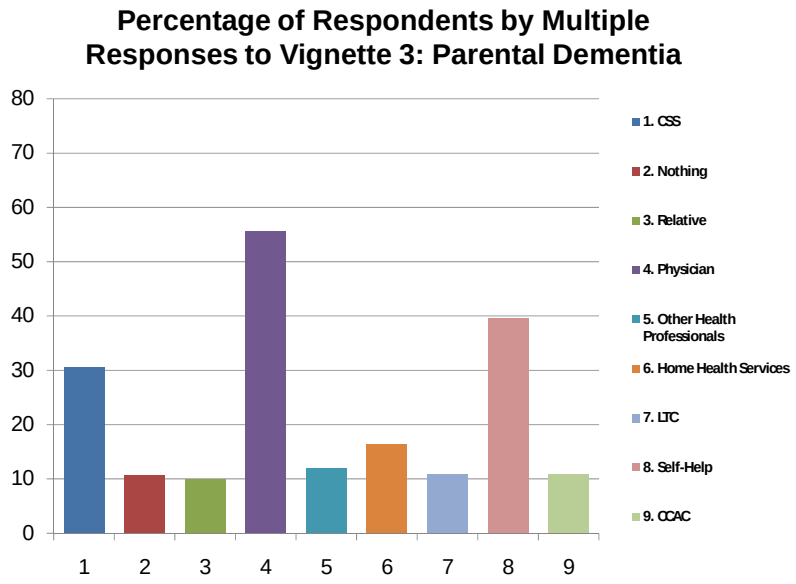
- 2.9 percent of the study participants named a CSS as their first response.
- Overall, 30.5 percent could name a CSS after prompting.
- The most frequent CSSs named were:

  - Alzheimer Society
  - St. Joseph's Villa Adult Day Program

- Other sources of assistance mentioned include:

  - Physician
  - Self-Help
  - Home Health Services
  - Information and Referral Services
  - Other Health Professionals
  - LTC
  - Relative





Vignette 4: Supporting your Parents

Vignette 4: The health of your parents is rapidly deteriorating. They are no longer able to cook, clean or buy groceries. They want to stay in their own home.

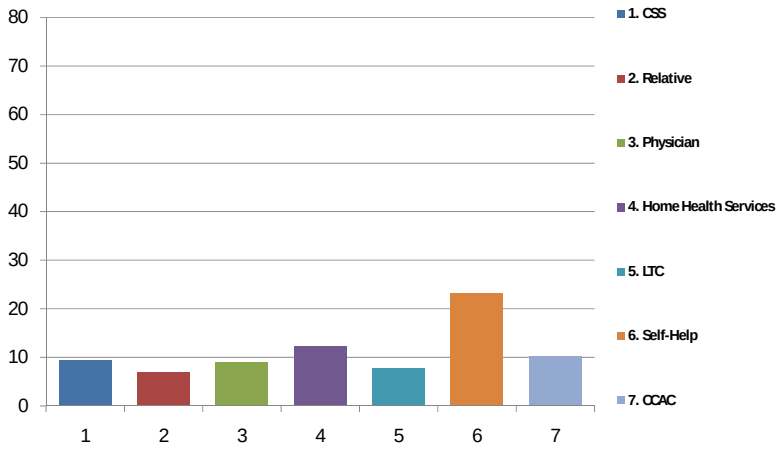
- 9.4 percent of the study participants named a CSS as their first response.
- Overall, 28.1 percent could name a CSS after prompting.
- The most frequent CSSs named were:

  - Meals on Wheels
  - VON Caregiver Support Program
  - Alzheimer Society
  - Family Services of Hamilton
  - Red Cross
  - St. Joseph's Villa Adult Day Program
  - VON Adult Day Program

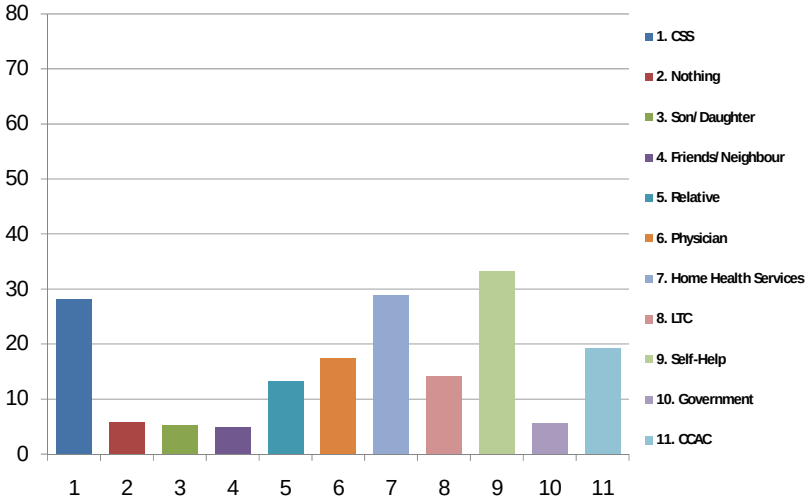
- Other sources of assistance mentioned include:

  - Self-Help
  - Home Health Services
  - Information and Referral Services
  - Physician
  - LTC
  - Relative
  - Government
  - Son/Daughter
  - Friends and Neighbours

Percentage of Respondents by First Response to Vignette 4: Supporting your Parents



Percentage of Respondents by Multiple Responses to Vignette 4: Supporting your Parents



Vignette 5: Caregiver Burden

Vignette 5: You are an only child of a parent with Alzheimer Disease. For years you have been bringing him meals, doing his laundry, and paying his bills. Your spouse is sick and now you have to help him/her too. You are feeling overwhelmed and frustrated.

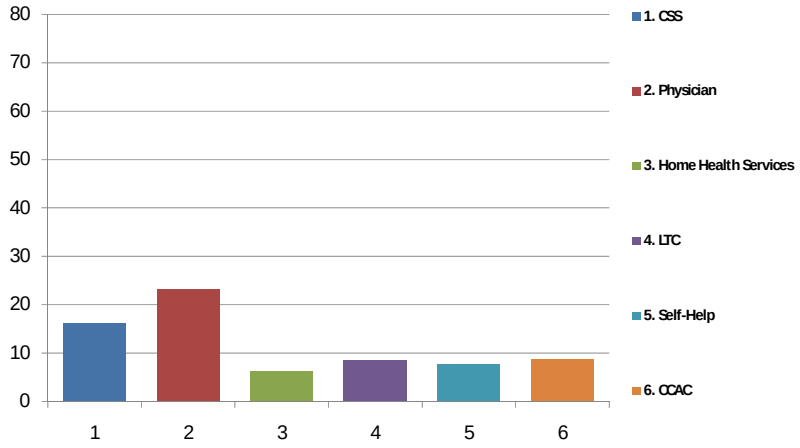
- 16.1 percent of the study participants named a CSS as their first response.
- Overall, 42.2 percent could name a CSS after prompting.
-
- The most frequent CSSs named were:

  - Alzheimer Society
  - Meals on Wheels
  - Adult Day Program
  - VON Caregiver Support Program
  - St. Joseph's Villa Adult Day Program
  - DARTS

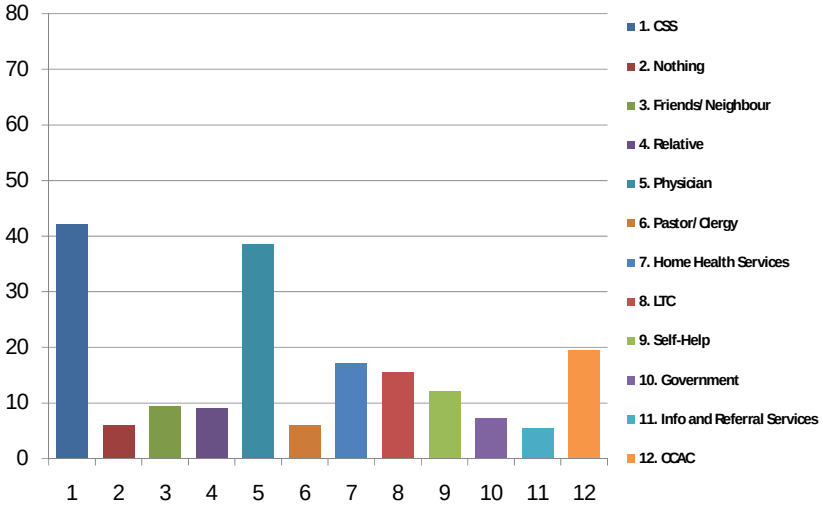
- Other sources of assistance mentioned include:

  - Physician
  - Information and Referral Services
  - Home Health Services
  - LTC
  - Self-Help
  - Friends and Neighbours
  - Relative
  - Government
  - Pastor/Clergy

Percentage of Respondents by First Response to Vignette 5: Caregiver Burden



Percentage of Respondents by Multiple Responses to Vignette 5: Caregiver Burden



Vignette 6: Financial Abuse

Vignette 6: Your son handles your banking and monitors your investments, since you are unable to leave the house. A recent bank statement shows a lot less money than you think should be there. You think your son is taking your retirement savings.

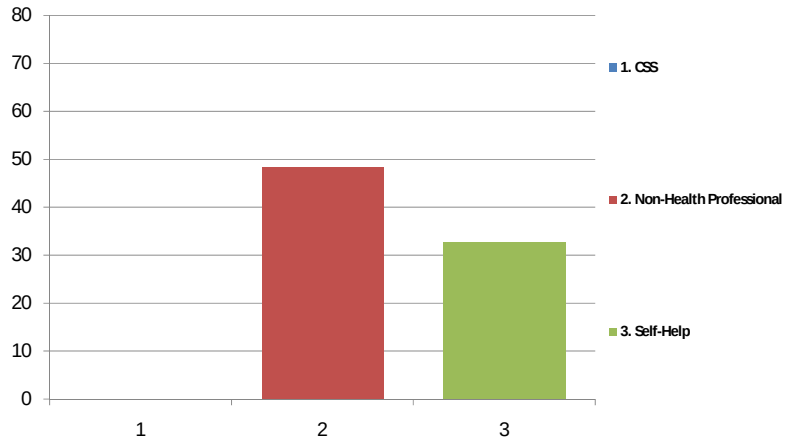
- 0 percent of the study participants named a CSS as their first response.
- Overall, 2.9 percent could name a CSS after prompting.
- The most frequent CSSs named were:

  - Elder Abuse Program

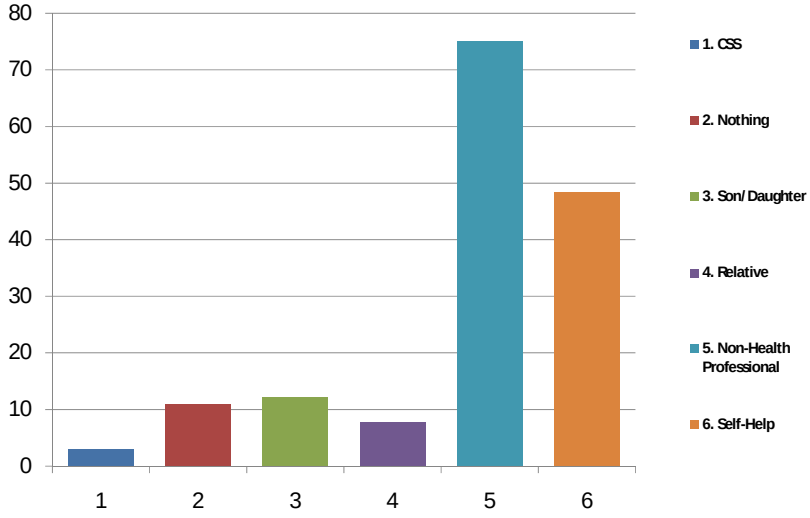
- Other sources of assistance mentioned include:

  - Non-Health Professional
  - Self-Help
  - Son/Daughter
  - Relative

Percentage of Respondents by First Response to Vignette 6: Financial Abuse



Percentage of Respondents by Multiple Responses to Vignette 6: Financial Abuse



Vignette 7: Leisure

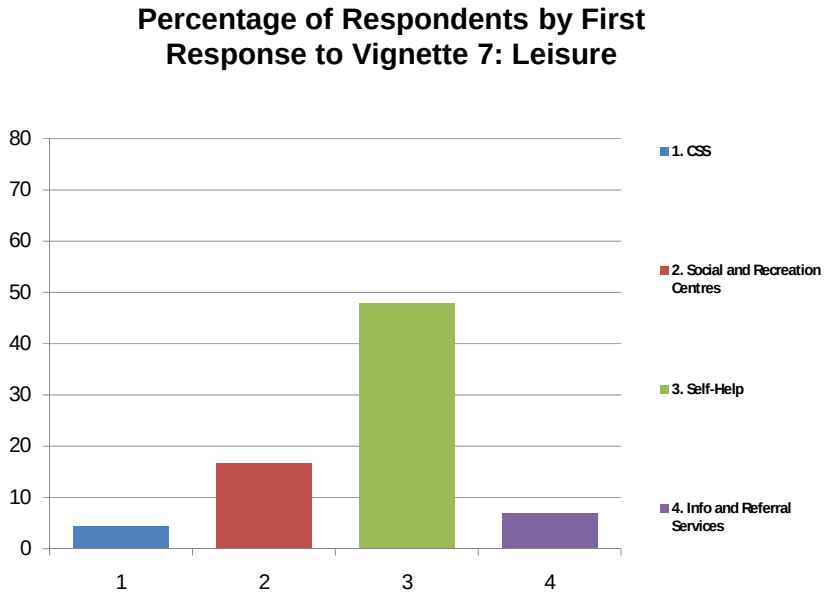
Vignette 7: You are single, and recently retired. You have never had time to pursue any leisure activities. You are having trouble filling your time.

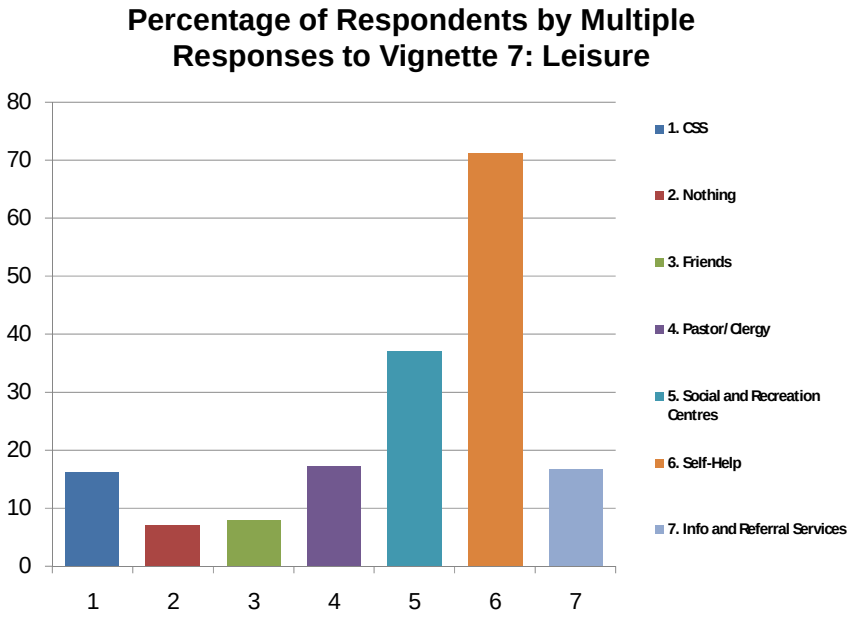
- 4.4 percent of the study participants named a CSS as their first response.
- Overall, 16.1 percent could name a CSS after prompting.
- The most frequent CSSs named were:

  - Catholic Family Services
  - Meals on Wheels
  - St. Joseph's Villa Adult Day Program
  - Senior Peer Counseling
  - Dundas Community Centre

- Other sources of assistance mentioned include:

  - Self-Help
  - Social and Recreation Clubs
  - Information and Referral Services
  - Pastor/Clergy
  - Friends and Neighbours





Vignette 8: Chronic Disease and Safety

Vignette 8: You have severe arthritis in your back and knees. You fell last week.

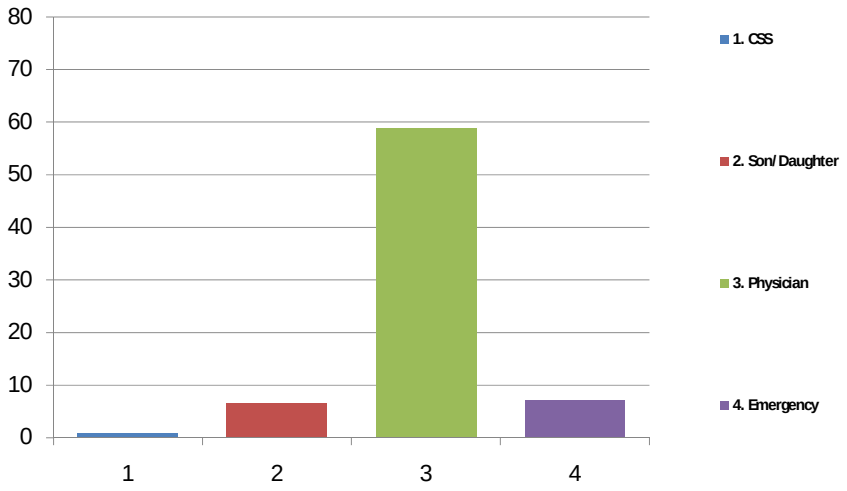
- 0.8 percent of the study participants named a CSS as their first response.
- Overall, 5.5 percent could name a CSS after prompting.
- The most frequent CSSs named were:

  - Meals on Wheels
  - VON Caregiver Support Program

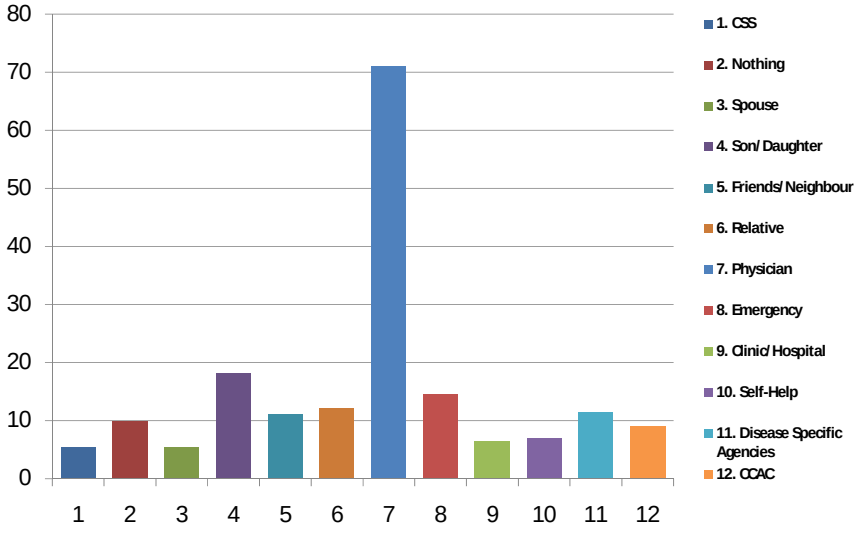
- Other sources of assistance mentioned include:

  - Physician
  - Son/Daughter
  - Emergency
  - Information and Referral Services
  - Relative
  - Disease Specific Health Agencies
  - Friends and Neighbours
  - Self-Help
  - Clinic/Hospital
  - Spouse

Percentage of Respondents by First Response to Vignette 8: Chronic Disease and Safety



Percentage of Respondents by Multiple Responses to Vignette 8: Chronic Disease and Safety



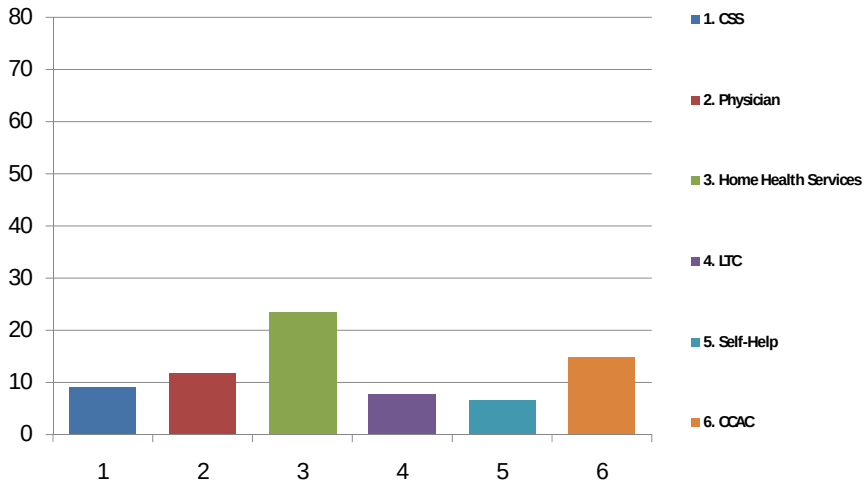
Vignette 9: Caregiver Respite

Vignette 9: Your mother who lives with you is very confused and can't be left alone. You want to keep her at home, but you have to go to work. The rest of the family are working and cannot help.

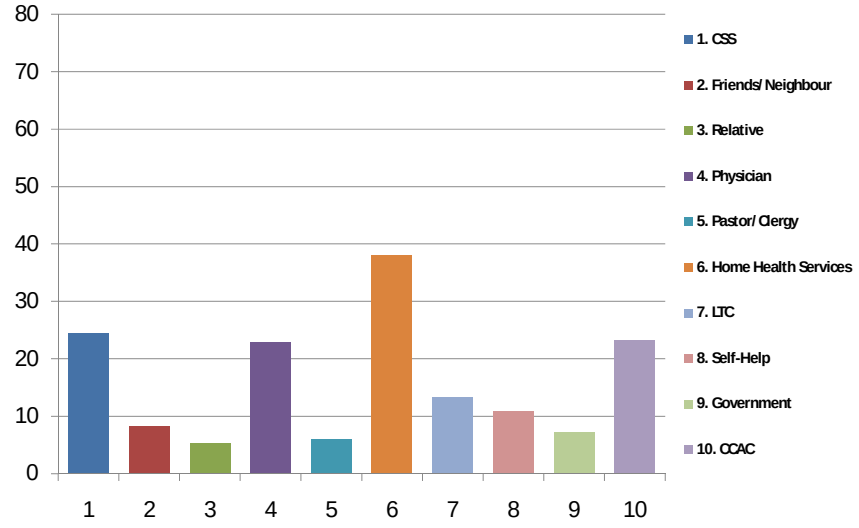
- 9.1 percent of the study participants named a CSS as their first response.
- Overall, 24.5 percent could name a CSS after prompting.
- There were no frequently named CSSs.
- Other sources of assistance mentioned include:

  - Home Health Services
  - Information and Referral Services
  - Physician
  - LTC
  - Self-Help
  - Friends and Neighbours
  - Government
  - Pastor/Clergy
  - Relative

Percentage of Respondents by First Response to Vignette 9: Caregiver Respite



Percentage of Respondents by Multiple Responses to Vignette 9: Caregiver Respite



Vignette 10: Maintaining your Independence

Vignette 10: You have poor health and are no longer able to do your shopping, housework, or yard work. Your family members are busy and you don't want to bother them.

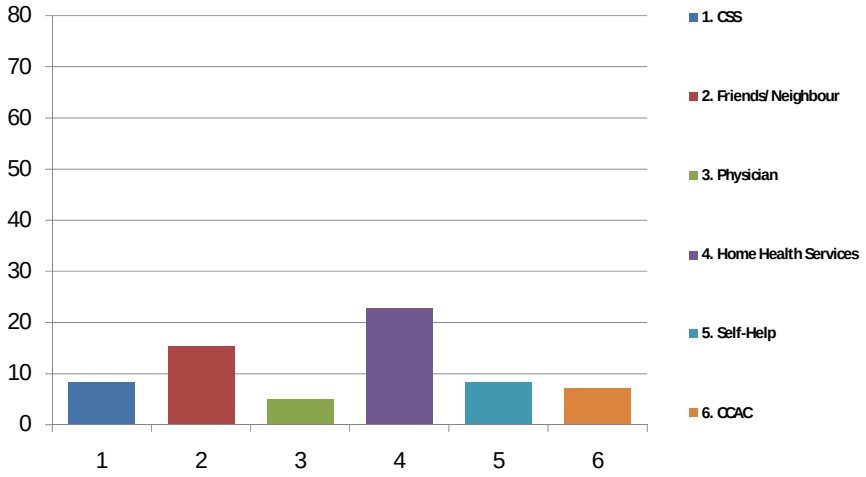
- 8.3 percent of the study participants named a CSS as their first response.
- Overall, 22.4 percent could name a CSS after prompting.
- The most frequent CSSs named were:

  - Meals on Wheels
  - Groceries
  - Red Cross
  - Senior Peer Counseling
  - DARTS
  - Dundas Community Centre
  - VON Caregiver Support Program

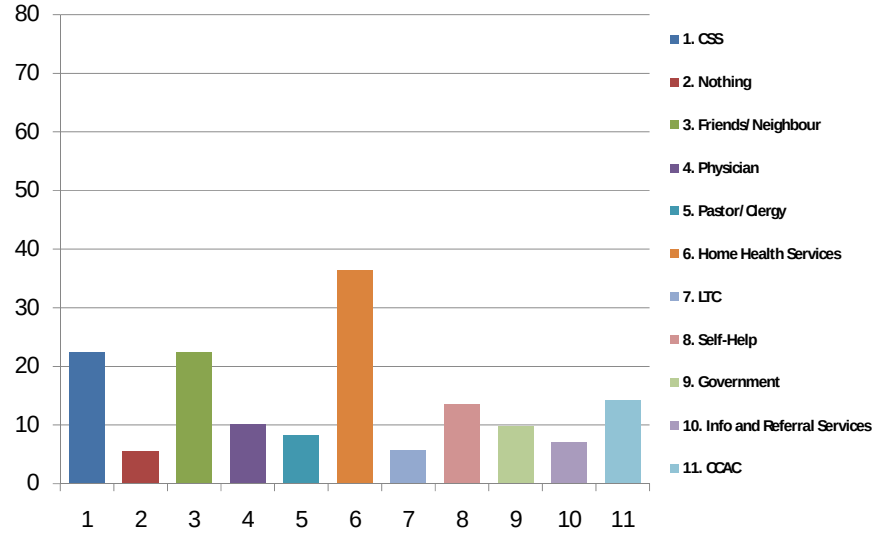
- Other sources of assistance mentioned include:

  - Home Health Services
  - Friends and Neighbours
  - Information and Referral Services
  - Self-Help
  - Physician
  - Government
  - Pastor/Clergy
  - LTC

Percentage of Respondents by First Response to Vignette 10: Maintaining your Independence



Percentage of Respondents by Multiple Responses to Vignette 10: Maintaining your Independence



Vignette 11: Transportation

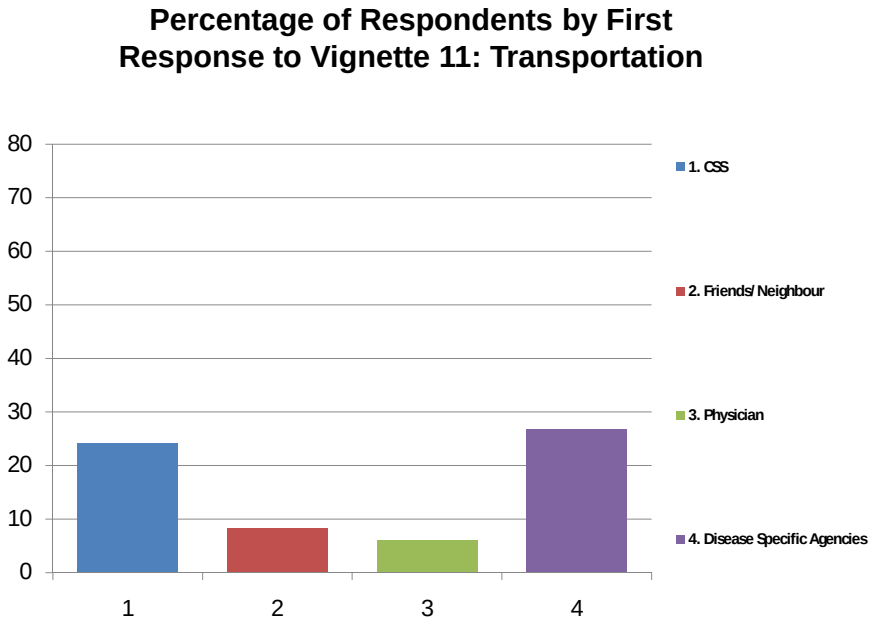
Vignette 11: You have to go for chemotherapy at the hospital several times/week. Your family and friends are unable to help you. You cannot afford to take a taxi and are too weak to take public transit.

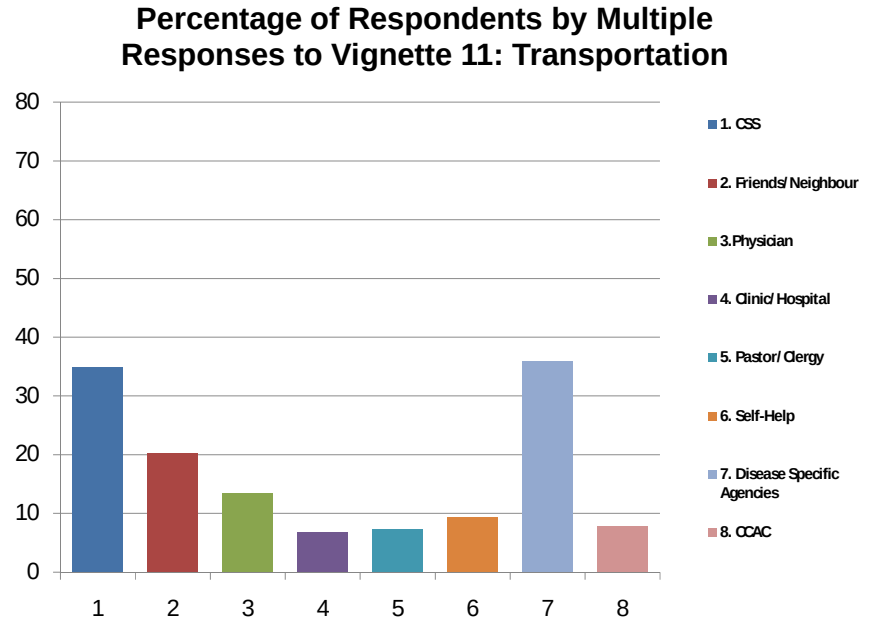
- 24.2 percent of the study participants named a CSS as their first response.
- Overall, 34.9 percent could name a CSS after prompting.
- The most frequent CSSs named were:

  - DARTS
  - Red Cross

- Other sources of assistance mentioned include:

  - Disease Specific Health Agencies
  - Friends and Neighbours
  - Physician
  - Information and Referral Services
  - Self-Help
  - Pastor/Clergy
  - Clinic/Hospital





Vignette 12: Spousal Alcohol Addiction

Vignette 12: Your spouse has been retired for about a year. He/she has started to drink heavily.

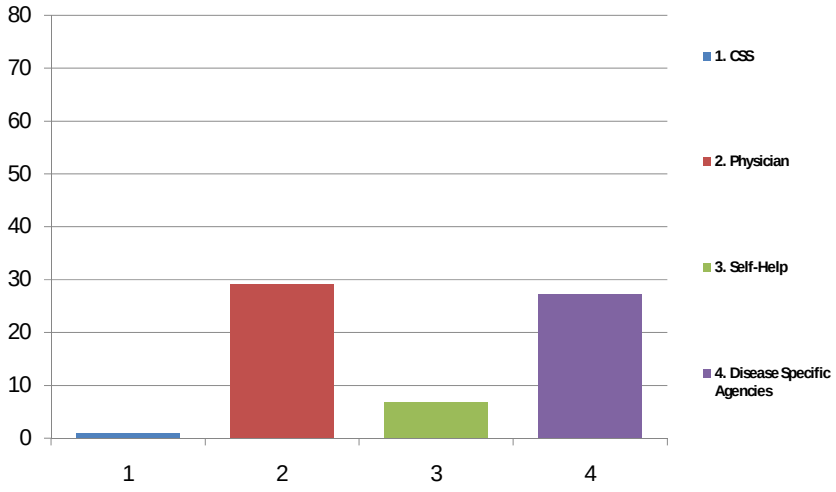
- 1.0 percent of the study participants named a CSS as their first response.
- Overall, 6.8 percent could name a CSS after prompting.
-
- The most frequent CSSs named were:

  - Counseling

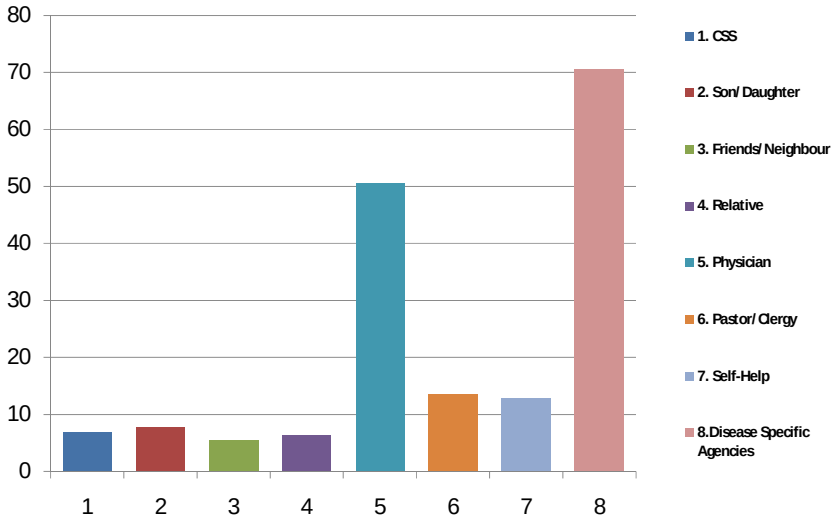
- Other sources of assistance mentioned include:

  - Disease Specific Health Agencies
  - Physician
  - Pastor/Clergy
  - Self-Help
  - Son/Daughter
  - Relative
  - Friends and Neighbours

Percentage of Respondents by First Response to Vignette 12: Spousal Alcohol Addiction



Percentage of Respondents by Multiple Responses to Vignette 12: Spousal Alcohol Addiction



Number	Title	Author(s)
(2007)		
No. 168:	Health human resources planning and the production of health: Development of an extended analytical framework for needs-based health human resources planning	S. Birch G. Kephart G. Tomblin-Murphy L. O'Brien-Pallas R. Alder A. MacKenzie
No. 169:	Gender Inequality in the Wealth of Older Canadians	M. Denton L. Boos
No. 170:	The Evolution of Elderly Poverty in Canada	K. Milligan
No. 171:	Return and Onwards Migration among Older Canadians: Findings from the 2001 Census	K.B. Newbold
No. 172:	Le système de retraite américain: entre fragmentation et logique financière	D. Béland
No. 173:	Entrepreneurship, Liquidity Constraints and Start-up Costs	R. Fonseca P.-C. Michaud T. Sopraseuth
No. 174:	How did the Elimination of the Earnings Test above the Normal Retirement Age affect Retirement Expectations?	P.-C. Michaud A. van Soest
No. 175:	The SES Health Gradient on Both Sides of the Atlantic	J. Banks M. Marmot Z. Oldfield J.P. Smith
No. 176:	Pension Provision and Retirement Saving: Lessons from the United Kingdom	R. Disney C. Emmerson M. Wakefield
No. 177:	Retirement Saving in Australia	G. Barrett Y.-P. Tseng
No. 178:	The Health Services Use Among Older Canadians in Rural and Urban Areas	H. Conde J.T. McDonald
No. 179:	Older Workers and On-the-Job Training in Canada: Evidence from the WES data	I.U. Zeytinoglu G.B. Cooke K. Harry
No. 180:	Private Pensions and Income Security in Old Age: An Uncertain Future – Conference Report	M. Hering M. Kpessa

Number	Title	Author(s)
No. 181:	Age, SES, and Health: A Population Level Analysis of Health Inequalitites over the Life Course	S. Prus
No. 182:	Ethnic Inequality in Canada: Economic and Health Dimensions	E.M. Gee K.M. Kobayashi S.G. Prus
No. 183:	Home and Mortgage Ownership of the Dutch Elderly: Explaining Cohort, Time and Age Effects	A. van der Schors R.J.M. Alessie M. Mastrogiacomo
No. 184:	A Comparative Analysis of the Nativity Wealth Gap	T.K. Bauer D.A. Cobb-Clark V. Hildebrand M. Sinning
No. 185:	Cross-Country Variation in Obesity Patterns among Older Americans and Europeans	P.C. Michaud A. van Soest T. Andreyeva
No. 186:	Which Canadian Seniors Are Below the Low-Income Measure?	M.R. Veall
No. 187:	Policy Areas Impinging on Elderly Transportation Mobility: An Explanation with Ontario, Canada as Example	R. Mercado A. Páez K. B. Newbold
No. 188:	The Integration of Occupational Pension Regulations: Lessons for Canada	M. Hering M. Kpessa
No. 189:	Psychosocial resources and social health inequalities in France: Exploratory findings from a general population survey	F. Jusot M. Grignon P. Dourgnon
No. 190:	Health-Care Utilization in Canada: 25 Years of Evidence	L.J. Curtis W.J. MacMinn
No. 191:	Health Status of On and Off-reserve Aboriginal Peoples: Analysis of the Aboriginal Peoples Survey	L.J. Curtis
No. 192:	On the Sensitivity of Aggregate Productivity Growth Rates to Noisy Measurement	F.T. Denton
No. 193:	Initial Destination Choices of Skilled-worker Immigrants from South Asia to Canada: Assessment of the Relative Importance of Explanatory Factors	L. Xu K.L. Liaw
No. 194:	Problematic Post-Landing Interprovincial Migration of the Immigrants in Canada: From 1980-83 through 1992-95	L. Xu K.L. Liaw

Number	Title	Author(s)
No. 195:	Inter-CMA Migration of the Immigrants in Canada: 1991-1996 and 1996-2001	L. Xu
No. 196:	Characterization and Explanation of the 1996-2001 Inter-CMA Migration of the Second Generation in Canada	L. Xu
No. 197:	Transitions out of and back to employment among older men and women in the UK	D. Haardt
No. 198:	Older couples' labour market reactions to family disruptions	D. Haardt
No. 199:	The Adequacy of Retirement Savings: Subjective Survey Reports by Retired Canadians	S. Alan K. Atalay T.F. Crossley
No. 200:	Underfunding of Defined Benefit Pension Plans and Benefit Guarantee Insurance - An Overview of Theory and Empirics	M. Jametti
No. 201:	Effects of 'authorized generics' on Canadian drug prices	P. Grootendorst
No. 202:	When Bad Things Happen to Good People: The Economic Consequences of Retiring to Caregive	P.L. McDonald T. Sussman P. Donahue
No. 203:	Relatively Inaccessible Abundance: Reflections on U.S. Health Care	I.L. Bourgeault
No. 204:	Professional Work in Health Care Organizations: The Structural Influences of Patients in French, Canadian and American Hospitals	I.L. Bourgeault I. Sainsaulieu P. Khokher K. Hirschkorn
No. 205:	Who Minds the Gate? Comparing the role of non physician providers in the primary care division of labour in Canada & the U.S.	I.L. Bourgeault
No. 206:	Immigration, Ethnicity and Cancer in U.S. Women	J.T. McDonald J. Neily
No. 207:	Ordinary Least Squares Bias and Bias Corrections for *iid* Samples	L. Magee
No. 208:	The Roles of Ethnicity and Language Acculturation in Determining the Interprovincial Migration Propensities in Canada: from the Late 1970s to the Late 1990s	X. Ma K.L. Liaw
No. 209:	Aging, Gender and Neighbourhood Determinants of Distance Traveled: A Multilevel Analysis in the Hamilton CMA	R. Mercado A. Páez

Number	Title	Author(s)
No. 210:	La préparation financière à la retraite des premiers boomers : une comparaison Québec-Ontario	L. Mo J. Légaré
No. 211:	Explaining the Health Gap between Canadian- and Foreign-Born Older Adults: Findings from the 2000/2001 Canadian Community Health Survey	K.M. Kobayashi S. Prus
No. 212:	"Midlife Crises": Understanding the Changing Nature of Relationships in Middle Age Canadian Families	K.M. Kobayashi
No. 213:	A Note on Income Distribution and Growth	W. Scarth
No. 214:	Is Foreign-Owned Capital a Bad Thing to Tax?	W. Scarth
No. 215:	A review of instrumental variables estimation in the applied health sciences	P. Grootendorst
No. 216:	The Impact of Immigration on the Labour Market Outcomes of Native-born Canadians	J. Tu
No. 217:	Caregiver Employment Status and Time to Institutionalization of Persons with Dementia	M. Oremus P. Raina
No. 218:	The Use of Behaviour and Mood Medications by Care-recipients in Dementia and Caregiver Depression and Perceived Overall Health	M. Oremus H. Yazdi P. Raina
No. 219:	Looking for Private Information in Self-Assessed Health	J. Banks T. Crossley S. Goshev
No. 220:	An Evaluation of the Working Income Tax Benefit	W. Scarth L. Tang
No. 221:	The life expectancy gains from pharmaceutical drugs: a critical appraisal of the literature	P. Grootendorst E. Piérard M. Shim
No. 222:	Cognitive functioning and labour force participation among older men and women in England	D. Haardt
No. 223:	Creating the Canada/Quebec Pension Plans: An Historical and Political Analysis	K. Babich D. Béland
No. 224:	Assessing Alternative Financing Methods for the Canadian Health Care System in View of Population Aging	D. Andrews
No. 225:	The Role of Coping Humour in the Physical and Mental Health of Older Adults	E. Marziali L. McDonald P. Donahue

SEDAP RESEARCH PAPERS: Recent Releases

Number	Title	Author(s)
No. 226: (2008)	Exploring the Effects of Aggregation Error in the Estimation of Consumer Demand Elasticities	F.T. Denton D.C. Mountain
No. 227:	Using Statistics Canada LifePaths Microsimulation Model to Project the Health Status of Canadian Elderly	J. Légaré Y. Décarie
No. 228:	An Application of Price and Quantity Indexes in the Analysis of Changes in Expenditures on Physician Services	F.T. Denton C.H. Feaver B.G. Spencer
No. 229:	Age-specific Income Inequality and Life Expectancy: New Evidence	S. Prus R.L. Brown
No. 230:	Ethnic Differences in Health: Does Immigration Status Matter?	K.M. Kobayashi S. Prus Z. Lin
No. 231:	What is Retirement? A Review and Assessment of Alternative Concepts and Measures	F.T. Denton B.G. Spencer
No. 232:	The Politics of Social Policy Reform in the United States: The Clinton and the W. Bush Presidencies Reconsidered	D. Béland A. Waddan
No. 233:	Grand Coalitions for Unpopular Reforms: Building a Cross-Party Consensus to Raise the Retirement Age	M. Hering
No. 234:	Visiting and Office Home Care Workers' Occupational Health: An Analysis of Workplace Flexibility and Worker Insecurity Measures Associated with Emotional and Physical Health	I.U. Zeytinoglu M. Denton S. Davies M.B. Seaton J. Millen
No. 235:	Policy Change in the Canadian Welfare State: Comparing the Canada Pension Plan and Unemployment Insurance	D. Béland J. Myles
No. 236:	Income Security and Stability During Retirement in Canada	S. LaRochelle-Côté J. Myles G. Picot
No. 237:	Pension Benefit Insurance and Pension Plan Portfolio Choice	T.F. Crossley M. Jametti
No. 238:	Determinants of Mammography Usage across Rural and Urban Regions of Canada	J.T. McDonald A. Sherman

Number	Title	Author(s)
(2009)		
No. 239:	Negative Effects of the Canadian GIS Clawback and Possible Mitigating Alternatives	D. Chisholm R.L. Brown
No. 240:	Basic Living Expenses for the Canadian Elderly	B.-J. MacDonald D. Andrews R.L. Brown
No. 241:	Financial security of elders in China	Y. Cheng M.W. Rosenberg
No. 242:	The Impact of Skill Mismatch among Migrants on Remittance Behaviour	J.T. McDonald M.R. Valenzuela
No. 243:	Car Driving and Public Transit Use in Canadian Metropolitan Areas: Focus on Elderly and Role of Health and Social Network Factors	R.G. Mercado K.B. Newbold
No. 244:	Where Would You Turn for Help? Older Adults' Knowledge and Awareness of Community Support Services	M. Denton J. Ploeg J. Tindale B. Hutchison K. Brazil N. Akhtar-Danesh M. Quinlan