

## DIRECTOR'S PERSPECTIVE

by David F. Hultsch, PhD



Last Fall, a group of researchers associated with the Centre on Aging began the process of applying for an award from the Research Unit Infrastructure Program of the Michael Smith Foundation for Health Research (MSFHR). I am pleased to report that, following a two stage review process, the Centre has been awarded a grant of \$687,500 through March 31, 2006.

The overall goal of the MSFHR Research Unit Infrastructure Program is to assist British Columbia's universities and other research facilities to build their health research capacity and increase the amount and scope of health research conducted in the Province. As such, the grant will not provide operating funds to conduct specific research projects, but rather, (as indicated by the name of the program) will provide resources to support and facilitate research. Funds from the program will be used to hire additional staff for the Centre, including a secretary, administrative assistant, a research assistant, and a research associate to support the Centre's research mission. In addition, the grant will provide funds to release faculty from other duties so that they

can devote more time to research. Support is also available for travel.

With the availability of this additional infrastructure support, our goal is to expand our research activities in two broad areas of inquiry.

### Understanding vulnerability and promoting health

To understand and address why some seniors are more likely to experience disability than others, researchers are looking at a range of issues related to vulnerability, health promotion, and the health care delivery system. These include:

1. Examining healthy behaviors and outcomes as a function of different cultural, social, and living conditions.
2. Developing and assessing strategies for coping with and caring for specific health conditions.
3. Developing and assessing strategies to promote healthy individual functioning.
4. Exploring how to promote and ensure healthy communities.
5. Exploring how to deliver health care that is appropriate, accessible and affordable.

### Cognition, health and everyday competence in aging

Aging is associated with significant levels of cognitive impairment and other mental health problems, leading to significant decline in quality of life for older adults and increased demand for health services. Within the broad area of mental health and aging, centre researchers are addressing many questions, including:

1. Early diagnosis of neurological and other disorders.
2. The impact of cognitive impairment in specific everyday functioning, such as driving and financial management.
3. Influences and interventions that may delay or prevent the onset of cognitive decline and other mental health problems.
4. Ways in which the formal and informal care systems can be organized to effectively manage individuals with varying types of mental health impairment.

Within these areas of inquiry, emphasis will be placed on obtaining external funding to support specific projects and on collaboration with various community-based research partners such as the Vancouver Island Health Authority. The award from MSFHR will significantly facilitate our efforts to conduct world-class research on aging that contributes to the health and quality of life of older adults.

A total of 18 University of Victoria researchers are members of the MSFHR research team. In addition, other researchers from Victoria and around the world are also involved. The participating researchers are listed below.

#### UVic Faculty

Dr. Daniel N. Bub, Professor, Dept. of Psychology  
 Dr. Neena L. Chappell, Professor, Dept. of Sociology  
 Dr. Denise Cloutier-Fisher, Assistant Professor, Dept. of Geography

## NEWS AT THE CENTRE

**Helen Simpson**, was awarded the Governor General's Caring Canadian Award on May 15, 2003.



Helen is an active member of the Centre on Aging's Advisory Board and our volunteers, the Friends of the Centre. We are proud to announce that Helen received the award because of her volunteer work, including:

- Being a leader of Canadian Girls in Training
- Teaching Sunday school
- Participating in the planning and operation of summer youth camps
- Playing a key role in establishing the Victoria Family Caregivers Network
- In collaboration with the Victoria Native Friendship Centre, identifying issues and needs of seniors in the urban, off-reserve First Nations population.

For 12 years, she co-facilitated a caregiver support group, all the while acting as a caregiver for several family members. In a hands-on capacity, she has supported many organizations involved in issues affecting the elderly, including the Victoria Gerontology Association, the Caregivers Association of B.C. and the South Island Seniors Advocacy Society.

Helen is a warm, caring individual who uses humour and her experi-

Dr. Elaine Gallagher, Professor, School of Nursing  
Dr. David F. Hultsch, Professor, Dept. of Psychology and Director, Centre on Aging  
Dr. Michael A. Hunter, Associate Professor, Dept. of Psychology  
Dr. Karen Kobayashi, Assistant Professor, Dept. of Sociology  
Dr. David Chuenyan Lai, Professor Emeritus, Dept. of Geography  
Dr. Patricia MacKenzie, Associate Professor, School of Social Work  
Dr. Michael Masson, Professor, Dept. of Psychology  
Dr. Catherine Mateer, Professor, Dept. of Psychology  
Dr. Patrick McGowan, Research Associate, Centre on Aging  
Dr. Margaret J. Penning, Associate Professor, Dept. of Sociology  
Dr. Ryan E. Rhodes, Assistant Professor, School of Physical Education  
Dr. Kelli Stajduhar, Adjunct Assistant Professor, School of Nursing  
Dr. Esther Strauss, Professor, Dept. of Psychology  
Dr. Holly Tuokko, Professor, Dept. of Psychology  
Dr. Zheng Wu, Professor, Dept. of Sociology

### External Researchers

Dr. Iris Chi, Head, Social Work & Social Administration, University of Hong Kong  
Dr. Roger A. Dixon, Professor, Dept. of Psychology, University of Alberta  
Dr. John W. Gartrell, Adjunct Professor, Dept. of Sociology, University of Hawaii at Manoa  
Dr. Shixun Gui, Director, Population Studies Institute, East China Normal University  
Dr. Betty Havens, Senior Scholar, Faculty of Medicine, University of Manitoba  
Dr. Marcus Hollander, President, Hollander Analytical Services Ltd  
Dr. Weimin Hu, Population Health Epidemiologist, Vancouver Island Health Authority  
Dr. Edward M.F. Leung, Regional Program Director, Geriatric Specialty Board, University of Hong Kong  
Dr. Ian W. McDowell, Professor, Dept. of Epidemiology and Community Medicine, University of Ottawa  
Dr. Victor Minichiello, Professor, School of Health, University of New England, Australia  
Dr. Norm O'Rourke, Assistant Professor, Gerontology Research Centre, Simon Fraser University  
Dr. Brent J. Small, Associate Professor, Department of Gerontology, University of South Florida  
Dr. Richard S. Stanwick, Medical Health Officer, Vancouver Island Health Authority  
Dr. Andrew V. Wister, Professor, Gerontology Research Centre, Simon Fraser University.

ence, especially those experiences dealing with issues surrounding caregiving, to make her community a better place.

## WELCOME AND GOODBYE

The Centre would like to welcome our new faculty, staff and students.

**Dr. David Lai**, professor emeritus, Department of Geography, has joined the Centre to continue his research.



Dr. Lai is presently involved in partnerships in China and with the Centre's Michael Smith research development described in the director's perspective by Dr. David Hulstsch.

**Kim Dranchuk, Anita Jessop, and Phyllis McGee** will be joining the Centre as part of the infrastructure funding provided by the Michael Smith Foundation for Health Research. Kim will be joining the university after working in the private sector providing administrative support in a research setting. Anita has been working on campus and will join the administrative team in providing secretarial support for our researchers. Phyllis has been working with Dr. Holly Tuokko on her research over the past two and a half years. Now Phyllis will focus on helping to develop new research projects and new research teams.

**Jodi Sturge and Jennifer Harvey** have joined the Centre working for Dr. Denise Cloutier-Fisher. Dr. Cloutier-Fisher interests are in rural aging, impacts of restructuring and the challenges of rural service provision. Her recent research efforts have focused on the ways in which restructuring has increased the vulnerability of certain elderly and disabled populations.

**Arlene Carson**, one of the PATH community coordinators, will take up part time residence at the Centre to support her postdoctoral work. **Nancy Davis** takes over as project coordinator on the PATH project while **Laura Funk** begins her doctoral studies and works as the PATH research associate.

The Centre would like to say goodbye and wish **Karen Kusch** good luck with her doctoral studies at McMasters. Other research staff and volunteers who have recently moved on include: **Mandy Basran, Mike Kozakowski, Carolyn Morris, and Karen Murphy**. Thank you and good luck!

## NEWS FROM LADNER

*by Patrick McGowan*

Congratulations to our Masters students who have completed their research projects. First of all, Sherry Lynch and co-investigator Whitney McMillan completed a research project entitled: **Voices Validated: "The Experience of Peer Volunteers Delivering Community - Based Health Care Programs."** For more information about this study please contact Sherry at [slynych@dccnet.com](mailto:slynych@dccnet.com). Having completed her Masters degree Sherry now joins the Centre on Aging - Ladner Office as a researcher. Sherry brings many years experience working in health education with chronic health conditions and has expertise with both quantitative and qualitative methodology. Sherry will be working on a variety of research projects with Dr. McGowan, and will assist with both the implementation and research activities that are part of the provincial implementation of the Chronic Disease Self-Management Program. Welcome Sherry!

Fran Hensen and Karen Monroe, students completing a Master of Education in Leadership Studies, have also completed their research entitled: **"The Association Between Diabetes Patient Education and Self-Management Education"**. Fran and Karen presented their research at the 2003 Canadian Diabetes Association Professional Conference in Ottawa this October. For information about this study please contact Fran Hensen at [anjouplace@shaw.ca](mailto:anjouplace@shaw.ca) or Karen Monroe at [kmonroe@shaw.ca](mailto:kmonroe@shaw.ca). Rita Cormier, one of our researchers recently received a Masters level Canada Graduate Scholarship from SSHRC and is focusing her research on Diabetes Management in Older Adults. Rita is now completing a Masters Degree in Gerontology at SFU. As well, congratulations to Brenda Leung, a naturopathic physician who spent time with us at the Centre learning research methods. Brenda was accepted to the Masters Program in the Department of Community Health Services, Faculty of Medicine at the University of Calgary.

This fall we'll be very busy implementing the Chronic Disease Self-Management Programs around the province. We have a new toll free telephone num-

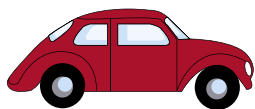
ber for people around the province to call and find out about the program and where they can take it. The toll free number is 1-866-902-3767.

We are trying to develop an acronym for this number - the last five numbers stand for CDSMP but we need help to determine what the 866 90 should stand for. Got any ideas? Please let me know. **A Special Prize will be awarded to the person who comes up with the best idea.**

Lastly, Leader-Training Workshops for new program leaders have been arranged in North Vancouver, Squamish, Sechelt, Powell River, Langley, Abbotsford, Williams Lake, Nelson, Prince Rupert, Chemainus, and Victoria. As well, a training workshop has been arranged for Chinese Leaders who will then deliver the program in Chinese.

## ACCESSIBLE TRANSPORTATION

by D. Allan & P. McGee



*The Centre on Aging, along with our research partners and funders: BC Transit, the Capital Regional District and the Vancouver Island Health Authority, has recently completed a project looking at accessible transportation issues on Vancouver Island. The following information is taken from the executive summary of the project's final report. The report will be available shortly, you will find it online at our website or by contacting Diane Allan at 250-721-6368.*

The Capital Regional District (CRD) on Vancouver Island is home to some 320,000 residents and covers over

2,400 square kilometers including some very rural and remote areas. Given the vast and diverse nature of this area, it is not surprising that transportation is a major issue faced by older adults and persons with disabilities residing in the CRD. As well, this situation is not likely to improve given the current and proposed demographic figures, which estimate that the older adult population will double by the year 2026.

Although much has been done to address these transportation problems, a comprehensive action plan has never been developed. In the spring of 2002, a group of individuals representing the CRD, Vancouver Island Health Authority, volunteer service organizations, BC Transit, and community groups formed a steering committee to address this. The Centre on Aging at the University of Victoria was contacted and asked to spearhead a research project that would:

1. compile an inventory of CRD transportation services available to older adults and persons with disabilities. This would include transportation-specific services as well as services offered by non-transportation organizations.
2. conduct focus groups with service users and service providers to discuss what is working, what is not working, and to propose recommendations for change.
3. produce a working paper on the future of transportation in the CRD as it relates to older adults and persons with disabilities.

This project was conducted during the spring and summer of 2003. During this time we heard from 90 focus group participants (62 service users and 28 service providers), 68 respondents to the citywide request for comments (20 letters, 9 emails, 39 telephone calls), and 66 respondents to the service provider survey (a 5 page questionnaire that was sent to 84 transportation service providers in the CRD).

Respondents, for the most part, spoke highly of the transportation systems available in the CRD and the service providers who operate these systems. In fact, a few individuals commented that the systems they use are just fine the way they are and 'please don't change anything'. Others commented on how they would not be able to get along without the services that they currently use.

However, comments by respondents also supported the need for change and improvement to the existing system in order to meet the increasing demands of an aging population that desires to age in place. A number of common themes emerged.

- Accessible transportation needs to be acknowledged as a critical component of quality of life.
- Accessible transportation crosses many organizational boundaries creating challenges for users and a need for coordination within and across organizations.
- The definition of accessibility needs to be broadened.
- Education is needed at all levels - who needs to be educated and what should they be educated on.
- A variety of gaps exist in

the provision of accessible transportation.

- The needs and expectations of rural residents are quite different from urban residents.

In response to these comments, the steering committee has identified a number of areas to be addressed that will not only broaden the concept of accessible transportation, but also move us toward a more accessible transportation system for all in the CRD.

First and foremost, there is a need to coordinate all accessible transportation services for older adults and persons with disabilities within and across all sectors (i.e., public, private, volunteer, community). Yet, such an endeavor is likely to happen only when a regional accessible transportation committee is formed that includes representation from not only service providers and users, but also municipalities. Given the large number of municipalities within the CRD, the formation of a committee that includes providers, users and municipal representatives is an ambitious undertaking, and the logistics and mandate of such a committee would need to be well thought out. In fact, such a challenge will likely demand someone to coordinate the committee members and take the lead in moving committee recommendations forward. This will require that funding be secured for a coordinator position.

In addition to the coordinator, a further way of managing a large regional committee, such as the one proposed would be to create smaller working subcommittees that can more effectively address individual items. A list of issues that could be addressed was identified by the steering committee.

These issues cluster together under the categories of: social and economic costs, partnering, increase in services, policy, and education and promotion.

### **Social and Economic Costs**

- Identify the social and economic costs of a deficient transportation system for older adults and persons with disabilities.
- Identify the financial costs to implement proposed ideas. Which ideas will offer the best short- and long-term return?
- Identify how these ideas will reduce social and economic costs.

### **Partnering**

- Examine the possibility of BC Transit partnering with community organizations, including VIHA. The partnership could take on many forms including direct partnership and consultation. For example, given their current experiences with coordination of transportation, BC Transit is in a position to share models of service delivery that can be adapted to other organizations, assist with the training of service users of various organizations, etc.
- Examine the possibility of community organizations with accessible vehicles partnering with other organizations that require accessible vehicles.
- Identify service providers who have vehicles, but do not currently provide services to older adults and those

with a disability (e.g. school buses, kids clubs). Once this has been accomplished, determine the feasibility of developing mutually workable partnerships.

### **Increase in Services**

- Residents of Salt Spring Island need to revisit the issue of BC Transit services. Is it a possibility to have handyDART services without regular transit? Would the residents of Salt Spring Island agree to a tax increase or some other sustainable source of funding to acquire this service?
- Determine the feasibility of shuttle/minibuses in the more rural areas of the CRD.
- Examine the coordination of services (both public and private) to determine whether additional resources and/or a formal coordination system of current resources are necessary.

### **Policy**

- Determine which community organizations are publicly funded, privately funded, and both publicly and privately funded. This information can then be used to determine who is responsible for the implementation of some of the ideas to be investigated in the future.
- Develop a means of decreasing bureaucracy at all levels.

- Acknowledge and develop guidelines to address the ethical dilemma of providing transportation services for medical/health purposes while denying it for social purposes.
- Identify the insurance and liability issues associated with: (a) organizations wishing to share vehicles with other organizations; (b) organizations wishing to use vehicles owned by other organizations; and (c) volunteer drivers using private vehicles to provide transportation. Once this has been accomplished, the information can be distributed to interested parties and strategies can be developed to address the issues.

## Education and Promotion

- Develop education strategies for service users, service providers, and non-service users.
- Develop strategies to recruit volunteer drivers. This may include applying for a government grant to recruit more drivers. Volunteer drivers are aging and replacements need to be found. Furthermore, those requiring assistance are frailer, and older volunteer drivers may not be able to provide the required level of assistance.
- Use existing organizations (recreation, religious, etc.) to promote the values of volunteer driving, helping our fellow neighbour, etc.
- Develop and maintain a formal service provider inventory using the information collected for this working paper and make it available through newsletters, websites, flyers, etc.
- To increase flexibility and options for mobility, promote the use of several different types of transportation systems.



## Acknowledgements

This report is a collaborative effort of many stakeholders representing various volunteer, public, private, and community organizations throughout the Capital Regional District (CRD), along with numerous older adults and persons with disabilities.

First, we would like to acknowledge BC Transit, Capital Regional District, Vancouver Island Health Authority, and Centre on Aging for funding this timely study.

Appreciation is also extended to members of the Accessible Transportation Steering Committee who, despite their differing backgrounds, had the willingness to come together to identify this issue as one of great importance and the vision to develop a project that would produce a working paper aimed at increasing accessible transportation services in the CRD. This project most certainly would not have been possible without their expert knowledge and financial support. Without a doubt, these individuals are committed to a vision of accessible transportation services for all in the CRD.

Finally, we wish to thank those who participated in the focus groups, responded by telephone, letters and email to our request for comments on current transportation services, and completed the service provider questionnaire. Their input was the foundation for this report, establishing where we are now and where we should be going.

# VERA and IDOP

Each year the Centre on Aging along with our sponsors CPL Long-Term Care REIT, Rogers' Chocolates and Thrifty Foods host a tea for all the Valued Elder Recognition Award (VERA) nominees and their nominators. This year the tea was held at the University Club with music provided by Nathan Bomans.

Following the tea, and just before the International Day of the Older Person (IDOP) lecture when the VERAs are given out, a tree planting takes place to honour the VERA recipients. The tree this year is a Yulan Magnolia (*magnolia denudata*), a deciduous tree that has a relatively fast growth rate and eventually reaches 30 to 40 feet in height (with an equal spread). The crown is open and forms a rounded outline several years after planting. The off-white, saucer-shaped, six-inch diameter, fragrant blooms appear on the trees before the emergence of the seven-inch-long, dark green leaves. The blooms are followed by five-inch-long, brown fruits which ripen in early fall to reveal the bright red, inner seeds. There is no appreciable fall color change.

This year Norm O'Rourke, PhD, a Research Affiliate of the Centre on Aging and an assistant professor at Simon Fraser University gave the lecture entitled: *Memories of the past and future expectations: Factors predicting the well-being of widowed women*. In his lecture Dr. O'Rourke presented his research on widowhood. He discussed how, over the years, persons accumulate a wealth of memories of their marriage and spouses, but only a portion of this information can be retained. What is remembered (and forgotten) appears to be related to certain personality traits and general ways of making sense of life and the world. Furthermore, selective forgetting appears to promote emotional well-being.

This assertion of selective forgetting has been examined in research with older women in terms of their ability to adjust to the death of their husbands. Similar to previous studies, personality traits appear to affect interpersonal memories that, in turn, affect adjustment to widowhood. The implications of these findings are considered with respect to intervention with widows experiencing prolonged distress.

## VERA RECIPIENTS

*Everyone at the Centre on Aging would like to congratulate this year's Valued Elder Recognition Award recipients:*

### Margaret Bonser

is best known to her friends as a miraculous and thorough gardener. It is her love of living things that led her to many of her volunteer activities, that and her belief that it is important to be involved.

An interesting fact surfaces when you talk to the people who nominated Margaret Bonser. Regardless of when or how they met her, they and the other volunteers who work with Margaret see her as a friend and not as another volunteer they work with. Her staying power is obvious. But Margaret also has imagination and the ability to implement her ideas - as is evidenced in her work as a founding member of Probus and her continued work with Project Literacy Victoria. "She shares her knowledge, her humour and her compassion with adults learners who want to improve their literacy skills and with volunteer tutors who want to help others achieve their goals."

Spiritual motivation and a desire to understand the past have also played a role in her life as a volunteer. Margaret has long been involved with the Order of Eastern Star, and her work as a docent with the Royal BC Museum will soon be entering its third decade. "It would be a challenge to estimate how many thousands of young students she has inspired!!"

Larry Dietrich is one of the quiet, caring people in our community who go about their work and get the job done. While Larry's volunteer activities have been centred on his faith



community, they have helped many people in the Victoria area.

Larry joined the Sacred Heart Faith Community and the St. Vincent de Paul Society in 1978. At St. Vincent de Paul he has served in most of the offices and has been president four times so far. He works mainly with single parents often using interviews to assess their need and see how the St. Vincent de Paul Society can help.

In the Sacred Heart Faith Community Larry has been one of the mainstays in the Church Bazaars and clothing sales. These activities tie in nicely with the need of his other volunteer interest since all the clothing left over from the sales are available to St. Vincent de Paul. Larry has also been very active in the refugee program where his focus is to help people establish themselves as new Canadians.

Larry's greatest satisfaction is being able to help single parent families and the marginalized in our community. "We have only admiration and praise for the devoted spirit of selflessness that Larry Dietrich displays."

**Richard Price** is a compassionate man.

To him, volunteering is the most important thing he has done in his lifetime. He says the greatest need people have is the need to talk to someone who will listen and help. When asked why he devotes so much of his time to helping others, his answer is, "I am careful about what I do and I only do what I like doing. As I say, I didn't retire to do anything I didn't want to do. I love what I am doing and I hope it helps."

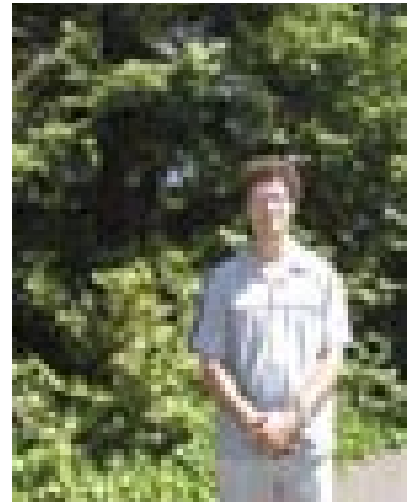


Richard joined the Mustard Seed Food Bank upon his retirement in 1985, and has been there ever since. For the most part, he is the first contact, interviewing people that need assistance and seeing where the Food Bank can meet their needs. Richard also joined Hospice in 1985 and has been a continuing volunteer there as well. Richard views his Hospice community works as being on demand or as needed, he often sits with patients who are alone or whose family is not near. As well, he is on the Unit with the patients where he has his regular shift.

According to his nominator "Richard is exactly the volunteer that any organization needs and wants to have." Richard makes a difference in the lives of everyone he

touches. He has inspired his fellow volunteers as well as the staff that he works with each day. His commitment to his volunteer activities is a shining example to us all.

## **VISITING SCHOLAR Michael Fine, PhD**



Michael Fine spent the summer at the Centre on Aging working on his latest book and taking the opportunity to work with researchers he admires and has respected for a number of years. He came to use his sabbatical to write, and to develop research ideas and methods dealing with policy implications. Michael Fine, PhD is Senior Lecturer in the Department of Sociology and was Director of the Bachelor of Social Science at Macquarie University in Sydney, Australia. He received his doctorate at the University of Sydney in 1988 with the completion of his thesis: An Ethnographic Study of a Dutch Nursing Home and the Welfare State System in the Netherlands. Dr. Fine has also worked as a Lecturer in the Department of Behavioural Studies at the Institute of Nursing Studies, in what is now the Faculty of Nursing at the University of Sydney. Later, he joined the Social Policy Research Centre at the University of New South Wales where he worked in a variety of roles on applied policy research, mainly in the fields of aged and community care. In 2000 he took up his present position at Macquarie University where he teaches undergraduate and graduate courses. Recently, he has become the Deputy Director of the newly established Centre for Research on Social Inclusion.

Dr. Fine's research focus while at the Centre was in the area of the sociology of care. The research he was working on at the Centre deals with four major groups who are unable to maintain themselves and require ongoing assistance or supervision as a result of disability or illness - children, persons with disabilities, persons with mental

health issues and the aging population. In his book he steps back from the immediate practical questions that are typically the focus of most applied policy studies, to consider some of the more philosophical and theoretical questions that need to be confronted, such as “what is care?” and “what would a caring society be like in the 21st Century?” He will also be addressing some of the more practical questions such as the economic viability of different forms of care, and the link between the provision and receipt of care and personal respect. This approach involves both a review of existing writings on care and social theory, and a comparative international policies perspective looking at trends and changes in policy both within and between countries.

While with us Dr. Fine gave a lecture entitled: *Care, Human Services and Development in Recent Sociological Theory*, in which he argued that care needs to be understood as a necessary social response to bodily or physical vulnerability and that it provides a foundation for the patterns of social solidarity that underlie human societies. He warned that it would be unwise to adopt a sentimental or idealised picture of these arrangements. Pre-existing patterns of care have been based on an unsustainable position of the subordination of women. There is a need and scope for males to take more direct responsibility for informal care. But it is also important to develop formal, social solutions. His discussion subsequently focussed on the ways in which care and human services may be informed by developments in contemporary sociological theory. He particularly focussed on the work of Giddens, the Becks, Castells, and Turner and Rojak where he identified four themes that may lend an understanding of

developments in care and human services. The four theoretical themes were:

- Risk and risk society
- Individualization and the transformation of personal and domestic life
- Political-economic developments and the new organizational logic
- Care and the body.

*Dr. Fine returned to Australia in August.*

*We wish him every success in the future.*

### **Request for Participants**

*by Carren Dujela*

Dr. Neena Chappell’s research team for “**Caregivers: Why Some Cope Well?**” is interested in talking with people who are providing unpaid support to a loved one living in the community.

With funding from the Social Sciences and Humanities Research Council of Canada, we are collecting valuable information about the demands and rewards of supporting a loved one in the community. Our aim is to share the information with other caregivers and researchers.

Involvement is voluntary and everything you share with us is confidential. The commitment is minimal - during months 1 and 12 you will meet, at your convenience, with a trained interviewer to complete a survey (about 2 hours). Then at months 4 and 8, you will receive a brief phone call so you can update us on any changes that have taken place over the past few months.

If you would like to participate or learn more about the project, please call **Carren Dujela (Project Coordinator)** at 472-4169 or check out our website at: [www.coag.uvic.ca/research/caregivers\\_why\\_cope\\_well.htm](http://www.coag.uvic.ca/research/caregivers_why_cope_well.htm)

## **Third Age**

*by Walter McConville*

*Walter McConville participates in Project Mind and offered us the opportunity to share his talent and sense of humour with you.*

### **Crossword Puzzlement** by Walter McConville

As a system for making us patient and gracious,  
a newspaper crossword can be efficacious.  
We note at the outset that each definition defies comprehension by sage or logician.  
The obvious answers to classifications may often emerge as remote aberrations,  
while words we consider mundane and admissible  
stun us in roles that are likewise permissible.  
For instance, a “layer” turns out be “hen.”  
“Dependence” or “craving” with surface as “yen.”  
The puzzle pros register fiendish delight in clever misleading by terms all too trite.  
A six-letter word meaning “egg dish” was not  
an “omelet,” “coddle,” or “boiled,” but we got instead just a “quiche,” being much more exotic.  
Deceptions like these make one feel idiotic.  
But nevertheless, as a learning adventure, a mind exercise, or retentive debenture, a crossword, besides entertaining and teaching,  
can benefit people who love overreaching.