

The Lifestyles and Sexual Health of Canadian Snowbirds

by
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A thesis
presented to the University of Waterloo
in fulfillment of the
thesis requirement for the degree of
Master of Science
in
Health Studies and Gerontology

Waterloo, Ontario, Canada, 2009
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AUTHOR'S DECLARATION

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

ABSTRACT

Background. Little is known about HIV risk-behaviour and testing amongst older Canadians. In the United States the prevalence of HIV for those aged 50+ is highest in Florida, a location where many Canadian seniors winter. This small-scale pilot study examined the dating and sexual behaviour of Canadian snowbirds while in Florida, to determine their risk for HIV. This area deserves increased attention as the proportion of older Canadians infected with HIV is increasing.

Methods. A broad cross-section of Canadian snowbirds were surveyed. Eligible participants were: aged 50+, visited Florida in the past 12 months and stayed for 1+ month on their latest trip, and live in Canada for 6+ months each year. Univariate and bivariate frequencies were primarily reported due to the descriptive research objectives. Multivariate logistic regression analysis was used to assess factors associated with HIV testing.

Results. The study sample consisted of 299 participants, with more males (53.51%), more married participants (78.6%) and a mean age of 66.86 years. One quarter (23.14%) of the sample had dated in the past five years. Of these daters, 5.36% dated in Florida, 41.07% dated in Canada and 53.57% dated in both locations. Over three-quarters of daters in both Canada (79.49%) and Florida (77.78%) engaged in sex with their dates in the previous year. Few daters in Canada (20%) and Florida (14.29%) used condoms consistently with their dates. Only 17.7% of the sample had ever HIV-tested. The odds of HIV testing were increased for: those aged 50-65, the unmarried, those who had discussed sexual risk-behaviour with a physician and those who indicated that sex was important. Dating males were twice as likely to test as non-dating males; and 14 times more likely to test than females who dated.

Conclusions. Sexual risk-behaviour is occurring within the Canadian snowbird population, especially amongst the unmarried. In both Canada and Florida, most snowbirds did not use condoms consistently with dates, many reported multiple sexual partnerships and few had HIV-tested. Overall, this research supports the need for a large-scale study to further understand the social and sexual interactions of Canadian snowbirds to determine their risk for HIV.

ACKNOWLEDGEMENTS

There are many people I would like to thank for their assistance and patience over the course of my Master's program. First and foremost, I would like to thank my supervisor, Dr. Sandra Bullock, for her invaluable assistance, guidance and support throughout this process. The hours spent in meetings and answering my many queries and emails has not gone unnoticed.

I also wish to thank the members of my committee, Dr. Nancy Pearce and Dr. Linda Jessup for their time and insightful feedback. Others who were invaluable in making my Master's thesis a success and deserve considerable thanks include Julia Vinson, Julie Pennal and Hina Parmar.

Last but not least, I would like to thank my parents Jim and Sandy, my sister Amy, Alex and my friends - your love and support were instrumental in this achievement.

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1. INTRODUCTION

HIV (Human Immunodeficiency Virus), the virus that causes AIDS (Acquired Immunodeficiency Virus), primarily targets and attacks the immune system resulting in the occurrence of progressive chronic illness, opportunistic infections and an array of cancers (Health Canada, 2008). Worldwide, in 2007, 33.2 million individuals of all ages were living with HIV (UNAIDS, 2007). Within this same year, 2.5 million individuals became newly infected with the HIV virus (UNAIDS, 2007). Overall, as a result of HIV infection 2.1 million individuals died from AIDS globally in 2007 (UNAIDS, 2007).

Since the beginning of the HIV/AIDS epidemic, the number of infected individuals in Canada has continued to escalate throughout the years. At the end of 2005, there was an estimated 58,000 individuals of all ages living with HIV/AIDS in Canada (Public Health Agency of Canada, 2007a). According to HIV/AIDS surveillance there is a segment of the Canadian population that warrants greater examination - individuals aged 50 years or older who are either at risk or already infected with HIV/AIDS. Although this segment of the population represents a small percentage of total infection in Canada, the prevalence of HIV/AIDS amongst older Canadians has increased steadily throughout the years.

In 2006, Canadian seniors comprised an estimated 12.2% of all reported prevalent AIDS cases in Canada (Public Health Agency of Canada, 2007a). Additionally, reports of annual HIV testing indicated that prevalent HIV cases amongst Canadian seniors increased from 7.6% for the 1985-1998 period to 13.8% in 2006 (Public Health Agency of Canada, 2007a). For Canadians aged 50 years or older, sexual contact is the primary mode of HIV transmission (Public Health Agency of Canada, 2007a). In 2006, men having sex with men (MSM) accounted for 35.1% of prevalent HIV cases amongst those aged 50 years or older while heterosexual contact accounted for 31.6% of

prevalent HIV cases (Public Health Agency of Canada, 2007a). However, there has been an overall trend of a decrease in exposure from MSM and an increase in exposure through heterosexual contact and injection drug use in Canadians aged 50 years or older since the 1985-1998 period (Public Health Agency of Canada, 2007a).

Similarly, in the United States HIV/AIDS prevalence amongst those aged 50 years or older has continued to increase over time. In 2005, individuals aged 50 years or older comprised approximately 24% of all reported prevalent HIV/AIDS cases in the United States. This is an increase of 7% from 2001 (Centers for Disease Control and Prevention, 2008a). Additionally, American seniors aged 50 years or older accounted for 15% of all newly diagnosed HIV/AIDS cases in 2005 (Centers for Disease Control and Prevention, 2008a) In the United States, the primary mode of HIV infection in older adults is sexual contact, with MSM comprising 60% of all prevalent HIV/AIDS cases (Inelmen, Gasparini, & Giuliano, 2005). This increasing trend in HIV/AIDS prevalence in both the Canadian and American senior populations has important public health implications. In particular, as seniors continue to live longer and healthier lives they are likely to take part in some form of sexual activity that may place them at an increased risk for HIV infection.

Florida possesses the largest number of prevalent HIV cases amongst those aged 50 years or older in the United States (Drummond, 1999). Specifically, in 2007 individuals aged 50 years or older accounted for 17% of the prevalent HIV cases and 24% of the AIDS cases in Florida (Florida Department of Health, 2007). This is of particular public health importance in Canada as during the winter months Florida is a popular destination for Canadian snowbirds. However, very little attention has been paid to HIV-risk amongst the Canadian snowbird population while in Florida for the winter.

Following a review of the literature, Canadian snowbirds can be generally described as individuals aged 50 years or older who primarily reside in the southern United States for six months

or less during the winter season¹. For many snowbirds, regardless of their country of origin, a popular winter destination of choice is Florida. A study by Smith and House (2007) reported that at the beginning of the 2005 winter season there were approximately 1.2 million snowbirds, both North American and international, aged 55 years or older present in Florida. More specifically, with respect to Canadian snowbirds it has been reported that approximately 1.5 to 2 million Canadians of all ages visit Florida annually, with 15-25% of these visitors being individuals aged 64 years or older (Martin, Hoppe, Marshall, & Daciuk, 1992).

Literature that examines the sexual behaviour of Canadian seniors is currently insufficient. This information is important to obtain in order to determine: (1) if Canadian seniors are continuing to be sexually active into their later years of life and; (2) if they are engaging in sexual-risk behaviour that may place them at increased risk for HIV infection. There are a number of risk factors that may place Canadian seniors at an increased risk for HIV. These include: engagement in sexual intercourse without a condom, engagement in sexual intercourse with multiple partners, inadequate HIV testing, and insufficient current knowledge regarding HIV/AIDS, other sexually transmitted infections and how seniors themselves may be at risk.

It has been reported that sexual activity does not cease with increasing age. According to the Global Study of Sexual Attitudes and Behaviours (GSSAB) conducted with individuals aged 40 to 80 years, 76% of Canadians reported having engaged in sexual intercourse within the past 12 months (Pfizer Inc., 2002). Moreover, a study of midlife singles published by the American Association of Retired Persons (AARP) (2003) found that 48% of men and 29% of women aged 40 to 69 years reported engaging in sexual intercourse in the previous six months. However, when the use of

¹ The term 'snowbird' was operationalized differently across the various snowbird studies examined. For the purposes of this study, the term 'snowbirds' refers to individuals aged 50 years or older who temporarily reside in the southern United States for six months or less during the winter season. Modifiers including 'Canadian', 'American', 'North American' and 'international' are used in conjunction with the term 'snowbird' to indicate the type of snowbird under study, where applicable.

protective measures, such as condoms, during sexual intercourse was examined only 39% of singles aged 40 to 69 years reported using protection all of the time when engaging in sexual intercourse (American Association of Retired Persons, 2003). In addition, 46% of midlife single men and 21% of midlife single women reported maintaining a sexual relationship in the past with more than one person during the same time period (American Association of Retired Persons, 2003). Both the non-use of condoms and multiple sexual partnerships are well established risk factors for HIV and other sexually transmitted infections (Centers for Disease Control and Prevention, 2008c). As is evident, sexual risk-behaviour is a particular concern amongst the midlife and presumably later-life single population. As a result, these individuals warrant further examination with respect to their risk for HIV infection.

At the present time, literature that examines the dating or sexual interactions of Canadian snowbirds with fellow snowbirds, Floridians or other Americans while in Florida is non-existent. This information is important to obtain as Florida possesses the largest number of prevalent HIV cases amongst those aged 50 years or older in the United States (Drummond, 1999). The potential for Canadian snowbirds to encounter HIV while in Florida supports the need to ascertain information regarding the sexual behaviour and risky sexual practices of Canadian snowbirds with fellow snowbirds, other Americans and especially Floridians while in Florida for the winter.

Compared to the general Canadian population (aged 15 years or older), lifetime HIV testing for individuals aged 50 years or older is low. Specifically, the percentage of lifetime HIV testing for those individuals aged 55-64 is 7%, while lifetime testing rates for individuals aged 65-74 and 75 years or older are 4% and 2% respectively (Public Health Agency of Canada, 2007b). To date, there is no research that examines the rates of HIV testing within the Canadian snowbird population. Routine testing for HIV/AIDS has important implications for Canadian seniors with respect to both

diagnosis and treatment. With improvements in antiretroviral treatments, seniors diagnosed with HIV/AIDS are living longer compared to previous years (Public Health Agency of Canada, 2007a). In addition, as 27% of individuals of all ages in Canada are unaware of their HIV infection (Public Health Agency of Canada, 2007b), routine testing will aid in the prevention of HIV transmission to others especially at a time when many seniors are starting to enter the dating scene once again.

Previous research suggests that Canadian seniors lack adequate knowledge regarding the topic of HIV/AIDS. According to the HIV/AIDS Attitudinal Survey, 29% of Canadian seniors (65 years or older) believed that HIV/AIDS could be cured if treated early. This was compared to 17% of respondents aged 15 years or older (Public Health Agency of Canada, 2003). Regarding knowledge of the modes of HIV transmission, 20% of seniors believed that HIV could be transmitted through a cough or sneeze. This was compared to 11% of respondents aged 15 years or older (Public Health Agency of Canada, 2003). Finally, concerning the prevention of HIV, 44% of seniors cited the prevention of sexually transmitted infections as the primary benefit to practicing safer sex. This was compared to 55% of respondents aged 15 years or older (Public Health Agency of Canada, 2003).

This thesis project was a small-scale exploratory study that examined the Canadian snowbird phenomenon. Within this study, emphasis was placed on examining the health of Canadian snowbirds while living in Florida during the winter season. In particular, it addressed the social and sexually intimate interactions of Canadian snowbirds with fellow snowbirds, Floridians and other Americans while in Florida. Additionally, this study collected information on both socio-demographic and travel characteristics in order to gain an up-to-date, detailed profile of Canadian snowbirds who winter in Florida.

2. LITERATURE REVIEW

2.1 HIV/AIDS

2.1.1 Canadian Senior Population

HIV/AIDS has long been considered a disease of the young and thus seniors are not considered to be an at-risk group. Accordingly, very little attention has been paid by either physicians or public health practitioners to the issue of HIV/AIDS amongst the Canadian senior population. This raises much concern as Canadian seniors comprised an estimated 12.2% (2525 persons) of all prevalent AIDS cases in Canada as of December 2006 (Public Health Agency of Canada, 2007a). Additionally, reports of annual HIV testing indicated that prevalent HIV cases amongst Canadian seniors increased from 7.6% for the 1985-1998 period to 13.8% in 2006 (Public Health Agency of Canada, 2007a). Of the seniors aged 50 years or older with HIV/AIDS in Canada in 2006, men accounted for 82.4% of all prevalent HIV cases and 90.3% of all prevalent AIDS cases (Public Health Agency of Canada, 2007a).

Within Canada, for those individuals aged 50 years or older, sexual contact is the primary means of HIV transmission (Public Health Agency of Canada, 2007a). In 2006, men having sex with men (MSM) accounted for 35.1% of prevalent HIV cases amongst those aged 50 years or older while heterosexual contact accounted for 31.6% of prevalent HIV cases (Public Health Agency of Canada, 2007a). However, there has been an overall trend of a decrease in exposure from MSM and an increase in exposure through heterosexual contact and injection drug use amongst those aged 50 years or older since the 1985-1998 period (Public Health Agency of Canada, 2007a).

As is evident, HIV/AIDS prevalence amongst those aged 50 years or older in Canada is continuing to escalate. However, as seniors are not considered to be an at-risk group very little

attention has been focused on this issue. It is therefore essential that greater effort and attention be put forth in order to actively address the risk for HIV/AIDS within the Canadian senior population.

2.1.2 American Senior Population

Similar to Canada, within the United States there is an ever increasing trend present in the proportion of prevalent HIV/AIDS cases amongst those individuals aged 50 years or older. However, very little attention has been given to HIV-risk within this population.

In 2005, individuals aged 50 years or older comprised approximately 24% of all reported prevalent HIV/AIDS cases in the United States. This is an increase of 7% from 2001 (Centers for Disease Control and Prevention, 2008a). Additionally, American seniors aged 50 years or older accounted for 15% of all newly diagnosed HIV/AIDS cases in 2005 (Centers for Disease Control and Prevention, 2008a). With respect to transmission, within the United States the primary mode of HIV infection in older adults is sexual contact, with MSM comprising 60% of all reported prevalent HIV/AIDS cases (Sormanti & Shibusawa, 2007).

2.1.3 Florida Senior Population

In 2007, individuals aged 50 years or older accounted for 17% of the prevalent HIV cases and 24% of the AIDS cases in Florida (Florida Department of Health, 2007). Of those Floridian seniors with HIV/AIDS in 2007, 74% were male, 26% were female, 31% were Caucasian, 51% were African-American and 17% were Hispanic (Florida Department of Health, 2007). The three counties in Florida that are predominately visited by snowbirds include Miami-Dade, Broward and Palm Beach. In 2007, 57% of all prevalent HIV/AIDS cases amongst Floridians aged 50 years or older were diagnosed from these three counties (Florida Department of Health, 2007).

In the United States, Florida possesses the largest number of prevalent HIV cases amongst individuals aged 50 years or older (Drummond, 1999). This is of particular public

health importance in Canada as during the winter months Florida is a popular destination for many Canadian snowbirds. However, very little attention has been given to HIV-risk amongst Canadian snowbirds while in Florida for the winter. The potential for Canadian snowbirds to encounter HIV while in Florida supports the need to ascertain information regarding the dating, sexual behaviour and risky sexual practices of Canadian snowbirds with fellow snowbirds, other Americans and especially Floridians while in Florida.

2.1.4 Limitations Associated with Ascertaining the Prevalence and Incidence of HIV/AIDS within the Canadian and American Senior Populations

Several limitations exist with respect to the ascertainment of the prevalence and incidence of HIV/AIDS amongst the Canadian and American senior populations. First, as seniors diagnosed with HIV/AIDS are living longer as a result of improvements in antiretroviral treatments, it is possible that the increased prevalence rates of HIV/AIDS observed amongst those aged 50 or older are due to the fact that they are living longer with HIV/AIDS as opposed to becoming newly infected in their senior years (Public Health Agency of Canada, 2007a). As well, it is possible that the increase in HIV/AIDS prevalence within both the Canadian and American senior populations is related to the fact that individuals are becoming infected in their earlier years but not being diagnosed until their senior years. However, the increase in HIV/AIDS prevalence may also be related to an increase in incident cases of the disease. Specifically, a study conducted within the United States reported that American seniors aged 50 years or older accounted for 15% of all newly diagnosed HIV/AIDS cases in 2005 (Centers for Disease Control and Prevention, 2008a).

Second, as both Canadian and American seniors do not routinely test for HIV/AIDS it is possible that the rates of infection within these populations have been underestimated. In Canada, the lifetime percentage of HIV testing for individuals aged 55 years or older is 13%

(Public Health Agency of Canada, 2007a), while the lifetime percentage of HIV testing for individuals aged 50 years or older in the United States is 5% (Inelmen et al., 2005). Therefore, it is possible that insufficient testing has underestimated the burden of HIV/AIDS within both the Canadian and American senior populations.

Third, regarding HIV/AIDS prevalence within the Canadian and American senior populations two factors exist that could account for the reported increase, these include: (1) an actual increase in the number of incident HIV/AIDS cases (Public Health Agency of Canada, 2007a) and; (2) improved reporting and testing practices for seniors living with HIV/AIDS (Public Health Agency of Canada, 2007a).

Finally, regarding the incidence of HIV/AIDS within the Canadian and American senior populations, there are three factors that make it difficult to ascertain a correct estimate of incidence, these include: (1) seniors are not likely to be routinely tested for HIV (Inelmen et al., 2005); (2) seniors with HIV/AIDS are often misdiagnosed as physicians may attribute HIV-related symptoms to ‘normal aging’ (Inelmen et al., 2005) and; (3) seniors may not recognize HIV-related symptoms, thus delaying diagnosis and treatment until they are in the later stages of disease (Sormanti & Shibusawa, 2007).

2.1.5 Knowledge of HIV/AIDS

Literature suggests that Canadian seniors lack adequate knowledge regarding the topic of HIV/AIDS. According to the HIV/AIDS Attitudinal Survey, 29% of Canadian seniors (aged 65 years or older) believed that HIV/AIDS could be cured if treated early. This was compared to 17% of respondents aged 15 years or older (Public Health Agency of Canada, 2003). Similarly, according to the HIV/AIDS Attitudinal Tracking Survey, 20-29% of Canadian seniors (aged 65 years or older) believed that HIV could be detected with a physical exam. This was compared to

17% of respondents aged 15 years or older (Public Health Agency of Canada, 2006). It is important to note that individuals aged 65 years or older were also included in the sample of those aged 15 years of age or older. This was the only information provided for comparison within these studies.

With respect to knowledge of the modes of HIV transmission, according to the HIV/AIDS Attitudinal Survey, 20% of seniors believed that HIV could be transmitted through a cough or sneeze. This was compared to 11% of respondents aged 15 years or older (Public Health Agency of Canada, 2003). Moreover, in comparison to younger cohorts (16-18%), 40% of seniors believed that HIV could be transmitted through kissing (Public Health Agency of Canada, 2003).

Finally, regarding knowledge of HIV prevention, according to the HIV/AIDS Attitudinal Survey, 44% of seniors cited the prevention of sexually transmitted infections as the primary benefit to practicing safer sex. This was compared to 55% of respondents aged 15 years or older (Public Health Agency of Canada, 2003).

2.1.6 HIV Testing

HIV testing in Canada has been available since 1985 (Public Health Agency of Canada, 2007b). However, in comparison to the general Canadian population (15% for those aged 18 years or older), lifetime HIV testing for those individuals aged 50 years or older is low (Public Health Agency of Canada, 2005). The percentage of lifetime HIV testing for those individuals aged 55-64 is 7%, while the rates of lifetime HIV testing for individuals aged 65 to 74 and 75 years or older are 4% and 2% respectively (Public Health Agency of Canada, 2005).

At the present time, information regarding the extent to which Canadian snowbirds take part in HIV testing is non-existent. Routine testing for HIV/AIDS has important implications for

Canadian seniors with respect to both diagnosis and treatment. With improvements in antiretroviral treatments, seniors diagnosed with HIV/AIDS are living longer compared to previous years (Public Health Agency of Canada, 2007a). As well, as 27% of individuals of all ages in Canada are unaware of their HIV infection (Public Health Agency of Canada, 2007b), routine testing will aid in the prevention of HIV transmission to others especially at a time when many seniors are starting to enter the dating scene once again.

2.2 The Canadian Senior Population at a Glance

Canadian seniors represent one of the fastest growing segments of the Canadian population. In 2006, Canadian seniors comprised 13% of the total population in Canada with this percent expected to increase to 27% by the year 2056 (Statistics Canada, 2007a). This increase translates to approximately 6.7 million individuals aged 65 years or older in Canada by the year 2021 and 9.2 million individuals aged 65 years or older in Canada by the year 2041 (Public Health Agency of Canada, 2002). Currently, of those individuals aged 65 years or older in Canada, Statistics Canada reports that the majority are female (56%), married (56%) and live in private households (93%) (Statistics Canada, 2007a).

2.3 Socio-Demographic Profile of Canadian Snowbirds

Following a review of the literature, Canadian snowbirds can be generally described as individuals aged 50 years or older who primarily reside in the southern United States for six months or less during the winter season². Compared to the non-migratory segment of the North American senior population, both Canadian and American snowbirds possess a similar distinct socio-demographic profile. A multitude of studies that examine the snowbird phenomenon describe

² The term 'snowbird' was operationalized differently across the various snowbird studies examined. For the purposes of this study, the term 'snowbirds' refers to individuals aged 50 years or older who temporarily reside in the southern United States for six months or less during the winter season. Modifiers including 'Canadian', 'American', 'North American' and 'international' are used in conjunction with the term 'snowbird' to indicate the type of snowbird under study, where applicable.

snowbirds, both Canadian and American, as a highly privileged group as they tend to possess higher levels of income and education compared to the North American senior population as a whole (Hogan, 1987; Longino Jr. & Marshall, 1990; McHugh & Mings, 1991; Smith S.K. & House M., 2006). Moreover, across various seasonal migration studies Canadian and American snowbirds are described as being predominantly married, Caucasian, retired and in good health (Hogan, 1987; Longino Jr. & Marshall, 1990; McHugh & Mings, 1991; Smith S.K. & House M., 2006).

A comprehensive study conducted by Marshall, Longino, Tucker and Mullins (1989) provides a detailed overview of the socio-demographic characteristics of a sample of Anglophone Canadian snowbirds aged 65 years or older who seasonally migrated to Florida. Canadian snowbirds in this study were contacted via their subscription to Canada News, a Florida-based weekly newspaper. It was found that approximately 90% of subscribers to this newspaper were older Canadians.

Of the 2046 Anglophone Canadian snowbirds who were surveyed, it was reported that 37% were aged 65 to 69 years, 36% were aged 70 to 74 years, 20% were aged 75 to 79 years and 7% were aged 80 years or older. Additionally, 88% were married, 9% were widowed, 1% were divorced/separated and 2% were single. Regarding employment status, 80% were retired, 17% were not in the paid labour force and 3% were not retired. Finally, with respect to income it was reported that 25% had an annual income of less than \$19,000, 48% had an annual income of \$20,000 to \$39,000, 19% had an annual income of \$40,000 to \$59,000 and 8% had an annual income of \$60,000 or more (Marshall et al., 1989)

2.4 Health Characteristics of Canadian Snowbirds

Canadian snowbirds possess a slightly more favourable health status than the Canadian senior population as a whole. Particularly, of those Canadians snowbirds aged 65 years or older who seasonally migrated to Florida, 84% rated their health as being excellent or good (Martin et al., 1992). This is in contrast to the Canadian senior population in which 78% reported their health as being excellent, very good or good (Public Health Agency of Canada, 2002). However, this does not mean that Canadian snowbirds do not suffer from one or more health conditions. It was found that of Canadian snowbirds who seasonally migrated to Florida, 32% reported suffering from one health condition while 45% reported suffering from two or more health conditions (Marshall et al., 1989). The conditions that these Canadian snowbirds reported experiencing most commonly included arthritis, limb and joint problems, heart disease and hearing and vision problems (Marshall et al., 1989).

2.5 Snowbird Travel Characteristics

2.5.1 Number of Florida-Bound Snowbirds

It is difficult to ascertain an accurate estimate of the number of Canadian snowbirds who seasonally migrate to Florida each year as no population listing of all Canadian snowbirds exists (Morrison, Healy, & Coates, 2002). Thus, the information provided on the number of Canadian snowbirds who seasonally migrate to Florida each year are estimates at best. Smith and House (2007) reported that at the beginning of the 2005 winter season there were approximately 1.2 million snowbirds, both North American and international, aged 55 years or older present in Florida. More specifically, with respect to Canadian snowbirds it was reported that approximately 1.5 to 2 million Canadians of all ages visit Florida annually, with 15-25% of these visitors being Canadians aged 64 years or older (Martin et al., 1992). Overall, although the

information provided on the number of Canadian snowbirds who visit Florida annually are estimates at best, it is clear that for a large proportion of the Canadian snowbird population Florida is their primary winter destination of choice.

2.5.2 Geographical Patterns of Seasonal Migration

It has been reported that the destination of Canadian snowbird's seasonal migration varies by province of residence. Specifically, Ontario residents tend to migrate to the west coast of Florida whereas Quebec residents tend to migrate between Palm Beach and Fort Lauderdale, Florida (Daciuk & Marshall, 1990). Canadian snowbirds residing in the Prairie Provinces (Alberta, Saskatchewan, and Manitoba) and British Columbia predominately migrate to Arizona, Nevada, California and Hawaii (Martin et al., 1992).

A comprehensive study conducted by Tucker, Mullins, Beland, Longino and Marshall (1992) explored the geographical patterns of seasonal migration to Florida for a sample of Anglophone Canadian snowbirds aged 65 years or older. In particular, information on the province of residence was collected from each Canadian snowbird. It was reported that 89.4% were from Ontario, 4.1% were from Quebec, 2.8% were from Nova Scotia, 1.8% were from provinces to the west of Ontario, 1.2% were from New Brunswick and 0.9% of snowbirds were from P.E.I and Newfoundland (Tucker et al., 1992). The findings of this study suggest that for the majority of Canadian snowbirds who seasonally migrate to Florida each year, Ontario is their province of residence.

2.5.3 Temporal Patterns of Seasonal Migration

Length of Stay

Daciuk and Marshall (1990) reported that the average length of stay for Canadian snowbirds in Florida is five to six months within a given year. Marshall et al. (1989) reported a

similar temporal pattern of seasonal migration. In particular, this study examined the intended length of stay in Florida for a sample of Anglophone Canadian snowbirds aged 65 years or older. It was reported that, 5% were planning on staying two months or less, 10% were planning on staying for three months, 13% were planning on staying for four months, 49% were planning on staying for five months, 20% were planning on staying for six months and only 3% were planning to stay in Florida for seven months or longer (Marshall et al., 1989).

Arrival and Departure Time

Marshall et al. (1989) reported that the typical pattern of seasonal migration to Florida for Canadian snowbirds begins in November and ends in April. An additional study by Tucker et al. (1992) examined in detail the arrival and departure patterns for a sample of Anglophone Canadian snowbirds who seasonally migrated to Florida. It was reported that 0.9% arrived in Florida before October, 18.4% arrived in October, 55.4% arrived in November, 12.1% arrived in December, 11% arrived in January and only 2% arrived after January. Regarding the month of departure, 1.2% departed from Florida before March, 12.9% departed in March, 72.5% departed in April, 11.3% departed in May and less than 1% departed after May (Tucker et al., 1992).

Number of Years of Seasonal Migration to Florida

It has been reported that for Canadian snowbirds the mean number of seasonal trips to Florida is seven (Marshall et al., 1989). A study by Smith and House (2006) examined in depth the number of consecutive years snowbirds, both North American and international, had been travelling to their secondary residence in Florida. It was reported that, 12% had been travelling to Florida for less than 5 years, 25.4% had been travelling for five to nine years, 30% had been travelling for ten to fourteen years, 15% had been travelling for fifteen to nineteen years and 7.7% had been travelling to Florida for twenty to twenty-four years. A limitation of this study

that is important to note is that information on the number of years travelling to Florida was not separated by snowbird country of origin.

2.5.4 Reasons for Seasonal Travel to Florida

Numerous studies report that the primary reason cited by North American snowbirds for choosing Florida as their winter destination is climate (Smith S.K. & House M., 2006, 2007; Tucker, Marshall, Longino, & Mullins, 1988). In particular, a study conducted by Tucker et al. (1988) asked Canadian snowbirds to indicate their primary reasons for seasonally migrating to Florida each year. They were able to select several or all responses provided. It was found that, 89% reported climate as their primary reason for seasonally migrating to Florida, 67% reported the Florida lifestyle, 22% reported visiting friends and 8% reported proximity to family members.

2.5.5 Summary

In summary, it is evident that Canadian snowbirds engage in stable patterns of both geographical and temporal seasonal migration to Florida, with the majority choosing to reside in Florida during the months of November to April as a means to escape the harsh Canadian winters.

2.6 Socializing Patterns of Canadian Snowbirds

It has been noted that being an active, outgoing and sociable person is a necessity for snowbirds as socializing is a highly valued activity within their winter communities (Sullivan & Stevens, 1982). Across the various studies that examine the snowbird phenomenon, a predominant theme that emerged was that regardless of their winter destination, both Canadian and American snowbirds possess large social networks within their winter host communities. Evidence to support this notion focuses on the number of friends who live close to their

secondary residence, how frequently they contact these friends as well as the degree to which they participate in community events and organizations in their winter host community.

2.6.1 Number of Close Friends in Florida

It has been reported that 13.7% of Canadian snowbirds have one to three friends living near their Florida home, 12% have four to five friends, 14% have six to nine friends, 34.9% have ten or more friends and 25.5% have no friends living near their Florida home (Tucker et al., 1992). Overall, 74.5% of these Canadian snowbirds indicated that they had at least one friend living near their home in Florida (Tucker et al., 1992).

2.6.2 Frequency of Contacting Friends in Florida

It was reported that 60% of Canadian snowbirds received a visit from a friend during their current trip to Florida (Mullins & Tucker, 1988). Moreover, of a sample of North American snowbirds who seasonally migrated to Arizona, it was reported that 51.4% of travel trailer park residents saw friends in their local community daily while 65.1% of mobile home park residents reported the same (Sullivan & Stevens, 1982).

2.6.3 Participation in Community Activities in Florida

It has been reported that within mobile home and travel trailer parks in Arizona, the level of participation in community activities by North American snowbirds is extremely high. Specifically, 33.5% of travel trailer park residents reported participating in activities daily and 58.5% reported participating in activities weekly while 56.2% of mobile home park residents reported participating in activities daily and 37.5% reported participating in activities weekly (Sullivan & Stevens, 1982). Furthermore, with respect to the number of activities pursued by North American snowbirds in travel trailer parks in Arizona it was reported that 13.8% pursued less than four activities, 27% pursued four to five activities, 22% pursued six to seven activities,

17% pursued eight to nine activities, 6.9% pursued ten activities and 13.2% pursued ten or more activities (Sullivan & Stevens, 1982). Although literature on community participation was not available for Canadian snowbirds who seasonally migrate to Florida, it can be assumed that a similar trend in activity participation would exist as both the socio-demographic characteristics and socializing patterns of snowbirds are similar regardless of their winter destination.

2.6.4 Summary

Overall, it is apparent that Canadian snowbirds compensate for the reduction of contact with family and friends in Canada by forming new friendships with others while in Florida for the winter (Marshall & Longino Jr., 1988). This is supported by the fact that Canadian snowbirds report having large groups of friends in Florida with whom they visit regularly.

It is important to consider the implications of the large social networks Canadian snowbirds possess in Florida. As previously noted, the degree to which Canadian snowbirds interact with others is considerably high. This has important implications regarding the potential formation of dating and/or sexual relationships while residing in Florida for the winter season.

2.7 Dating in the Later Years of Life

2.7.1 Dating Trends

Contrary to popular belief, many older adults consider both dating and sexuality to be a healthy and important aspect of their single senior life. A study of midlife singles conducted by the American Association of Retired Persons (AARP) examined in detail the dating behaviour of single individuals aged 40 to 69 in the United States. Of the sample of midlife singles who were surveyed, 31% reported that they were currently dating one person exclusively while 32% reported having been on a date or in a relationship in the previous three years (American Association of Retired Persons, 2003). In addition, a study by Bulcroft and Bulcroft (1991)

reported that 52.8% of males and 31.1% of females aged 55 years or older in the United States had dated more than one person in the previous year.

The AARP Midlife Singles study suggests that for the majority of midlife singles dating one person exclusively is the norm, with few reporting that they 'date around'. In particular, it was reported that only 14% of singles dated three or more individuals in the previous year, 17% dated two individuals in the previous year and only 9% dated more than one person at the same time in the previous year (American Association of Retired Persons, 2003).

Overall, although it is evident that the majority of midlife singles who were surveyed do not 'play the field', it is still important to recognize that a small proportion of singles did report frequent dating partners and dating more than one person at the same time. These individuals warrant further examination, especially with respect to their engagement in sexual behaviour with these multiple dating partners.

2.7.2 Predictors of Dating

It has been reported that one of the strongest predictors of dating in later life is gender, with older males exhibiting higher proportions of dating behaviour compared to older females (Bulcroft & Bulcroft, 1991). The explanation for this is likely centered on the notion that there are insufficient male dating partners available with increased age, as after the age of 60 the ratio of males to females is one man for every two women (American Association of Retired Persons, 2003). Thus, the likelihood of an older male finding a dating partner is much greater compared to older females. Other predictors of dating in the later years of life include: being in good health, being mobile, having contact with siblings and participating in community organizations (Bulcroft & Bulcroft, 1991).

2.7.3 Reasons for Dating

According to the AARP Midlife Singles study, the primary reasons cited by midlife singles for dating were ‘to have someone to talk to and do things with’ and ‘to simply have fun’ (American Association of Retired Persons, 2003). Other frequently cited reasons included: ‘to find a partner to live with but not necessarily marry’, ‘to find someone to marry’ and ‘to fulfill my sexual needs’ (American Association of Retired Persons, 2003). Conversely, the primary reason cited for not dating by the majority of midlife singles was because they ‘like their single life the way it is’ (64%) (American Association of Retired Persons, 2003). Other reasons for not dating included: ‘having bad experiences with relationships in the past’ and believing that ‘it is too much trouble and effort to be in a relationship’ (American Association of Retired Persons, 2003).

2.7.4 Desired Qualities in a Dating Partner

As reported in the AARP Midlife Singles study, the qualities that older adults look for in a dating partner include: a sense of humour (67%), common interests (49%), intelligence (36%), moral/religious values (31%) and physical attractiveness (25%) (American Association of Retired Persons, 2003). Finding a date who was sexually open and willing to try new things was cited by only 4% of singles as a desirable quality (American Association of Retired Persons, 2003). Gender differences were reported regarding two particular qualities in a date: physical attractiveness and sexual compatibility. Specifically, 40% of males and 14% of females cited the importance of physical attractiveness as a desirable quality in a dating partner while 31% of males and 15% of females cited the importance of sexual compatibility as a desirable quality (American Association of Retired Persons, 2003).

2.7.5 Where Singles Find Dating Partners

A study by McElhane (1992) reported that 25% of older singles meet their dates through friends or in public places. Similarly, according to the AARP Midlife Singles Study, the majority of singles aged 40 to 69 (41%) reported finding dates through referrals from friends. Other responses included: their workplace (20%), the supermarket (13%), bars or night clubs (13%), church (12%), through their hobbies (12%), while travelling for business/pleasure (10%), sporting events (9%), community organizations (9%) and through singles organizations, professional match-making services or online dating services (9%) (American Association of Retired Persons, 2003).

According to the AARP Midlife Singles study, just over one-quarter of singles (29%) reported finding it very or somewhat difficult to find a date (American Association of Retired Persons, 2003).

2.7.6 Summary

Overall, it is evident that for many midlife singles in the United States dating is an important aspect of their older adult life. However, at the present time there is insufficient literature available that focuses on the dating relationships of both midlife and older adults living in Canada. As the population of Canadian seniors continues to increase, so too will the number of seniors taking part in later-life dating. Thus, it is imperative that further research be executed in order to determine the dating behaviour of Canadian seniors. Particular focus should be placed on examining both the sexuality and risky sexual practices (e.g., non-use of condoms) of these seniors with their dating partners as the rates of HIV are continuing to escalate within this segment of the Canadian population.

2.8 Sexual Behaviour of the Canadian and American Seniors Populations

2.8.1 Sexual Activity

Within the domain of sexual health, there are a multitude of benefits associated with maintaining healthy levels of sexual activity into older age. Specifically, sexual activity promotes the release of immune bolstering substances, the reduction of anxiety through the release of endorphins, the strengthening of bones and muscles through the release of growth hormones and testosterone in men, the burning of fat, as well as promoting stress reduction and reinforcing positive emotions (Health Canada, 2006; National Advisory Council on Aging, 2002). However, contrary to these well established benefits, societal norms continue to perpetuate the notion that sexual activity is inappropriate at older ages. Seniors are often characterized as ‘asexual’ and the topic of sexual activity within this segment of the population is seen as taboo. Yet, contrary to these societal norms, sexual activity does not cease with increasing age.

According to the Global Study of Sexual Attitudes and Behaviours (GSSAB) conducted with individuals aged 40 to 80 years, 76% of Canadians reported having engaged in sexual intercourse within the previous 12 months (Pfizer Inc., 2002). More specifically, 81% of Canadian men and 68% of Canadian women aged 40 to 80 years reported engaging in sexual intercourse within the previous 12 months (Nicolosi et al., 2006). Similar to the Canadian senior population, 74% of Americans aged 40 to 80 years reported engaging in sexual intercourse within the previous 12 months (Pfizer Inc., 2002). More specifically, 80% of American men and 68% of American women aged 40 to 80 years reported engaging in sexual intercourse within the previous 12 months (Nicolosi A et al., 2004).

It is important to note that a limitation of the GSSAB was the age group that was interviewed. Specifically, a forty-year old varies considerably from an eighty-year old in terms

of physical, social and psychological characteristics, all of which may have impacted their sexual health and behaviour. An additional limitation of the GSSAB was that it did not stratify sexual behaviour by marital status. Thus, it was not possible to determine whether the levels of sexual activity differed across the categories of marital status.

According to the National Social Life, Health, and Aging Project (NSHAP), although sexual activity does not cease with old age, it does decrease. Within this study, 73% of Americans aged 57 to 64, 53% of Americans aged 65 to 74 and 26% of Americans aged 75 to 85 reported engaging in sexual activity within the past 12 months (Lindau et al., 2007). In addition to a reduction in sexual activity with increasing age, the study found that American women at all ages (57 to 85 years) were less likely to engage in sexual activity compared to men in the past 12 months (Lindau et al., 2007). Finally, being in good health was found to be an important factor in maintaining an active sexual life into older age. The NSHAP found that American senior men and women aged 57 to 85 years who reported being in good health were more likely to be sexually active with a spouse or other intimate partner compared to those in poorer health (Men: 81.3% vs. 47.1% respectively; Women: 51.2% vs. 26.2% respectively) (Lindau et al., 2007).

As is evident, research supports the conviction that for many Canadian and American seniors sexual activity continues to be an integral aspect of their older adult life. Thus, contrary to popular belief, both the desire and act of sexual intercourse does not cease with older age. Although sexual activity promotes a multitude of health benefits it may also inadvertently place an older adult at increased risk for HIV infection through unsafe and risky sexual behaviour.

2.8.2 Sexual Dysfunction and Viagra Use

Literature that examines sexuality and health in the later years of life tends to focus primarily on increasing levels of sexual activity through the diagnosis and treatment of sexual

dysfunction. However, much of this literature neglects the issue of sexual risk within this segment of the population. As sexual dysfunction is a relatively common occurrence amongst those aged 50 years or older in both Canada and the United States it is imperative that as sexual dysfunction is treated, those individuals continuing to take part in sexual activity in older age are doing so safely (e.g., using condoms).

According to the Global Study of Sexual Attitudes and Behaviours (GSSAB), 18% of Canadian men and 28% of Canadian women aged 40 to 80 years reported experiencing at least one type of sexual dysfunction in the previous 12 months (Nicolosi et al., 2006). In Canadian men, early ejaculation (9%) and erectile difficulties (7%) were the two most commonly cited types of sexual dysfunction while lubrication difficulty (12%) was the most commonly cited type of sexual dysfunction amongst Canadian women (Nicolosi et al., 2006).

In 2001, 15.5 million prescriptions for Viagra were written within the United States with 35% of these prescriptions written for men aged 50 to 59 years and 25% written for men aged 60 to 69 years (Karlovsy, Lebed, & Mydlo, 2004). As is evident, Viagra use within the American and presumably Canadian senior male population is relatively commonplace. To further support this notion, a study published by Lindau et al. (2007) reported that one in seven American men aged 57 to 85 took medication to improve their sexual functioning in the previous 12 months. Overall, in an era when both sexual dysfunction and Viagra use are a common occurrence it is possible that Viagra may be increasing the potential for seniors to encounter sexual risk by allowing them to maintain an active sexual life into their later years.

2.8.3 Senior-Physician Communication about Sex

A pronounced trend present within the literature suggests that physicians rarely discuss sexual health let alone sexual risk-behaviour with their senior patients. Within the United States

it was reported that only 22% of women and 38% of men had discussed sex with their physician since the age of 50 (Lindau et al., 2007). Additionally, a study by Brock et al. (2003) reported that only 9.8% of men and 10.3% of women aged 40 years or older had a physician 'ask them' about their sexual health in the past three years.

There are a number of explanations that can account for the poor communication between physicians and their senior patients regarding the topics of sexual health and sexual risk. These include: (1) physicians may feel embarrassed to discuss sexual health with their older patients as they may feel that sexuality at older ages is inappropriate (Gott, Hinchliff, & Galena, 2004); (2) physicians may feel that sexuality is a private topic and thus do not want to pry into this area of their patient's life (Gott et al., 2004); and (3) physicians often do not believe their senior patients to be at risk for HIV infection as many assume that those aged 50 years or older do not take part in sexual activity (Inelmen et al., 2005).

Within the United States, communication between physicians and their senior patients regarding the topics of sexual health and sexual risk is clearly inadequate. This is of particular public health importance as physicians are not actively discussing HIV-risk with their senior patients despite a continued increase in HIV/AIDS rates within this segment of the population. It is also essential that research be conducted to determine the extent to which Canadian physicians discuss sexual health and sexual risk with their senior patients. It is imperative that both American and Canadian physicians actively discuss sexuality and sexual risk-behaviour with their senior patients in order to both educate and prevent against HIV and other sexually transmitted infections within this at-risk population.

2.9 Sexuality of Later-Life Singles

2.9.1 Sexual Activity

For a large majority of older adults, sexual activity continues to be an essential part of their adult life. The AARP Midlife Singles study conducted by the American Association of Retired Persons (AARP) examined in detail the sexuality of single individuals aged 40 to 69 in the United States in the previous six months. In particular, this study focused on both the frequency of sexual intercourse amongst singles and the frequency in which singles engaged in other sexual activities including: kissing or hugging, sexual touching or caressing, oral sex and self-stimulation (American Association of Retired Persons, 2003).

Over half of the midlife singles sampled reported engaging in kissing or hugging at least once in the previous six months (American Association of Retired Persons, 2003). Additionally, 42% of midlife singles reported engaging in sexual touching or caressing within the previous six months (American Association of Retired Persons, 2003). Regarding oral sex, just over one-quarter (27%) of midlife singles reported engaging in this activity within the previous six months (American Association of Retired Persons, 2003). Finally, 47% of midlife singles reported engaging in self-stimulation in the previous six months. It is important to recognize that one limitation of this study was that the frequency in which midlife singles engaged in the aforementioned sexual activities was not separated by age group.

According to the AARP Midlife Singles study, 37% of midlife singles reported engaging in sexual intercourse in the previous six months (48% of men and 29% of women). More specifically, 38% of singles aged 50 to 59 years reported engaging in sexual intercourse within the previous six months while 19% of singles aged 60 to 69 years reported the same (American Association of Retired Persons, 2003). Overall, it is evident that a significant proportion of

midlife singles continue to engage in sexual intercourse as they age, with single adults in their fifties more likely than single adults in their sixties to engage in sexual intercourse. This reiterates the notion that for many single older adults sexual intercourse remains an important aspect of dating and intimate relationships even into the later years of life.

2.9.2 Satisfaction with Frequency of Sexual Intercourse

The AARP Midlife Singles study also examined singles satisfaction with their current frequency of sexual intercourse. Single men aged 40 to 69 (59%) were more likely than single women (35%) to be dissatisfied with their current frequency of engagement in sexual intercourse (American Association of Retired Persons, 2003). More specifically, 57% of males and 36% of females aged 50 to 59 years reported that they felt they did not engage in sexual intercourse often enough while 53% of males and 22% of females aged 60 to 69 years reported the same (American Association of Retired Persons, 2003). This further supports the notion that even as one ages, sexuality still remains an important part of life.

2.9.3 Risky Sexual Behaviour

As reported within the AARP Midlife Singles study, only 39% of singles aged 40 to 69 years reported using protection (e.g., condoms) all of the time when engaging in sexual intercourse (American Association of Retired Persons, 2003). To be more specific, 31% of single males and 48% of single females reported using protection all of the time when engaging in sexual intercourse, 19% of single males and 12% of single females reported using protection usually but not all of the time, 16% of single males and 8% of single females reported using protection sometimes and 35% of single males and 32% of single females reported using protection rarely or not at all (American Association of Retired Persons, 2003). In addition, 46% of midlife single men and 21% of midlife single women reported maintaining a sexual relationship in the past with

more than one person during the same time period (American Association of Retired Persons, 2003). Both the non-use of condoms and multiple sexual partnerships are well established risk factors for HIV and other sexually transmitted infections (Centers for Disease Control and Prevention, 2008c).

It is important to recognize that one limitation of the AARP Midlife Singles study was the age group under investigation. Particularly, limiting the sample to those aged 40 to 69 does not allow for an examination of the dating patterns and sexual behaviour of adults into their later years of life. It is important to consider the intimate and sexual behaviour of those aged 70 years or older as literature suggests that both the desire and act of sexual activity does not cease with older age.

2.9.4 Summary

Overall, it is evident that in the current era sexual activity is not only associated with marriage but is also an important component of a dating relationship (American Association of Retired Persons, 2003). However, along with the benefits of sexual activity are the related sexual risks. Sexual risk is a particular concern amongst the American and presumably Canadian midlife single population as a significant proportion reported not using protection regularly (e.g., condoms) when engaging in sexual intercourse and reported engaging in sexual intercourse with multiple sexual partners concurrently. As many seniors no longer consider themselves to be at risk for pregnancy they do not see the need to use protection when engaging in sexual intercourse. These individuals fail to acknowledge the use of protection to prevent against HIV and other sexually transmitted infections. Thus, at a time when HIV rates are increasing steadily amongst older adults, it is essential that greater preventative efforts as well as education be targeted at the older adult segment of the Canadian and American population in order to facilitate the adoption of safer sexual practices.

2.10 Dating and Sexual Behaviour of Canadian Snowbirds in Florida

Following an extensive review of the literature, it was observed that information on the extent to which Canadian snowbirds take part in dating relationships with fellow snowbirds, Floridians or other Americans while in Florida for the winter season is non-existent. Moreover, literature regarding the extent to which Canadian snowbirds are interacting sexually with these individuals is also non-existent. Thus, it was not possible to determine the potential risk for Canadian snowbirds to encounter HIV while in Florida. It can only be speculated that as the proportion of older adults who are engaging in dating and sexual relationships continues to increase, so too does the likelihood that a Canadian snowbird will come in contact, either socially or sexually, with a fellow snowbird, Floridian or other American while residing in Florida for the winter season.

3. GAPS IN THE LITERATURE

3.1 Sexual Behaviour and Attitudes of Canadian Snowbirds

Literature that examines the sexual behaviour and attitudes of the Canadian senior population as a whole is insufficient. Specifically, with respect to the Canadian snowbird population, such information is non-existent. It is important to examine the sexual behaviour of Canadian seniors in order to determine: (1) if they are continuing to be sexually active into their later years of life and (2) if they are taking part in sexual risk-related behaviour that may place them at increased risk for HIV infection. It is particularly important to determine if Canadian seniors are engaging in risky sexual behaviour as the rate of HIV amongst those aged 50 years or older in Canada is on the rise. In order to address this gap, information was collected on: the frequency of engagement in sexual activity, the frequency of engagement in risky sexual behaviour (including multiple and serial monogamous sexual partnerships and non-use of condoms during sexual intercourse), satisfaction with their current level of sexual activity, the diagnosis of sexually transmitted infections, the occurrence of sexual dysfunction, the use of medications to improve sexual functioning, where they get their information on sexual intimacy and/or HIV/AIDS if needed, HIV testing and if they have recently discussed their sexual health with a physician.

3.2 Socializing Patterns of Canadian Snowbirds in Florida

Currently, there is insufficient literature available that examines the social interactions of Canadian snowbirds with fellow snowbirds, Floridians or other Americans while residing in Florida for the winter season. The literature that does examine the social networks of Canadian snowbirds in Florida is significantly dated as much of this research occurred during the 1980's and early 1990's. In order to address this gap, information was collected on: the number of

friends who live near their Florida home, how frequently they contact their Floridian friends, how frequently they engage in both social and physical activities in Florida and whether their level of activity participation differs between their Florida and Canadian communities.

3.3 Dating and Sexual Behaviour of Canadian Snowbirds in Florida

Following an extensive literature review it was evident that literature that examines the dating and sexual relationships of Canadian snowbirds with fellow snowbirds, Floridians or other Americans while in Florida is non-existent. As such information is unavailable; it was not possible to determine whether Canadian snowbirds were engaging in risky sexual behaviour that may place them at increased risk for HIV infection while in Florida. This is especially important to consider as Florida possesses the largest number of prevalent HIV cases amongst those aged 50 years or older in the United States (Drummond, 1999). To address this gap, the following risky sexual behaviours were examined: multiple sexual partnerships with fellow snowbirds, Floridians and other Americans in Florida as well as the non-use of condoms during sexual intercourse with these individuals.

Regarding dating behaviour, information was collected on: Canadian snowbirds dating relationships in Canada, Canadian snowbirds dating relationships in Florida, the number of partners they dated in both Canada and Florida, their reasons for dating, the ease of finding dates in Canada and Florida and where they generally find their dating partners.

4. RESEARCH OBJECTIVES

- i. To describe the sexual attitudes and behaviour of Canadian snowbirds. In specific, to:**
 - a. describe Canadian snowbirds attitudes towards sex and intimacy;
 - b. describe the type, frequency and safety of their sexual activities;
 - c. describe the dating patterns and behaviour of Canadian snowbirds in Canada; and
 - d. to identify the multivariate correlates of HIV testing and participation in intercourse without a condom with non-spouse partners.*

- ii. To determine how Canadian snowbirds are interacting socially with Floridians and other Americans/snowbirds while residing in Florida. In specific, to describe:**
 - a. how active Canadian snowbirds are within their Florida communities and the number of close friends they have in Florida including what proportion of time is spent with their Floridian friends; and
 - b. the dating patterns of Canadian snowbirds while staying in Florida and in particular their relationships with Floridians.

- iii. To determine whether Canadian snowbirds are engaging in risky sexual behaviour while staying in Florida. In specific, to:**
 - a. describe Canadian snowbirds sexual behaviour patterns with Floridians, fellow snowbirds and other Americans; and
 - b. identify the multivariate correlates of high-risk sexual practices with Americans/snowbirds, including potentially multiple sexual partnerships and non-use of condoms. *

* Multivariate analysis of the correlates of HIV testing amongst daters and predictors of high-risk sexual practices were not possible due to small sample size and insufficient power to detect significant associations

5. METHODS

The following sections outline the research design, data collection methods, study population and sample, recruitment procedures and materials, survey instruments and types of analyses utilized for this research.

5.1 Research Design

This pilot project was a small-scale exploratory study that examined the Canadian snowbird phenomenon. Within it, emphasis was placed on examining the health of Canadian snowbirds who seasonally migrated to Florida during the winter months. In particular, it addressed the social and sexually intimate interactions of Canadian snowbirds with fellow snowbirds, Floridians and other Americans in Florida. It collected information cross-sectionally on both socio-demographic and travel characteristics in order to obtain an up-to-date, detailed profile of Canadian snowbirds who winter in Florida.

5.1.1 Methods of Data Collection

5.1.1.1 Methods

Four methods of data collection were utilized for this study: face-to-face interviews, telephone interviews, paper-and-pencil questionnaires and online questionnaires. The decision to include these four methods of data collection was made in order to capture participants who were computer literate and non-computer literate as well as participants who may have felt apprehensive discussing sensitive topics intimately with an interviewer. Additionally, including four methods of data collection allowed for comparisons to be made regarding the overall rates of response and item non-response to sensitive questions across the various methods. A comparison of the overall response rates and item non-response rates allowed the study

personnel to determine the most appropriate data collection method for surveying Canadian snowbirds for a subsequent large-scale study.

Telephone interviews were not originally considered for this study. This option was ultimately provided because a participant in Canada was interested in participating in the study but: (1) did not feel comfortable providing personal information over the internet; and (2) did not have access to a computer and/or internet.

Face-to-Face and Telephone Interviews

Recruitment for participation in a face-to-face interview³ (see Appendix A for the survey instrument) took place only in south eastern Florida. Recruitment occurred through direct contact with study personnel as well as through various recruitment materials (see Appendix B for a complete listing of recruitment materials utilized in Florida). The interview took an average of 25 minutes to complete. In Florida, study personnel screened interested potential participants for study eligibility (see Appendix C). Once study eligibility had been determined, the study personnel went through the consent form (see Appendix D) in detail with the participant. The participant was asked to sign two consent forms, one which was given to the study personnel and one which they retained; then the interview began. Upon completion of the interview, the participant was provided with a thank-you letter (see Appendix E). Additionally, if the participant chose to receive remuneration (a choice of \$10 gift card to Publix or Target) they were asked to sign a receipt (see Appendix F). Completed interviews were then placed in a sealed envelope. To further ensure the privacy and confidentiality of the participant, the study personnel placed their signature across the seal. The envelope was only opened by the Project

³ All face-to-face interviews completed in Florida included the first (original) version of the survey instrument. Refer to section 5.3.1.1 for additional details regarding the versions of the survey instrument.

Coordinator at the time of data entry. Signed consent forms and receipts were not placed in this envelope but stored separately.

The face-to-face interviews took place in public, separated in space from other individuals. It was necessary that the selected locations were isolated from others in order to maintain the privacy of the participant. As the interviews occurred in a public setting, the safety of the study personnel was not compromised as witnesses were close enough to see the interviewer and participant, but not close enough to hear their responses.

Telephone interviews⁴ were conducted with participants while they were in Canada only, after returning from Florida. Interviews took an average of 25 minutes to complete. Interested, potential participants were screened for study eligibility (see Appendix C) at the time of initial telephone contact. Once study eligibility had been determined, the study personnel went through the consent form (see Appendix D) in detail with the participant. As the interview took place over the telephone the participant was required to provide verbal consent to participate. Once the participant had provided verbal consent to enrol in the study, the interview began. Upon completion of the interview, the participant was provided with the option to receive a choice of \$10 gift card to Tim Hortons or Shoppers Drug Mart. If the participant chose to receive remuneration, they were asked to provide their Canadian mailing address which was documented on a gift card receipt (see Appendix F). Participants were also asked whether they wanted to receive the results of the study. Completed interviews were then placed in a sealed envelope. To further ensure the privacy and confidentiality of the participant, the study personnel placed their signature across the seal of the envelope. The envelope containing the interview booklet was only opened by the Project Coordinator at the time of data entry. Gift card receipts were not

⁴ All telephone interviews conducted in Canada included the second (revised) version of the survey instrument. Refer to section 5.3.1.1 for additional details regarding the versions of the survey instrument.

placed in this envelope but stored separately. A copy of the consent form signed by the study personnel indicating verbal consent by the participant to enrol in the study was also placed with the gift card receipt.

All participants who completed a telephone interview were provided with the option to receive a paper copy of the thank-you letter (see Appendix E) by mail. As all telephone interview participants requested remuneration, a paper copy of the thank-you letter was included with their \$10 gift card.

Paper-and-Pencil Self-Completed Questionnaires

Recruitment for participation in a paper-and-pencil questionnaire⁵ took place in both south eastern Florida and Canada. The questionnaire took an average of 25 minutes to complete. Recruitment of participants in Florida occurred through direct contact with study personnel as well as through various recruitment materials (see Appendix B for a complete listing of recruitment materials utilized in Florida). Recruitment of participants in Canada took place in Elliot Lake, Ontario, Canada. Recruitment occurred through direct contact with study personnel as well as through word of mouth.

In the field, interested, potential participants were screened for study eligibility (see Appendix C). Once eligibility had been determined, the study personnel went through the consent form (see Appendix D) in detail with the participant. The participant was asked to sign two consent forms, one which was given to the study personnel and one which they retained. Once the participant had provided written consent to enrol in the study, the questionnaire was disseminated. The paper-and-pencil questionnaire was printed in 14-point font in order to increase question visibility. Upon completion of the questionnaire, the participant was provided

⁵ All paper-and-pencil questionnaires disseminated in Florida included the first (original) version of the survey instrument. All paper-and-pencil questionnaires completed in Canada included the second (revised) version of the survey instrument. Refer to section 5.3.1.1 for additional details regarding the versions of the survey instrument.

with a thank-you letter (see Appendix E). Additionally, if the participant chose to receive remuneration (a \$10 gift card to Target or Publix for participants in Florida; a \$10 gift card to Tim Hortons or Shoppers Drug Mart for participants in Canada) they were asked to sign a receipt (see Appendix F). Completed questionnaires were then placed in a sealed envelope. To further ensure the privacy and confidentiality of the participant, the study personnel placed their signature across the seal. The envelope was only opened by the Project Coordinator at the time of data entry. Signed consent forms and receipts were not placed in this envelope but stored separately.

The paper-and-pencil questionnaire in both Florida and Canada included an interviewer-assisted component whereby study personnel remained in close proximity in the event the participant needed clarification on a question.

The paper-and-pencil questionnaires were completed either in public or private as requested by the participant in Florida. In a public setting, questionnaires were completed at tables surrounding the pool area at a beachfront motel. It was necessary that this location was isolated from others in order to maintain the privacy of the participant. In a private setting, questionnaires were completed within the home of the participant. In this case, study personnel waited outside of the building until the participant had completed the questionnaire. In Canada, the paper-and-pencil questionnaires were completed in an older adult recreation centre located in Elliot Lake, Ontario.

Online Self-Completed Questionnaire

Recruitment for participation in an online questionnaire⁶ took place in both south eastern Florida and Canada. The online questionnaire took an average of 25 minutes to complete. In Florida, the web address for the online questionnaire was provided to participants through a pamphlet, tear-off poster or email message (see Appendix B). In Canada, the webpage address for the online questionnaire was provided to participants through a variety of recruitment materials, including pamphlets and posters for example (see Appendix B for a complete listing of recruitment materials utilized in Canada).

To begin the online questionnaire, the participant accessed the study webpage (see Appendix G) as directed by the recruitment material. On the webpage, links to two online versions of the questionnaire were provided: one to be completed by participants while still in Florida and the other to be completed by participants who had already returned to Canada. The participant chose the appropriate version of the questionnaire depending on their current location⁷. Prior to the start of the main questionnaire, participants were required to answer questions regarding study eligibility (see Appendix C). Once study eligibility had been granted, participants then read through a detailed online consent form (see Appendix D). To indicate consent to enrol in the study the participant was required to click the 'I agree' icon provided at the bottom of the consent form. The online questionnaire would not commence until this icon had been clicked. Participants were provided with the option to print the consent form for future reference. Following the completion of an online questionnaire, participants were provided with

⁶ Participants in Florida completed either the first version or the second version of the questionnaire depending on the time period; those who completed the survey before March 17, 2009 completed version one, and those after this date completed version two. In Canada, all questionnaires were version two, as all were completed after March 17, 2009. Refer to section 5.3.1.1 for additional details regarding the versions of the survey instrument.

⁷ The wording of the questions differed only slightly between the two versions of the online questionnaire to refer to their stay in Florida as current/ongoing or past tense.

an online thank-you letter (see Appendix E). This thank-you letter could also be printed by the participant for future reference. Additionally, participants were provided with the option to receive their choice of \$10 gift card to Tim Hortons or Shoppers Drug Mart. If the participant chose to receive a gift card they were required to send their name and Canadian mailing address to the study email address (snowbird@uwaterloo.ca). It was indicated that it would not be possible to match their email address or contact information to their survey responses as they were required to go to a different online location to leave their contact information.

At the present time, the webpage for the online questionnaire is still available to participants. The webpage provides participants with an online version of the thank-you letter with active online links to Florida health care providers as well as health organizations and services (see Appendix E). Additionally, selected study results are provided to participants on this webpage.

5.1.1.2 Benefits and Limitations of the Data Collection Methods

There are several benefits and limitations associated with the four data collection methods utilized in this study: face-to-face interviews, telephone interviews, paper-and-pencil questionnaires and online questionnaires.

Face-to-Face Interviews

With respect to face-to-face interviews, this data collection method is advantageous as it grants the interviewer greater control in ensuring accurate and complete responses by offering clarification and motivation to participants when needed (Groves et al., 2004). As well, face-to-face interviews allow the interviewer to directly observe the participants reactions and behaviour regarding each of the questions posed (de Leeuw, Hox, & Dillman, 2008). However, it is important to recognize that the participant's responses may be influenced by the presence of the

interviewer (de Leeuw et al., 2008). Participants who are asked to provide sensitive information may feel uncomfortable or embarrassed with their true response to a given question. Thus, they may feel compelled to respond to the interviewer in such a way that they perceive to be as socially acceptable - known as a social desirability bias (Millstein & Irwin Jr., 1983). Although this was one potential limitation to consider for this study, it was tempered by the use of prompt cards whereby the participant answered using a lettered category rather than stating a sensitive response directly to study personnel (see prompt cards included at the end of the survey instrument in Appendix A). In addition, a social desirability scale was included in the survey instrument in order to detect socially desirable responders (see question A19 in Appendix A). This social desirability scale was included in the survey instrument for all four methods of data collection (face-to-face interviews, telephone interviews, paper-and-pencil questionnaires and online questionnaires) as all methods of data collection in this study had the potential to be effected by social desirability bias.

Telephone Interviews

Telephone interviews are advantageous as they promote greater anonymity on behalf of the participant (Statistics Canada, 2003). This was especially important within this study as sensitive questions, regarding sexual behaviour and sexual risk, were posed. Telephone interviews are also advantageous as they are more cost effective and possess the fastest response time compared to both face-to-face interviews and self-completed questionnaires (Statistics Canada, 2003). However, one disadvantage of telephone interviews is that they must be of reduced complexity and length (i.e. maximum 20 minutes) than face-to-face interviews and self-completed questionnaires (Statistics Canada, 2003). Additionally, with telephone interviews the participant's reactions and behaviour to each of the questions posed cannot be directly observed

by the interviewer (Statistics Canada, 2003). This was one potential limitation considered within this study.

Paper-and Pencil Self-Completed Questionnaires

Paper and pencil questionnaires are advantageous as they are less intrusive than face-to-face interviews and promote greater self-disclosure through the increased privacy and anonymity of the participant (de Leeuw et al., 2008). The use of paper-and-pencil questionnaires was especially advantageous within this study as several sensitive questions, especially regarding sexuality and sexual risk, were posed to participants. Including an interviewer-assisted component with a self-completed questionnaire is also advantageous as it allows the interviewer to provide clarification of terminology or question meaning and motivation to complete, where needed (de Leeuw et al., 2008). This increases the likelihood for complete and accurate responses to the survey questions (de Leeuw et al., 2008). An interviewer-assisted component was included with all paper-and-pencil questionnaires completed in both Florida and Canada for this study. However, it is important to recognize that compared to face-to-face interviews, self-completed questionnaires possess poorer data quality as participants may unintentionally skip questions or provide multiple responses to a given question (Kleinman, Leidy, Crawley, Bonomi, & Schoenfeld, 2001). This was one potential limitation of the paper-and-pencil self-completed questionnaire considered within this study.

Online Self-Completed Questionnaires

Online questionnaires are advantageous as they allow for greater confidentiality, anonymity and privacy on behalf of the participant (de Leeuw et al., 2008). This was pertinent to this study as sensitive questions, especially regarding sexuality and sexual risk, were posed. As well, online questionnaires tend to be much more cost effective and reach a larger sample of

individuals in a smaller period of time compared to interviews or self-completed questionnaires (Wright, 2006). However, as an interviewer is not available to resolve difficulties with an online questionnaire, there is a greater likelihood for non-response and premature termination as well as inaccurate responses and incomplete questionnaires (de Leeuw et al., 2008). This was one limitation of the online questionnaire recognized within this study.

Including an online component in this study was appropriate with respect to the study population for several reasons. Canadian snowbirds are a demographically distinct population in that they tend to possess higher levels of income and education compared to the Canadian senior population as a whole (Longino Jr. & Marshall, 1990). Thus, it is likely that Canadian snowbirds are more interactive within their environment including the use of computers and internet and are also more likely to be able to afford a computer and internet connectivity. A survey of the members of the Canadian Snowbird Association conducted in 2006 provides evidence to support this notion. In particular, it was reported that 72% of Canadian snowbirds aged 50 years or older were current users of the internet (Canadian Snowbird Association, 2007). Additionally, regarding the Canadian senior population as whole, 70% of seniors aged 55 to 64, 45% of seniors aged 65 to 74 and 21% of seniors aged 75 years or older reported using the internet in 2007 (Statistics Canada, 2009c).

5.1.2 Remuneration

Prior to data collection, participants were informed that an incentive would be offered for their participation in the study. Participants who completed a face-to-face interview or paper-and-pencil questionnaire in Florida had the option to receive their choice of \$10 gift card to Target or Publix. If a participant chose to receive a gift card they were asked to sign a receipt (see Appendix F). Participants who completed a paper-and-pencil questionnaire or telephone

interview in Canada had the option to receive their choice of \$10 gift card to Tim Hortons or Shoppers Drug Mart. Participants who completed a paper-and-pencil questionnaire and who chose to receive a gift card were asked to sign a receipt (see Appendix F). For participants who completed a telephone interview, if they chose to receive a gift card their contact information was documented on a gift card receipt (see Appendix F). To ensure anonymity, receipts were placed with the participant's consent form and stored separately from their completed interview or questionnaire.

Participants who completed an online questionnaire (in either Florida or Canada) were provided with the option to receive their choice of \$10 gift card to Tim Hortons or Shoppers Drug Mart. If a participant chose to receive a gift card they were required to send their name and Canadian mailing address to the study email address (snowbird@uwaterloo.ca). This email address was provided to participants in the thank-you letter (see Appendix E). The contact information of the participant was stored in a password-protected email account that was found at a separate online location from the web questionnaire. This ensured confidentiality on behalf of the participant as it was not possible to match their contact information with their survey responses. Participants were assured that the contact information they provided would remain private, confidential and separate from their survey responses.

In Florida, gift cards to Target and Publix were chosen as remuneration as both stores are readily available throughout southern Florida and it was anticipated that participants would use the gift card during their current trip. In Canada, it was not possible to offer participants a gift card for comparable locations to those offered in Florida, such as to a grocery store, as it was necessary to ensure that the choice of gift card location was available throughout Canada.

5.1.3 Florida Recruiter/Interviewer

Ms. Julia Schlossberg volunteered to set up the Florida recruitment strategy, coordinate the Florida recruitment and interview participants in Florida. She worked with the Principal Investigator (Dr. Sandra Bullock) and Project Coordinator (Ms. Katie Mairs) to develop the recruitment strategy outlined in section 5.2.3. Ms. Schlossberg is a former Research Coordinator and Interviewer (1991 to 1998) from the HIV Social, Behavioural and Epidemiological Studies Unit, at the University of Toronto. In her capacity there she interviewed for the *Injection Drug Use and Risk of HIV Infection* study and continued on as the Co-Coordinator of the *Social Issues Affecting HIV Positive Women in Ontario* study as well as three additional studies of HIV prevalence and transmission risk within Ontario prisons and correction centres (L. Calzavara et al., 1995; L. Calzavara et al., 1995). She continued as consultant on the *Ontario Prison Study* (Burchell, Calzavara, Myers, & Schlossberg et al, 2003; Calzavara et al., 1997) after moving to the Fort Lauderdale area in 1996. In these studies she set up the recruitment strategies, hired and trained research interviewers, interviewed participants and was involved in the preparation of study publications. In a later consultation for the *About Last Night, Dates Drinks and Sex Study* (Bullock, 2001) Ms. Schlossberg was instrumental in setting up community recruitment of participants for a complex diary study of alcohol consumption and sexual risk.

In addition to Ms. Schlossberg's knowledge of HIV-risk, experience developing recruitment strategies and recruiting participants into studies of a sensitive nature, her interview skills and an exemplary work ethic, she is also capable in French and thus helped Francophone participants to understand English words they had difficulty with in this study.

For privacy and security, Ms. Schlossberg was provided with a study-dedicated, pay-as-you-go cell phone with no call display feature, which was registered to her name and not the

study name. This phone was used to receive all study phone calls and return them in Florida. Only Ms. Schlossberg and the Project Coordinator (Ms. Katie Mairs) had access to this cell phone and its voicemail.

5.2 Sample

5.2.1 Population, Sample and Eligibility Criteria

The population of interest for this study was Canadian snowbirds aged 50 years or older who temporarily migrated for an extended period of time to Florida during the winter season. The targeted sample for the in-person recruitment was Canadian snowbirds who temporarily migrated to Broward, Palm Beach and northern Dade counties in south eastern Florida during the winter months. Recruitment within Canada was extended to Canadian snowbirds wintering in any location in Florida. In-person recruitment was limited due to constraints in study funding; but was included to determine whether in-person recruitment and data collection in Florida were superior to that of recruitment and data collection in Canada after snowbirds returned home.

Eligibility for participation in this study was based on both socio-demographic characteristics and snowbird travel patterns. To be eligible for participation in a face-to-face interview, paper-and-pencil questionnaire or online questionnaire in Florida (see Appendix C), each participant must:

- have been 50 years of age or older;
- reside in Canada for six months or longer within a given year;
- have been in Florida for one month or longer; and
- have been able to read, write and comprehend English.

To be eligible for participation in a paper-and-pencil questionnaire, telephone interview or online questionnaire in Canada (see Appendix C) each participant must:

- have been 50 years of age or older;
- reside in Canada for six months or longer within a given year;
- have visited Florida within the past 12 months;
- have stayed in Florida for one month or longer on their latest trip; and
- have been able to read, write and comprehend English.

The minimum age requirement of 50 years old was chosen as it was necessary to be inclusive regarding the sexual behaviour of Canadian snowbirds. Specifically, setting the minimum age requirement at 50 years allowed for a more thorough comparison of Canadian snowbird sexual behaviour and sexual risk across the various age groups. As well, the Canadian Association of Retired Persons (CARP), which caters to a substantial proportion of Canadian snowbirds, sets their minimum age requirement for membership eligibility at 50 years of age (Canadian Association of Retired Persons, 2008). It was necessary to ensure that Canadian snowbirds reside in Canada for six months or longer within a given year in order to establish their primary place of residence as Canada. Finally, it was necessary that Canadian snowbirds stayed in Florida for one month or longer on their latest trip as this allowed for the exclusion of short-term travellers or vacationers (Smith S.K. & House M., 2007).

5.2.2 Sample Size

The targeted sample size for this study was 150 participants. Specifically, the study personnel initially aimed to recruit 50 participants for each study method: face-to-face interviews, paper-and-pencil questionnaires and online questionnaires. In Florida, recruitment for participation in an interview or paper-and-pencil questionnaire proved to be difficult. As a result,

significantly fewer interviews and paper-and-pencil questionnaires were completed than had originally been anticipated.

Following the exclusion of non-completers (i.e., participants who were missing a large number of responses on their online questionnaire and did not answer any questions relating to the research objectives) (N = 13), the total sample size for the study was 299 participants. Of these participants, three completed a face-to-face interview (1%), six completed a telephone interview (2.01%), 32 completed a paper-and-pencil questionnaire (10.7%) and 258 completed an online questionnaire (86.29%).

5.2.3 Recruitment

A non-probability, purposive sampling plan was incorporated into this study. Regarding recruitment, participants in Florida were invited to participate in the study which consisted of completing a face-to-face interview, paper-and-pencil questionnaire or online questionnaire. Participants were initially invited to complete a face-to-face interview, however, they were also provided with the option to complete a paper-and-pencil questionnaire or online questionnaire if they preferred. Participants in Canada were initially invited to complete an online questionnaire. However, if a participant expressed interest in the study but either did not feel comfortable providing personal information over the internet or did not have access to a computer and/or internet, they were provided with the option to complete a telephone interview. Participants recruited in Elliot Lake, Ontario, Canada were provided with the option to complete a paper-and-pencil questionnaire, online questionnaire or telephone interview. The option to complete a face-to-face interview was not provided to participants located in Canada due to budgetary issues and the breadth of locations from which the study recruited participants.

Within this study, study personnel attempted to recruit Canadian snowbirds both over and under the age of 70. Although no absolute quota regarding the number of participants to be recruited into each group was set, it was hoped that half of the participants would fall into each age group. It was necessary to attempt to recruit Canadian snowbirds both over and under the age of 70 in order to obtain a greater breadth of information regarding their patterns of socializing, sexual behaviour and sexual-risk across the adult lifespan. Overall, 203 participants (68.58%) were less than 70 years of age while 93 participants (31.42%) were aged 70 years or older. Three participants failed to indicate their age; however, all did indicate that they were over the age of 50 during the study eligibility questionnaire.

5.2.3.1 Materials and Locations for Recruitment in Florida

Recruitment Period

Recruitment of Canadian snowbirds in south eastern Florida to complete a face-to-face interview, paper-and-pencil questionnaire or online questionnaire began on February 10, 2009 and concluded on April 10, 2009. Targeted recruitment of participants across numerous locations in Florida occurred between February 10, 2009 and February 17, 2009 as the Project Coordinator was present in Florida during this period of time.

This study originally proposed to recruit participants across three counties in Florida: Palm Beach County, Miami-Dade County and Broward County. However, as data collection in Florida began later than originally anticipated due to later than expected ethics clearance, recruitment of participants occurred only within Broward County, Florida.

Pamphlets and Posters Placed in Beachfront Restaurants, Motels, Stores and Medical Centres

A method of recruitment for this study was the placement of posters and pamphlets (see Appendix B) in beachfront restaurants, motels, stores and medical centres in Hollywood Beach,

Fort Lauderdale, Lauderdale by the Sea and Margate, Florida - all of which are located within Broward County. Pamphlets were placed on a community bulletin board, in store windows, on tables and at front counters. Posters were placed on the inside of washroom doors, over Canadian newspaper stands, at front counters, in a medical information cupboard and on store front doors. A study business card (see Appendix B) was distributed to the manager in each location in the event they had any questions or concerns regarding the study.

In addition to the placement of posters and pamphlets, as all motel managers were receptive to this project they agreed to discuss the study with their tenants personally by bringing their attention to the pamphlets/posters when visiting the motel office. All motel managers stated that they either currently had Canadian snowbird tenants or had previously rented motel units to Canadian snowbirds. As well, in the medical office study personnel spoke directly to each patient in the waiting room. The study personnel asked each patient questions regarding study eligibility and provided them with information about the study. Unfortunately, those individuals contacted in the waiting room were not interested in the study and thus did not want a study pamphlet to take home with them. It was advantageous to place recruitment material in this medical centre as it provides services to a relatively large population of Canadian snowbirds.

It was originally proposed for this study to place posters and pamphlets in two Stat Medical Clinics located in south eastern Florida. These clinics cater specifically to the Canadian snowbird population as they offer urgent medical care with no upfront payment necessary. However, as data collection in Florida began later than originally anticipated and due to the distance of these clinics from the Florida study office, the option to place recruitment material within these locations was no longer feasible.

Vehicles with Canadian License Plates

Another method of recruitment for this study was the placement of pamphlets (see Appendix B) on the windshields of vehicles with Canadian license plates. Pamphlets were placed on vehicles across three cities in Florida, all of which are located within Broward County: Hollywood Beach, Lauderdale by the Sea and Pompano Beach. Pamphlets were placed on vehicles parked: in parking garages located in close proximity to the beach, outside of motels and hotels, in condominium and apartment parking lots, along the beach strip, in a community centre parking lot, at the Sea Ranch Shopping Center, outside of beach front stores, in the parking lots of the Festival Flea Market and in the parking lots of two local golf courses.

In total, across the three cities visited in Broward County, 223 pamphlets were placed on the windshields of cars with Canadian license plates including 150 Ontario plates, 65 Quebec plates, six New Brunswick plates and two Manitoba plates.

Canadian Banks Operating in Florida

A method of recruitment originally proposed for this study was the placement of posters and pamphlets at local Canadian banks situated in south eastern Florida. Preliminary discussions regarding the potential to recruit within these banking institutions took place. However, it became apparent after visiting these locations for a second time that the bank managers were uncomfortable placing the recruitment material in their institution. Many stated that they would need to obtain permission from their head office. As a result, it was decided to target recruitment at other locations throughout Florida.

Direct Recruitment of Participants

Another method of recruitment for this study was through direct contact with study personnel. In this case, study personnel approached single individuals and groups of individuals

who looked approximately 50 years of age or older and used the recruitment script (see Appendix B) to direct the conversation. The script was only deviated from in order to answer any questions the participant may have had. Direct recruitment of participants took place across four cities in Broward County, including: Hollywood Beach, Fort Lauderdale, Lauderdale by the Sea and Pompano Beach. The locations of direct recruitment included: on the beach, at the Sea Ranch Shopping Center, at a coffee shop in a large shopping plaza, inside a beachfront convenience store, around the pools of beachfront motels and hotels, in the parking lots of apartment and condominium complexes, in the parking lots outside of the Festival Flea Market as well as in the parking lots of two local golf courses.

None of the participants who were directly recruited by study personnel agreed to complete an interview/questionnaire at the time of initial contact. Instead, interested and potential participants were given a pamphlet (see Appendix B) which contained additional information about the study as well as the Florida personnel contact information. The participant could then contact Florida study personnel directly to set up an appointment to complete an interview/questionnaire at their leisure. The pamphlet also included the webpage address for the online questionnaire which participants could access directly if they preferred to participate via this method.

Florida Newspapers

Another method of recruitment originally proposed for this study was the placement of advertisements in Canadian-based newspapers in Florida. However, as data collection in Florida began later than originally anticipated the option to recruit within these newspapers was no longer feasible as the deadline for the placement of these advertisements had passed prior to the start of data collection.

5.2.3.2 Materials and Locations for Recruitment in Canada

The recruitment of Canadian snowbirds in Canada, following the return from their seasonal trip to Florida, began on March 26, 2009 and concluded on June 8, 2009.

OACAO List Serve

A method of recruitment for this study was the placement of an online announcement (see Appendix B) on the Older Adult Centres Association of Ontario (OACAO) list serve. Through the list serve, each older adult recreation centre in Ontario that is member of the OACAO received an email announcement from the Project Coordinator. This announcement outlined: the purpose of the study, the type of participants needed and included a request for the placement of a poster (see Appendix B) in their facility on behalf of the study. The recruitment poster attached to this announcement provided participants with the option to complete an online questionnaire only. The online announcement was circulated to over one hundred community centres across Ontario.

As a follow-up to the list serve announcement, an additional email (see Appendix B) was sent to older adult recreation centres located within Waterloo Region and surrounding areas. Within this email, the Project Coordinator offered to personally visit the centres to drop off a recruitment package which included posters, pamphlets and brochures (see Appendix B) that could be directly circulated within the facility. The recruitment material included in this package provided participants with the option to complete an online questionnaire only. In total, six recruitment packages were dropped off to older adult recreation centres in Cambridge, Kitchener, Elmira and Oakville, Ontario. A recruitment package was also provided to an older adult recreation centre in Elliot Lake, Ontario as requested by the president of the centre.

Online Banner Advertisements

Another method of recruitment for this study was online banner advertisements that were circulated on the Canadian Association of Retired Persons (CARP) family of websites. These online banner advertisements took on three forms: a big box advertisement, a skyscraper advertisement and a leaderboard advertisement (see Appendix B). Both the big box and skyscraper advertisements provided a brief description of: the purpose of the study, the type of participants needed, the time required to participate and participant reimbursement. The leaderboard advertisement only provided information regarding the purpose of the study and the type of participants needed, due to size restrictions. All three banner advertisements included a 'Learn More' icon. When this icon was clicked it brought the participant to the study webpage. At the study webpage, participants could learn more about the study as well as access the icon to begin eligibility screening and ultimately the online questionnaire. In total, including all three types of online banner advertisements, 50,026 impressions were delivered across fifteen websites all with an affiliation to CARP.

It was advantageous to advertise within CARP as this association caters to both individuals aged 50 years of age or older and to a large population of Canadian snowbirds.

Online Advertorials

Another method of recruitment for this study was an online advertorial (see Appendix B). This advertorial was included in two online newsletters sent through the Canadian Association of Retired Persons (CARP). Specifically, the online advertorial outlined: the purpose of the study, what participation involved, the time required to participate, study eligibility criteria, participant reimbursement and the contact information of the study personnel. The advertorial also included a direct link to the study webpage.

The two online newsletters where the advertorial appeared included a travel newsletter and a lifestyle newsletter which are sent monthly to CARP subscribers. The travel newsletter was sent via email to 30,146 CARP members on May 28, 2009 while the lifestyle newsletter was sent via email to 30,894 CARP members⁸ on June 4, 2009. It was especially advantageous to advertise the study through the CARP newsletters as the advertorial was sent directly to the target population, Canadians aged 50 years or older. As well, by advertising in both the travel and lifestyle newsletter there was a greater likelihood that many of the individuals contacted would also be Canadian snowbirds.

Zoomers.ca Online Group

Another method of recruitment for this study was the creation of an online group at Zoomers.ca (see Appendix B). Zoomers.ca is a social networking website specifically designed for adult interaction. All members of Zoomers.ca have the opportunity to create groups which may focus on any number of topics. For the purpose of this study a group entitled ‘University of Waterloo – Canadian Snowbird Study’ was created. All registered members of Zoomers.ca could gain access to this group if interested. The group webpage outlined: the purpose of the study, what participation involved, the time required to participate, study eligibility criteria, participant reimbursement and the contact information of the study personnel. The group webpage also included a direct link to the study webpage. A comment wall was also included on the group webpage. On this comment wall potential participants had the opportunity to ask questions or leave comments regarding the study as they felt necessary.

⁸ Some of these CARP members may have also subscribed to the travel newsletter. Thus, they received the advertorial email twice.

Advertisement in Zoomers Magazine

A method of recruitment originally proposed for this study was the placement of an advertisement in CARP's Zoomers Magazine. However, due to a late start with data collection the submission due dates for the spring editions of the magazines were missed. As a result, recruitment in Canada was targeted elsewhere.

Advertisement on the Canadian Snowbird Association Website

A method of recruitment originally proposed for this study was the placement of an advertisement on the Canadian Snowbird Association website. Although this was a feasible option for recruitment within this study, it was decided that advertising with CARP would be more financially beneficial as the online advertisements were circulated across fifteen different websites, as opposed to just one.

5.3 Data Collection

5.3.1 Measures

The survey instrument that was utilized for this study was developed by study personnel through the compilation of multiple pre-existing survey questions and scales where possible and through several self-developed questions to address previously understudied areas.

Within the survey instrument, in addition to questions regarding socializing and sexuality, the topics of health insurance and health service utilization were included in order to provide a comparison of the health risks that Canadian snowbirds may encounter while residing in Florida during the winter season. Further, these two topic areas were included in order to determine whether seniors were willing to answer questions regarding sexuality and sexual risk as readily as they were willing to answer questions regarding health insurance and health service utilization. Beyond the reporting of question non-response, no further references are made to the

topics of health insurance and health service utilization in this thesis document, as these questions are not included in the thesis objectives. However, the survey questions regarding these topics areas are included in Appendix A.

Questions regarding the recall of specific information, for example the frequency of engagement in sexual intercourse with Canadian dating partners, were restricted to a 12-month period in order to minimize recall bias on behalf of the participant.

5.3.1.1 Survey Instrument Versions

Two versions of the survey instrument were created. The second version was created in order to rectify issues brought up by participants regarding the response options for five questions: A2, A3, B15a, C7a and D6a (see Appendix A for the survey instrument). Located below is Table 5.1 that outlines: the question, the original response options for the first (original) version of the survey instrument and the revised response options for the second version of the survey instrument.

In Florida, all paper-and-pencil questionnaires and face-to-face interviews that were completed were comprised of questions from the first version of the survey instrument. With respect to the online questionnaire, Florida participants completed either the first version or the second version of the questionnaire depending on the time period; those who completed the survey before March 17, 2009 completed version one, and those after this date completed version two. In Canada, all interviews/questionnaires were version two, as all were completed after March 17, 2009.

Table 5.1. Question and Response Options for Versions 1 and 2 of the Survey Instrument

Question	Response Options: Version 1	Response Options: Version 2
B2: Do you have internet access while living at home in Canada?	<input type="checkbox"/> ₂ Yes, at home <input type="checkbox"/> ₁ Yes, only out of the home (e.g., library, community centre, friend's house) <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₃ Yes, at home <input type="checkbox"/> ₂ Yes, only out of the home (e.g., library, community centre, friend's house) <input type="checkbox"/> ₁ Yes, both at home and out of the home <input type="checkbox"/> ₀ No
A3: Do you have internet access in Florida?	<input type="checkbox"/> ₂ Yes, at home <input type="checkbox"/> ₁ Yes, only out of the home (e.g., library, community centre, friend's house) <input type="checkbox"/> ₀ No	<input type="checkbox"/> ₃ Yes, at home <input type="checkbox"/> ₂ Yes, only out of the home (e.g., library, community centre, friend's house) <input type="checkbox"/> ₁ Yes, both at home and out of the home <input type="checkbox"/> ₀ No
B15a: During the past 12 months, how often on average have you taken part in the following sexual activities with your spouse or common-law partner? a) Kissing or hugging b) Sexual touching or caressing c) Oral sex d) Sexual intercourse	<input type="checkbox"/> ₀ Not at all <input type="checkbox"/> ₁ Once or twice a month <input type="checkbox"/> ₂ About once a week <input type="checkbox"/> ₃ More than once a week <input type="checkbox"/> ₄ Daily or almost daily <input type="checkbox"/> ₇ Don't know <input type="checkbox"/> ₉ Refused	<input type="checkbox"/> ₀ Not at all <input type="checkbox"/> ₁ Less than once a month <input type="checkbox"/> ₂ Once or twice a month <input type="checkbox"/> ₃ About once a week <input type="checkbox"/> ₄ More than once a week <input type="checkbox"/> ₅ Daily or almost daily <input type="checkbox"/> ₇ Don't know <input type="checkbox"/> ₉ Refused
C7a: During the past 12 months while in Canada, how often on average have you taken part in the following sexual activities? e) Kissing or hugging f) Sexual touching or caressing g) Oral sex h) Sexual intercourse	<input type="checkbox"/> ₀ Not at all <input type="checkbox"/> ₁ Once or twice a month <input type="checkbox"/> ₂ About once a week <input type="checkbox"/> ₃ More than once a week <input type="checkbox"/> ₄ Daily or almost daily <input type="checkbox"/> ₇ Don't know <input type="checkbox"/> ₉ Refused	<input type="checkbox"/> ₀ Not at all <input type="checkbox"/> ₁ Less than once a month <input type="checkbox"/> ₂ Once or twice a month <input type="checkbox"/> ₃ About once a week <input type="checkbox"/> ₄ More than once a week <input type="checkbox"/> ₅ Daily or almost daily <input type="checkbox"/> ₇ Don't know <input type="checkbox"/> ₉ Refused
D6a: During the past 12 months while in Florida, how often on average have you taken part in the following sexual activities, with a partner who is not your spouse or common-law partner? a) Kissing or hugging b) Sexual touching or caressing c) Oral sex d) Sexual intercourse	<input type="checkbox"/> ₀ Not at all <input type="checkbox"/> ₁ Once or twice a month <input type="checkbox"/> ₂ About once a week <input type="checkbox"/> ₃ More than once a week <input type="checkbox"/> ₄ Daily or almost daily <input type="checkbox"/> ₇ Don't know <input type="checkbox"/> ₉ Refused	<input type="checkbox"/> ₀ Not at all <input type="checkbox"/> ₁ Less than once a month <input type="checkbox"/> ₂ Once or twice a month <input type="checkbox"/> ₃ About once a week <input type="checkbox"/> ₄ More than once a week <input type="checkbox"/> ₅ Daily or almost daily <input type="checkbox"/> ₇ Don't know <input type="checkbox"/> ₉ Refused

5.3.1.2 Social Desirability Scale

In order to address the potential for social desirability bias within this study, a 10-item Marlowe-Crowe Social Desirability Scale Version 2 (M-C2) was included in the survey instrument (Strahan & Gerbasi, 1972). The Marlowe-Crowe Social Desirability Scale asked participants to indicate whether they believed statements regarding personal attitudes to be true or false, as it applied to them. This social desirability scale was included in order to detect socially desirable responders. See question A19 in Appendix A.

5.3.1.3 Main Survey Instrument

Section A: Basic Personal Information

Participants were first asked to indicate how they heard about this study (for interview and paper-and-pencil questionnaires only). With respect to socio-demographic characteristics participants were asked to indicate their: gender, year of birth, educational attainment, employment status, income, marital status, the number of years they have been living in their current marital status and their sexual orientation. Additionally, participants were asked to indicate whether they have access to the internet in Canada and Florida. See questions A1 to A8, B12, B13 and E12 located in Appendix A. For face-to-face interview participants only, prompt cards were utilized for questions that were of a sensitive nature or had repetitive responses over several questions. In particular, for question A8 regarding annual income, participants were handed prompt card A (see Appendix A). They were then asked to choose a letter from A to I based on the income bracket in which they fell. By using the prompt card, the participant was not required to disclose their income level directly to the interviewer.

With respect to Canadian snowbird travel characteristics participants were asked to indicate: their province of residence, the number of years they had been wintering in a southern

location, the number of years they had been wintering in their current area of Florida, the number of months they stayed in Florida last winter, the month they arrived in Florida, the month they departed from Florida, the Florida city/town in which they resided, the reasons why they winter in Florida, the type of building/complex they lived in while in Florida, whether this building/complex was for seniors only and whether they rented or own their Florida accommodation. See questions A9 to A18 located in Appendix A.

Section B: Social Networks and Intimacy

Florida Social Networks. Four questions were posed to participants with respect to their social networks in Florida. The first question was derived from a study by Mullins & Tucker (1988) and asked participants to indicate the number of close friends or relatives who live within an hour's drive of their Florida home. A second question, created by the study personnel, asked participants to indicate the number of close friends/relatives who live within an hour's drive of their Florida home who are Canadians, Floridians, other Americans and neither Canadian nor American. Participants who had no Floridian friends living near their Florida home skipped to question B5. A third question, derived from a study by Sullivan & Stevens (1982), asked participants to indicate how often they get together with their Floridian friends. Six response options were provided ranging from 'about everyday' to 'less than once a month'. A fourth question, derived from a study by Lynn (2000), asked participants to indicate whether they maintain contact with their Floridian friends throughout the year. Response options included 'yes', most or all', 'yes, some' and 'no, none'. See questions B1 to B4 in Appendix A.

Social and Physical Activities in Florida. Six questions were posed to participants about their participation in social and physical activities in Florida. The first question, derived from a study by Lynn (2000), asked participants to indicate how often they typically participate in fourteen

different social activities when in Florida. Participants responded using a five-point scale ranging from 'daily or almost daily' to 'not at all'. A 'not sure' category was also provided. A second question, derived from a study by Lynn (2000), asked participants to indicate how they would compare their degree of social activity in Florida to that in their Canadian community in the summer. Participants responded using a five-point scale ranging from 'significantly more active' to 'significantly less active'. A third question, derived from a study by Lynn (2000), asked participants to indicate how they would compare their degree of social activity in Florida to what it would have been if they had stayed home in Canada during the winter. Participants responded using a five-point scale ranging from 'significantly more active' to 'significantly less active'. An 'I don't know, I am not usually in Canada during the winter months' category was also provided. A fourth question, derived from a study by Lynn (2000), asked participants to indicate how often they typically participate in twelve different physical activities when in Florida. Participants responded using a five-point scale ranging from 'daily or almost daily' to 'not at all'. A 'not sure' category was also provided. A fifth question, derived from a study by Lynn (2000), asked participants to indicate how they would compare their degree of physical activity in Florida to that in their Canadian community in the summer. Participants responded using a five-point scale ranging from 'significantly more active' to 'significantly less active'. A sixth question, derived from a study by Lynn (2000), asked participants to indicate how they would compare their degree of physical activity in Florida to what it would have been if they had stayed home in Canada during the winter. Participants responded using a five-point scale ranging from 'significantly more active' to 'significantly less active'. An 'I don't know, I am not usually in Canada during the winter months' category was also provided. See questions B5 to B10 located in Appendix A. With respect to questions B5 and B8, prompt card B was used (see Appendix A).

Sexual Intimacy. Five questions were posed to participants with respect to sexual intimacy. First, a scale consisting of ten statements, derived from the Sexuality at Midlife and Beyond study, was included in the survey instrument to assess participant's attitudes towards sex and intimacy (American Association of Retired Persons, 2005). For each statement, participants responded using a five-point scale ranging from 'strongly agree' to 'strongly disagree'. A 'don't know' and 'refused' category were also provided. A second question, derived from the Sexuality at Midlife and Beyond study, asked participants to indicate how satisfied they have been with their level of sexual intimacy in the past 12 months (American Association of Retired Persons, 2005). Participants responded using a five-point scale ranging from 'extremely satisfied' to 'extremely dissatisfied'. For the remaining three questions within Section B, only participants who were married or in a common-law relationship were to respond. All other participants skipped to Section C. A third question, derived from the 2003 AARP Midlife Singles study, asked participants to indicate how often in the past 12 months they engaged in kissing or hugging, sexual touching or caressing, oral sex and sexual intercourse with their spouse or common-law partner (American Association of Retired Persons, 2003). For the first version of the survey instrument, participants responded using a 5-point scale ranging from 'not at all' to 'daily or almost daily'. A 'don't know' and 'refused' category were also provided. For the second version of the survey instrument, participants responded using a 6-point scale ranging from 'not at all' to 'daily or almost daily'. A 'don't know' and 'refused' category were also provided. Participants who did not engage in sexual intercourse in the past 12 months ('not at all') skipped to section C. A fourth question, derived from the Sexuality at Midlife and Beyond study, asked participants to indicate if they typically use protection, such as condoms, when engaging in sexual intercourse with their spouse or common-law partner (American Association of Retired Persons, 2005).

Participants responded using a five-point scale ranging from ‘yes, all of the time’ to ‘not at all’. Participants who responded with ‘not at all’ skipped to Section C. A fifth question, derived from the 2004 Canadian Community Health Survey, asked participants to indicate if they used a condom the last time they had sexual intercourse with their spouse or common-law partner (Statistics Canada, 2004a). Response options included ‘no’, ‘yes’ and ‘not sure’. See questions B11, B14, B15a and B16 in Appendix A. For question B11 prompt card C was utilized and for question B15a prompt card D was utilized (see Appendix A).

Section C: Dating and Sexual Intimacy with Partners in Canada, Outside of the Marital or Common-Law Relationship

Dating in Canada. Six questions were posed to participants about their general dating behaviour and their dating behaviour in Canada. The first question, derived from the 2003 AARP Midlife Singles study, asked participants to indicate whether they had been on a date or in a new relationship in the past five years (American Association of Retired Persons, 2003) (if a participant was married or in a common-law relationship this question referred to dating partners aside from their spouse or common-law partner). Response options included ‘yes’, ‘no’ and ‘not sure’. Participants who responded with ‘no’ to this question skipped to Section E. A second question, derived from the 2003 AARP Midlife Singles study, asked participants to indicate the reasons why they date (American Association of Retired Persons, 2003). Participants were able to select all responses that applied. A third question, derived from the 2003 AARP Midlife Singles study, asked participants to indicate how they usually find a date (American Association of Retired Persons, 2003). Participants were able to select all responses that applied. A fourth question, created by the study personnel, asked participants to indicate if any of these dates or new relationships within the past five years occurred in Canada. The response options included

‘yes’ or ‘no’. Participants who responded with ‘no’ to this question skipped to Section D. A fifth question, derived from the 2003 AARP Midlife Singles study, asked participants to indicate how easy or difficult it has been for them to find dates in Canada (American Association of Retired Persons, 2003). Participants responded using a four-point scale ranging from ‘very easy’ to ‘very difficult’. A ‘does not apply – I have not been looking’ category was also provided. A sixth question, created by the study personnel, asked participants to indicate the number of people they dated in Canada during the past 12 months. Participants who did not date in the past 12 months skipped to Section D. See questions C1 to C6 in Appendix A.

Sexual Intimacy. Four questions were posed to participants about their sexual intimacy with dates in Canada. The first question, derived from the 2003 AARP Midlife Singles study, asked participants to indicate the frequency in which they took part in four sexual activities (kissing or hugging, sexual touching or caressing, oral sex and sexual intercourse) with their dating partners in Canada in the past 12 months (American Association of Retired Persons, 2003). For the first version of the survey instrument, participants responded using a 5-point scale ranging from ‘not at all’ to ‘daily or almost daily’. A ‘don’t know’ and ‘refused’ category were also provided. For the second version of the survey instrument, participants responded using a 6-point scale ranging from ‘not at all’ to ‘daily or almost daily’. A ‘don’t know’ and ‘refused’ category were also provided. Participants who did not engage in sexual intercourse in Canada in the past 12 months (‘not at all’) skipped to Section D. A second question, created by the study personnel, asked participants to indicate the number of partners, excluding their spouse or common-law partner, they engaged in sexual intercourse with in the past 12 months in Canada. A third question, derived from the Sexuality at Midlife and Beyond study, asked participants to indicate whether they typically used condoms with their dating partners in Canada in the past 12 months

(American Association of Retired Persons, 2005). Participants responded using a five-point scale ranging from ‘yes, all of the time’ to ‘not at all’. Participants who responded with ‘not at all’ skipped to Section D. A fourth question, derived from the 2004 Canadian Community Health Survey, asked participants to indicate whether they used a condom the last time they had sexual intercourse with a date in Canada (Statistics Canada, 2004a). Response options included ‘no’, ‘yes’ and ‘not sure’. See questions C7a to C9 in Appendix A. With respect to question C7a, prompt card D was utilized (see Appendix A).

Section D: Dating and Sexual Intimacy with Partners in Florida, Outside of the Marital or Common-Law Relationship

Dating in Florida. The same questions that were asked about dating in Canada were also asked about dating in Florida (see questions D1, D3 and D4 in Appendix A). Two additional questions were posed to participants about their dating behaviour in Florida. The first question, created by the study personnel, asked participants to indicate if any of their dating or relationship partners in Florida in the past five years were Canadian snowbirds, Floridians, American snowbirds and/or from outside of Canada and the United States. Participants were able to select all responses that applied. Participants who selected only ‘from outside of Canada and the USA’ skipped to Section E. A second question, created by the study personnel, asked participants to indicate if any dating or relationship partners in the past 12 months were Canadian snowbirds, Floridians, other Americans and/or from outside of Canada and the United States. Participants were able to select all responses that applied. In addition, for each type of dating partner checked the participant was asked to specify the number of these partners they dated in Florida in the past 12 months. Participants who selected only ‘from outside of Canada and the USA’ skipped to Section E. See questions D2 and D5 located within Appendix A.

Sexual Intimacy. The same questions that were asked about sexual activity with dates in Canada were also asked about with dates in Florida (see question D6a in Appendix A). Additionally, the same questions asked about the number of sexual partners in Canada and condom use with Canadian dating partners in the past 12 months were also asked about with dates in Florida. However, in Florida these questions were extended to include three different types of partners: Canadian snowbirds, Floridians and other Americans (see questions D7a to D9c in Appendix A).

Section E: Protective Measures, Sexually Transmitted Infections, HIV Testing, Sexual Difficulties and Communication about Sexual Issues with Physicians.

Protective Measures. Two questions were posed to participants about the use of protective measures, such as condoms. The first question, created by the study personnel, asked participants who had used a condom in the past five years to indicate who usually buys or gets them. Response options ranged from ‘always me, never my partner’ to ‘always my partner, never me’. A ‘not applicable, I have not used a condom in the past five years’ response option was also included. A second question, created by the study personnel, asked participants to indicate how comfortable they are or would be buying or getting condoms. Participants responded using a three-point scale ranging from ‘very comfortable’ to ‘not comfortable at all’. See questions E1 and E2 located in Appendix A.

Sexually Transmitted Infections. One question was posed to participants about sexually transmitted infections. This question, derived from the 2004 Canadian Community Health Survey, asked participants to indicate whether they had been diagnosed with a sexually transmitted infection in the previous five years (Statistics Canada, 2004b). Response options included ‘yes’, ‘no’ and ‘not sure’. See question E3 in Appendix A.

HIV Testing. One question with two parts was posed to participants about HIV testing. The first part of the question, derived from the HIV/AIDS Attitudinal Tracking Survey, asked participants to indicate whether they had ever been tested for HIV (Public Health Agency of Canada, 2006). Response options included ‘no’, ‘yes’ and ‘not sure’. Only participants who responded ‘yes’ were to answer the second part of the question. The second part of the question, created by the study personnel, asked participants to indicate the reasons why they tested. Participants were able to check all response that applied. An ‘other’ category was also provided. See questions E4a and E4b in Appendix A.

Sexual Dysfunction. Two questions were posed to participants about sexual dysfunction. The first question, derived from the Global Study of Sexual Attitudes and Behavior, asked participants to indicate the sexual difficulties they experienced in the previous 12 months, if any (Pfizer Inc., 2002). Participants were able to select all responses that applied. A second question, derived from the Sexuality at Midlife and Beyond study, asked participants to indicate whether they used any sort of medicines, hormones, or other treatments to improve their sexual functioning in the previous 12 months (American Association of Retired Persons, 2005). Response options included ‘yes’ and ‘no’. See questions E5 and E6 in Appendix A.

Physician Communication. Three questions were posed to participants about communication with physicians regarding sex. The first question, created by the study personnel, asked participants to indicate whether their physician had asked them questions about their sexual life in the past five years. Response options included ‘no’, ‘yes’ and ‘not sure’. A second question, created by the study personnel, asked participants to indicate whether they had asked their physician questions about their sexual life in the past five years. Response options included ‘no’, ‘yes’ and ‘not sure’. A third question, created by the study personnel, asked participants to

indicate whether they had discussed sexual risk-behaviour, such as having sex without a condom, with their physician since the age of 50. Response options included ‘no’, ‘yes’ and ‘not sure’.

See questions E7 to E9 in Appendix A.

Information Sources. Two questions were posed to participants regarding sources of information about seniors and sexual intimacy and seniors and HIV/AIDS. The first question, derived from the Sexuality at Midlife and Beyond Study, asked participants to indicate where they would go to find information about seniors and sexual intimacy (American Association of Retired Persons, 2005). Participants were able to select all responses that applied. A second question, derived from the 2003 HIV/AIDS Attitudinal Survey, asked participants to indicate where they would go to find information about seniors and HIV/AIDS (Public Health Agency of Canada, 2003). Participants were able to select all responses that applied. See questions E10 and E11 in Appendix A.

Section G: Future Studies

Two questions were posed to participants in this section. The first question asked participants to indicate what sort of gift or incentive they felt was appropriate to thank a person for their involvement in such a study as this one. Response options included ‘same as this one, a \$10 gift card’ (with a ‘to where’ specification), ‘money’ (with a ‘how much’ specification) and ‘something else, please specify’. The second question asked participants to indicate whether they would consider participating in the larger study if they were picked randomly to participate. Response options included ‘yes’ and ‘no’ (with a ‘will you tell us why not?’ specification).

5.3.2 Survey Instrument Pilot-Testing

Prior to implementation in the field, the survey instrument was pilot-tested on February 5, 2009 with a sample of six seniors (four females and two males) at a senior recreation centre in

Oakville, Ontario, Canada. In total, three face-to-face interviews and three paper-and-pencil questionnaires were completed. Pilot-testing was necessary in order to test the flow of the questions, test the wording of newly created questions for comprehension and effectiveness and to determine the time required to complete both the interview and paper-and-pencil questionnaire.

None of the participants who completed either type of questionnaire expressed difficulty with the comprehension of either previously created or newly created questions. As well, none of the participants who completed a face-to-face interview expressed concern regarding the flow of the questions. The only concern that did arise was related to question flow within the paper-and-pencil questionnaire. It was found that several participants requested clarification regarding skip patterns located throughout the questionnaire. Participants were either not clear on what section they were to skip ahead to or they missed the skip pattern altogether. To rectify this issue, skip patterns were clarified within the questionnaire and made more visible through modifications to the font size and style.

Through pilot-testing of the survey instrument, it was found that the average time required to complete a face-to-face interview was approximately 26 minutes while the average time required to complete a paper-and-pencil questionnaire was 22 minutes. As neither method of data collection took longer than 30 minutes to complete, it was not deemed necessary to remove any questions from the survey instrument. However, it was important note that none of the participants in this sample answered Section C or Section D as it was not applicable to them. As a result, it was not possible to determine the time required to complete all sections within the survey instrument. This was not considered to be an issue as it was anticipated that very few participants in both the Florida and Canadian field would answer all questions within Section C

and Section D. Therefore, the time required to complete an interview or paper-and-pencil questionnaire would not be significantly elevated for the large majority of participants.

5.4 Data Analysis

Statistical Analysis Software (SAS) version 9.1.3, available through the University of Waterloo, was used for the data entry of paper-and-pencil eligibility questionnaires, interviews and paper-and-pencil questionnaires as well as to conduct all analyses for this study (University of Waterloo, 2008b).

5.4.1 Data Management

5.4.1.1 Data Entry

Two SAS datasets were created using SAS FSedit (SAS Institute, 1999). All paper-and-pencil eligibility questionnaire data was entered into one dataset while all questionnaire data was entered into another separate dataset. Following the completion of manual data entry, the online eligibility dataset was merged with the paper-and-pencil eligibility data to form the final eligibility dataset. Additionally, the online questionnaire dataset was merged with the manually entered questionnaire data to form the final dataset on which all analyses were performed.

All data entered into these datasets was stored on a password-protected computer in the Department of Health Studies and Gerontology, at the University of Waterloo. Only the study personnel had access to this information. The datasets were backed-up onto a University of Waterloo N-drive on a server in Burt Matthews Hall (BMH). This server is backed up daily by Applied Health Sciences information and technologies (IT) staff. In addition, the data was backed up onto password-protected CD's stored off-site at the home of the Principal Investigator. All hard paper copies of the data (including eligibility questionnaires, paper-and-pencil questionnaires, interview schedules, consent forms and incentive receipts) will be stored for

seven years in locked cabinets in the Principal Investigator's office. Following seven years, all paper copies of the data will be destroyed via university confidential shredding. The CD's will also be destroyed at that time.

The survey software that was utilized for the online component of this study was Sensus Web 4.2 (Sawtooth Technologies Inc., 2003), available online through the Information and Technologies department at the University of Waterloo (University of Waterloo, 2008a). Data collected through the online questionnaires was stored on the University of Waterloo 'dogwood' server, behind locked doors, until data collection was complete. All data stored on this server was encrypted using high-grade 2048-bit encryption and was firewall protected. Following the completion of data collection, the software administrator was contacted to remove the questionnaires from the server; this also removed the collected data. All data collected from the online questionnaires was monitored daily and backed up and stored as outlined earlier. All electronic data and CD's will be stored for seven years. Following seven years, all electronic data will be erased and the CD's will be destroyed. As well, once all gift cards were sent out to participants, all e-mail and contact information was permanently deleted.

5.4.1.2 Data Cleaning

Data cleaning was conducted using SAS 9.1.3 software (University of Waterloo, 2008b). First, all data was reviewed for accuracy through comparisons of the original paper-and-pencil questionnaires (eligibility and main questionnaires) with the SAS dataset files. Second, the data was examined for responses that were out of the range of possibilities for a given question. This second step helped identify potential outliers in the datasets. Finally, selected cross-tabulations were conducted to determine whether the responses to the questionnaires followed logical

answer patterns. Questionnaire responses were modified in a few cases where it was clear that skip patterns were incorrectly followed based on later responses provided by the individual.

5.4.2 Non-Response

Missing values within the questionnaires were dealt with in several ways. Where participants were missing a large number of responses, their entire questionnaire was excluded from the analysis but acknowledged in study reports and in this thesis (N = 13). These cases were indicative of an individual beginning the survey and quitting either on purpose or by mistake in the online version before they had completed the initial socio-demographic questions. Where participants were missing a few values on their questionnaire, in order to maintain adequate sample size, missing values were imputed where possible for the one multivariate analysis on HIV testing (Statistics Canada, 2006). Missing values were recoded through mean imputation whereby the missing value was recoded based on the response given by the majority of respondents with similar characteristics, for the given question (Statistics Canada, 2006).

Regarding multivariate analysis, it is important to note that if a participant did not provide a response to the question ‘have you ever been tested for HIV’ they were left out of analysis when it came to developing a model for this dependent variable.

5.4.3 Types of Analysis

5.4.3.1 Demographic and Travel Characteristics

Univariate Analyses. Frequency and percent distributions were reported for all categorical socio-demographic variables (e.g., marital status) and travel variables (e.g., province of residence). For all interval level data (e.g., number of years travelling to a southern location) the range, mean and standard deviation were reported. The range was obtained in order to identify any possible outliers in the dataset (Statistics Canada, 2008b). Selected cross-tabulations, such as by gender,

age and marital status, were also reported in order to fully describe the Canadian snowbird population.

Several snowbird studies were selected from the literature in order to provide a basis for comparison regarding the socio-demographic and travel characteristics of the study sample. These studies were selected as a frame of reference as no population listing of all Canadian snowbirds who winter in Florida exists.

5.4.3.2 Objective (i): To Describe the Sexual Attitudes and Behaviour of Canadian Snowbirds

(a) To Describe Canadian Snowbirds Attitudes Towards Sex and Sexual Intimacy

Factor analysis. A factor analysis was performed as a part of this research sub-objective. This type of analysis was appropriate as this question (B11) contained multiple related independent variables regarding sex and sexual intimacy (Katz, 1999). Factor analysis aided in the interpretation of the results by reducing the large number of sexual attitude variables into their underlying constructs/factors (Cody & Smith, 2006).

Prior to the factor analysis, scores on several questions (B11d to B11h, B11j) were reversed so that all questions were worded in a positive (similar) direction. An initial unrotated factor analysis was then performed followed by two rotations: an orthogonal varimax rotation and an oblique promax rotation. The varimax rotation was retained as fewer variables loaded onto multiple factors and there was a greater separation of the factors in terms of the factor loadings of the variables (i.e., each of the variables loaded high on one factor and low on the rest), and there was less correlation between the factors than was seen with the promax rotation (Cody & Smith, 2006). Variables were considered to load sufficiently on a factor at the level of 0.6 or greater.

Three factors emerged from the varimax rotation. The first was labelled 'sex is a pleasurable experience' and included variables: I do enjoy sex, I would be quite unhappy never having sex again

and sex is not only for younger people. The second factor was labelled 'sex is important in my life' and included the variables: sexual activity/intimacy is important to my overall quality of life, sexual activity/intimacy is a critical part of a good relationship and sexual activity is a duty to one's partner. The third factor that emerged included the variables: sex is a pleasurable and necessary part of a good relationship, sex does not become less important to people as they age and there is not too much emphasis on sex in our culture today. Although participants answered each of these questions in a similar way, this factor was not retained as theoretically the factor could not be encompassed by a single construct. This may have been a result of question wording, as the variable 'sex is a pleasurable and necessary part of a good relationship' was double-barrelled in nature. Thus, it was not known what portion of the statement the participant was responding to. As well, Cronbach's alpha for this factor was low at 0.56 (Katz, 1999) and this value did not increase with the removal of any one of these variables. Each of these variables was therefore analyzed individually. However, the variable 'sex is a pleasurable and necessary part of a good relationship' was not analyzed because of the double-barrelled nature of the statement. Finally, the variable 'people should not have a sexual relationship if they are not married' did not load on any one factor and was also analyzed separately.

Analysis for this sub-objective included univariate analyses whereby the mean, range and standard deviation were reported for the two factors and three individual variables. Each of the individual variables was analyzed in their original form as opposed to their reversed form, due to the awkward wording of the reversed statements. Cross-tabulations by selected socio-demographic, dating and sexual behaviour variables were also conducted in order to enrich the interpretation of the findings. Internal reliability, using Cronbach's alpha, was calculated for each factor.

Univariate analyses. Frequency and percent distributions were reported for the categorical variable ‘satisfaction with level of sexual intimacy in the past 12 months’ (question B14). Cross-tabulations by selected socio-demographic characteristics, dating variables and sexual behaviour variables were also conducted.

(b) To Describe the Type, Frequency and Safety of Their Sexual Activities with a Regular Sexual Partner

Univariate analyses. Frequency and percent distributions were reported for all categorical data regarding the type, frequency and safety (e.g., frequency of condom use) of snowbird sexual activities with a regular sexual partner (questions B15a and B16). Selected cross-tabulations, such as by gender and age, were also conducted.

(c) To Describe the Dating Patterns and Behaviour of Canadian Snowbirds in Canada

Univariate analyses. Frequency and percent distributions were reported for all categorical data regarding the general dating characteristics of Canadian snowbirds (e.g., in general, how do you usually find a date) as well as their dating and sexual behaviour with dates in Canada (e.g., how easy or difficult has it been for you to find dates in Canada). For all interval level data (e.g., how many people have you dated in Canada during the past 12 months) the range, mean and standard deviation was reported. Selected cross-tabulations, such as by gender, age and marital status, were also conducted.

(d) To Identify the Multivariate Correlates of HIV Testing and Inconsistent Condom Use During Sexual Intercourse with Non-Spouse Partners

HIV Testing -- All Study Participants

Univariate analyses. Frequency and percent distributions were reported for categorical data regarding HIV testing (e.g., have you ever tested for HIV) and reasons for testing. Selected cross

tabulations, such as by gender, age and marital status, were conducted for the variable ‘reasons for testing’.

Bivariate analyses. Bivariate analyses were conducted in order to determine the association between the independent variables and the dependent variable of HIV testing. This was undertaken to describe who was most likely to have ever been tested for HIV. To determine the associations between the independent variables and this dependent variable, chi-square tests and t-tests were done. In particular, chi-square tests were conducted for independent variables that were categorical as the dependent variable of HIV testing was treated as a dichotomous variable at the bivariate and multivariate stages with “not sure” collapsed into “no”. T-tests were carried out for independent variables that were continuous. Variables significant at $p \leq 0.20$ were brought forward for multivariate analyses.

Due to small sample size, missing values on independent variables were recoded where possible to prevent the loss of participants in multivariate analyses. Missing values were imputed for the multivariate analysis, as indicated in section 5.4.2. Variables with large amounts of missing values due to questionnaire skip patterns (e.g., condom use with dating partners) were excluded from multivariate analyses regardless of their significance at the bivariate level.

Multicollinearity. Following bivariate analyses and before the multivariate logistic regression modelling began, variables significant at $p \leq 0.20$ at the bivariate level were assessed to determine how strongly they were related to one another. The p-value within the correlation matrix was used to determine how strongly the variables were associated. All significantly associated variables had a p-value of ≤ 0.0001 . One way multicollinear variables were dealt with was by omitting variables that were the least theoretically important (Katz, 1999). For this study, the decision was made at the discretion of the study personnel. An additional method used to

resolve issues of multicollinearity included the removal of variables with the greatest amount of missing values (Katz, 1999).

Multivariate analyses. Following the removal of multicollinear variables, variables significantly associated with the dependent variables at a p-value of ≤ 0.20 at the bivariate level were brought forward for logistic regression modelling. Age and variables used in interaction terms were brought forward for multivariate analyses regardless of their significance at the bivariate level. Backwards elimination was then used to determine the most parsimonious logistic regression model. At this stage only variables with a p-value $p \leq 0.10$ remained in the final model.

HIV Testing--Dating Participants Only

The small number of participants who reported dating within the past five years ($N = 56$) prevents the multivariate analysis of HIV testing due to low power. Instead, bivariate analyses were conducted in order to examine the association between the independent variables and the dependent variable of HIV testing within this sub-sample. These analyses were undertaken to describe who was most likely to have ever tested for HIV amongst dating participants.

Univariate analyses. Frequency and percent distributions were reported for the categorical variable 'have you ever been tested for HIV' amongst dating participants.

Bivariate analyses. To determine the associations between the independent variables and this dependent variable, chi-square tests and t-tests were carried out. In particular, chi-square tests were conducted for independent variables that were categorical as the dependent variable of HIV testing was treated as a dichotomous variable at the bivariate level with "not sure" collapsed into "no". T-tests were carried out for independent variables that were continuous.

Inconsistent Condom Use During Sexual Intercourse With Non-Spouse Partners

The original dependent variable for this research objective was the non-use of condoms during sexual intercourse with non-spouse partners. This dependent variable was modified to inconsistent condom use (collapsing not at all, rarely and sometimes into one category and usually and all of the time into a second category) during sexual intercourse with non-spouse partners due to small sample size and the spread of the data across the five categories. As so few participants answered 'all of the time' it was not possible to let this response option stand alone while ensuring cell counts remained above five.

The small number of participants who reported engaging in sexual intercourse with a non-spouse partner in the past 12 months (N = 34) prevents the multivariate analysis of inconsistent condom use during sexual intercourse with these partners due to low power. Instead, bivariate analyses were conducted in order to examine who was most likely to have used condoms inconsistently when engaging in sexual intercourse with a non-spouse partner. For the purposes of this research objective, non-spouse partners included dating partners in both Canada and Florida (Canadian snowbirds, Floridians and other Americans) in the past 12 months.

Univariate analyses. Frequency and response distributions were reported for the categorical variable 'have you used condoms with dating partners in the past 12 months'.

Bivariate analyses. To determine the associations between the independent variables and this dependent variable, chi-square tests and t-tests were carried out. In particular, chi-square tests were conducted for independent variables that were categorical as the dependent variable of inconsistent condom use with non-spouse partners was treated as a dichotomous categorical variable. T-tests were carried out for independent variables that were continuous.

5.4.3.3 Objective (ii): To Determine how Canadian Snowbirds are Interacting Socially With Floridians and Other Americans/Snowbirds while Staying in Florida

Univariate analyses. This objective was descriptive in nature; therefore, univariate frequencies were the primary statistics reported. Frequency and percent distributions were reported for all categorical socializing (e.g., types of social activity) and dating variables (e.g., how they find dating partners). For all interval level data (e.g., number of close friends and relatives) the range, mean and standard deviation was reported. Cross tabulations, by selected socio-demographic and travel characteristics, were conducted in order to fully describe the socializing and dating behaviour of Canadian snowbirds. Additional cross-tabulations by selected socializing variables were conducted with the Florida dating variables.

5.4.3.4 Objective (iii): To Determine Whether Canadian Snowbirds are Engaging in Risky Sexual Behaviour while Staying in Florida.

(a) To Describe Canadian Snowbirds Sexual Behaviour Patterns with Floridians, Canadian Snowbirds and Other Americans

Univariate analyses. Frequency and percent distributions were reported for all categorical variables regarding the type, frequency and safety of Canadian snowbird sexual activities with Floridians, Canadian snowbirds and other Americans while in Florida. For all interval level data (e.g., number of Floridian sexual partners in the past 12 months) the range, mean and standard deviation was reported. Selected cross-tabulations, such as by gender and age, were also conducted. Due to small sample size, it was not possible to perform additional cross-tabulations by selected socializing or dating variables.

(b) To Identify the Multivariate Correlates of High-Risk Sexual Practices with Americans Including Multiple Sexual Partnerships and Inconsistent Condom Use

Multiple Sexual Partnerships with Americans in Florida

The small number of daters who reported engaging in sexual intercourse with American partners (including Floridians and other Americans) in Florida in the past 12 months (N = 19) prevents the multivariate analysis of multiple sexual partnerships with Americans due to low power. As well, it was not possible to conduct detailed bivariate analyses for this research objective as so few daters (N = 6) reported engaging in sexual intercourse with two or more American partners in Florida in the past 12 months. As a result, only univariate and bivariate analyses were reported. For the purposes of this research objective, American partners included Floridian or other American dating partners in Florida in the past 12 months.

Univariate analyses. Frequency and percent distributions were reported for the categorical variable ‘how many American partners have you engaged in sexual intercourse with in Florida in the past 12 months’.

Bivariate analyses. Cross-tabulations by gender, age and marital status were reported.

Inconsistent Condom Use During Sexual Intercourse with Americans in Florida

The original dependent variable for this research objective was the non-use of condoms during sexual intercourse with American partners (Floridian or other American) in Florida. However, as reported previously, this dependent variable was modified to inconsistent condom use (collapsing not at all, rarely and sometimes into one category and usually and all of the time into a second category) during sexual intercourse with American partners.

Again, the small number of daters who reported engaging in sexual intercourse with American partners in Florida in the past 12 months (N = 19) prevents the multivariate analysis of

inconsistent condom use during sexual intercourse with these partners due to low power. It was also not possible to conduct bivariate analyses for this research objective due to multiple cell counts of less than five. As a result, only the percent distribution of inconsistent condom use with American dating partners was reported.

5.5 Ethics

5.5.1 Confidentiality and Anonymity

Participants of the study were informed during the consent process that participation was voluntary and that they were free to leave questions blank or withdraw from the study at anytime without consequence. They were also informed that all responses they provided would remain anonymous and confidential.

To ensure anonymity, all contact information provided with the interview or paper-and-pencil questionnaire, including consent forms and receipts, were kept separate from the survey responses and no identification number was used that permitted them to be matched at a later date. Therefore, it was not possible to match participant contact information with their survey responses in any way. For the online questionnaire, if the participant chose to receive a gift card, they were asked to leave their contact information (name and Canadian mailing address) at a separate online location (snowbird@uwaterloo.ca) from the website of the online questionnaire. Therefore, it was also not possible to match their contact information with their survey responses. This was acknowledged to the participants during the consent process.

To further ensure confidentiality and privacy, all data was stored on password-protected computers that could only be accessed by the study personnel. All hard paper copies of the data (including eligibility questionnaires, paper-and-pencil questionnaires, interview schedules, consent forms and gift receipts) will be stored for seven years in locked cabinets in the Principal

Investigator's office. Following seven years, all paper copies of the data will be destroyed via university confidential shredding. For the online questionnaire, following the completion of data collection, the Project Coordinator contacted the software administrator to remove the questionnaire from the server, this also removed the data. Once all gift cards had been sent out to participants, all e-mail and contact information was permanently deleted. All electronic data associated with the online questionnaire will be erased after seven years.

All data collected in Florida including eligibility questionnaires, paper-and-pencil questionnaires, interview schedules, consent forms and incentive receipts were transported back to Canada for analysis with the Project Coordinator. Specifically, all data was transported in a carry-on luggage that was always in view of the Project Coordinator. The envelopes containing the questionnaires and interview schedules, sealed by the participants themselves, were not opened until they arrived at the study office at the University of Waterloo. All envelopes were opened only by the Project Coordinator.

With respect to informed consent, a consent form (see Appendix D) was provided to all participants who took part in a face-to-face interview, self-completed questionnaire, online questionnaire or telephone interview. Written consent to enrol in the study was obtained for all participants who took part in either a face-to-face interview or paper-and-pencil questionnaire. For those participants who took part in an online questionnaire, consent for participation was obtained by the participant clicking the 'I agree' icon located at the bottom of the consent form. The questionnaire would not continue until the 'I agree' icon had been clicked. For those participants who took part in a telephone interview, consent for participation was obtained verbally after the consent form had been read to them over the telephone.

Following completion of a survey all participants received a thank-you letter (refer Appendix E). Participants who took part in an online questionnaire were provided with an online thank-you letter and they had the option to print this thank-you letter for future reference. As well, all participants who completed an online questionnaire and requested remuneration received a paper copy of the thank-you letter by mail with their \$10 gift card. Similarly, all participants who completed a telephone interview were provided with the option to receive a paper copy of the thank-you letter by mail. As all telephone interview participants requested remuneration, a paper copy of the thank-you letter was included with their \$10 gift card.

Two versions of the thank-you letter were created. A second version was created after several participants requested more information be added to the resource information sheet. Specifically, further information regarding health services and health care providers located throughout Florida was added and additional links to pertinent health information (e.g. the benefits of remaining socially and physically active with age) and organizations (e.g., Florida Department of Public Health) were also included. The revised thank-you letter included: a statement of appreciation, details about the purpose of the study, restatement of the provisions of confidentiality of the data, the contact information of the study personnel, information regarding how to obtain the results of the study and the ethics review and clearance statement. Regarding health service referral information, the thank-you letter contained the contact information for public health departments, health services and professionals located throughout Florida as well as online links to both Canadian and American health organizations and health information surrounding the following topics: physical activity, social activity, sexuality and seniors, HIV and seniors, sexual assault and personal violence and supplemental health insurance.

When releasing the findings, summaries, papers, and publications will have no identifying information, but will only include trends and summaries with regard to grouped data. In the release of findings, only aggregated results are presented. A large enough sample of older adults was analyzed and reported upon to protect against the identification of respondents via their response patterns and personal characteristics. Findings for groups with an 'n' of less than five were not reported, so as to protect the identity of the individuals. Where an 'n' was greater than five, yet still had a relatively small value (e.g., 6-10) the situation was considered individually to assess if anonymity remained protected. No findings were or will be reported that can potentially identify individual participants.

This study was reviewed by and received ethical clearance through the Office of Research Ethics at the University of Waterloo on February 4, 2009 prior to the start of recruitment and data collection. On March 4, 2009 a second submission for ethics approval was provided to the Office of Research Ethics. This second submission requested several changes be made to the recruitment material to be used in Canada. The modification request received full ethics clearance on March 16, 2009.

5.5.2. Benefits and Risks to the Participants

Direct Benefits

A direct benefit to the study participants included receiving a resource information sheet that contained contact information for Florida health services and health professionals as well as links to online Canadian and American health organizations and health information that participants could contact directly if the study raised any personal issues or concerns (see Appendix E). Also, with respect to supplemental travel health insurance, this thank-you letter provided links to online websites that offer information and the option to purchase supplemental health insurance.

An additional direct benefit to study participants was the incentive offered for study participation. Participants who completed a face-to-face interview or paper-and-pencil questionnaire in Florida received a choice of a \$10 gift card from Target or Publix; while those who completed an online questionnaire either in Florida or Canada had the choice of a \$10 gift card to Tim Hortons or Shoppers Drug Mart. Participants who completed a paper-and-pencil questionnaire or telephone interview in Canada were also provided with the option to receive a \$10 gift card to Tim Hortons or Shoppers Drug Mart.

Finally, participants were provided with a University of Waterloo website, <http://www.ahs.uwaterloo.ca/hsg/research/sbullock.html>, where they can obtain the preliminary results of the study. These results are also provided on the webpage of the online questionnaire, <http://ahs.uwaterloo.ca/~kmairs>. The participant can also obtain the study results by contacting the Principal Investigator directly by e-mail. Participants who completed an interview or paper-and-pencil questionnaire were instructed that if they do not have access to a computer and would like to have a copy of the study results mailed to them, they should fill out their name and address on the lower portion of the receipt for remuneration. A copy of the study results was then mailed to them by Canada Post. The results made available to participants at this early stage are highlights of the interesting frequencies and cross tabulations conducted in preliminary data analysis. The results of all research objectives were not made available. Following peer review and publication, access will be provided to full study findings via links from the websites provided above, where journal copyright allows.

Indirect Benefits

This study was a small-scale pilot study that was used to clarify questions and research methods to be used in a future large-scale study of Canadian snowbirds. The results of both of

these studies will lead to a better understanding of how to improve senior-physician communication around the following health issues: how the purchase and use of travel health insurance may be associated with access to American health care services, follow-up of new health symptoms, monitoring of health status and access to prescription medications; and how issues of social support, physical activity, and sexual protection and intimacy are associated with living in Florida for the winter. In particular, participants had satisfaction in knowing that they were active members in building a knowledge base regarding the Canadian snowbird phenomenon.

Direct Risks

The one direct risk to study participants was that they may have experienced feelings of embarrassment or discomfort in answering questions that were of a sensitive nature. In particular, study participants may have felt embarrassed providing responses to survey questions that asked them about their personal dating behaviour or sexuality. In order to reduce feelings of embarrassment or discomfort participants were informed of the types of sensitive questions that would be posed during the consent process. As well, prompt cards were utilized during the face-to-face interview process to help those being interviewed answer sensitive questions without directly stating their response. Participants also had the opportunity to refuse to answer any questions that caused them feelings of embarrassment or discomfort. They were also provided with the option to withdraw from the study at anytime without consequence.

Indirect Risks

There were no foreseen indirect risks to participants associated with this study.

6. RESULTS

6.1 Survey Instrument Administration and Response

Eligibility Questionnaire

Eligibility questionnaires were distributed to 460 participants. In total, 78 participants were not eligible for study participation while 70 participants were eligible but chose not to participate, resulting in a total sample size of 312 and a response rate of 81.86%. It is important to note that not all participants deemed ineligible for study participation were truly ineligible, as several online participants reported being removed from the eligibility questionnaire due to a computer error. As a result, these participants were required to re-enter the study webpage and begin a new eligibility questionnaire, leaving their previous one incomplete.

Table 6.1 describes the reasons why individuals were excluded from study participation. Of the 78 ineligible participants⁹, most were excluded from study participation as they did not provide a response to the first eligibility question (39.74%). Nine participants (11.54%) were excluded at the second eligibility question followed by three at the third question (3.85%), 16 at the fourth question (20.51%) and 19 at the fifth question (24.36%). No participants were excluded from study participation due to inability to read, write or comprehend English.

Main Survey Instrument

The main survey instrument was administered to 312 participants via one of four methods: a face-to-face interview, telephone interview, paper-and-pencil questionnaire or online questionnaire. Thirteen participants were subsequently excluded from data analysis as they were missing a large number of responses on their online questionnaire and they did not respond to

⁹ Participants who were excluded from study participation included those who answered 'no' to the given eligibility question or those who dropped out before providing a valid response to the question.

any questions relating to the research objectives for this study. This resulted in a total sample size of 299 participants, decreasing the effective response rate to 78.27%.

It was not possible to compare the characteristics of completers versus non-completers as the non-completers did not provide sufficient socio-demographic information to permit such a comparison to be made.

Table 6.1. Number of Individuals Excluded from Study Participation at Each Eligibility Question (N = 78)

Eligibility Question:	N (%)
(1) How did you hear about the study?	31 (39.74)
(2) Are you currently aged 50 years or older?	9 (11.54)
(3) Do you live in Canada for six months or longer within a given year?	3 (3.85)
(4) Have you visited Florida in the past 12 months?	16 (20.51)
(5) Did you stay in Florida for one month or longer on your latest trip?	19 (24.36)
(6) Are you able to read, write and comprehend English?	0
Total	78 (100)

6.1.1 Final Sample

Of the 299 participants in the final study sample, 49 (16.38%) participated in the study in Florida while 250 (83.62%) participated in Canada (see Table 6.2). Overall, the most frequently utilized method of data collection was the online questionnaire with 86.29% of the sample participating in the study via this method.

Table 6.2. Methods of Data Collection (N = 299)

	Face-to-Face Interview^a	Self-Completed Questionnaire	Online Questionnaire	Telephone Interview^b	Total
	N (%)	N (%)	N (%)	N (%)	N (%)
Florida	3 (1.00)	28 (9.36)	18 (6.02)		49 (16.38)
Canada		4 (1.34)	240 (80.27)	6 (2.01)	250 (83.62)
Total	3 (1.00)	32 (10.70)	258 (86.29)	6 (2.01)	299 (100)

^a Face-to-face interviews were only conducted in Florida

^b Telephone interviews were only conducted in Canada

Participants were recruited into the study through various methods as illustrated in Table 6.3. However, the two most commonly cited methods of study recruitment included internet advertisements (67.89%) and word of mouth (14.38%). Males (75%) were marginally more likely than females (59.71%) to have been recruited by internet advertisements while females (20.14%) were marginally more likely than males (9.38%) to have been recruited by word of mouth, although the difference was not significant ($p = 0.0679$). No other gender differences in recruitment methods were observed. There were no differences in study recruitment by age ($p = 0.1172$) or marital status ($p = 0.3955$).

Table 6.3. Methods of Study Recruitment (N = 299)

Method	N (%)
Internet advertisement	203 (67.89)
Word of mouth	43 (14.38)
Pamphlet	18 (6.02)
Poster	16 (5.35)
Contact with interviewer	15 (5.02)
Newspaper advertisement (newsletter)	2 (0.67)
Pamphlet/poster in doctor's office	2 (0.67)
Total	299 (100)

Of the 299 participants in the study sample, 88 (29.43%) requested remuneration (a \$10 gift card) for their participation in the study.

6.1.1.1 Item Non-Response Rates

Section A: Socio-Demographic and Travel Variables

Non-response rates on individual questions within this section were relatively low. Five out of the eight socio-demographic variables (gender, year of birth, educational attainment, employment status and marital status) had a non-response rate of 1% or less, while 'household income' had a non-response rate of 3.68%, 'number of years living in current marital status' had a non-response rate of 7.02% and 'sexual orientation' had non-response rate of 11.71%. Each of

the eleven travel variables (province of residence, number of years wintering in a southern location, number of years wintering in current area in Florida, number of months stayed in Florida last winter, month of arrival, month of departure, city/town stayed in while in Florida, reasons for wintering in Florida, type of building/complex lived in while in Florida, whether this building/complex was for seniors-only and whether they rented or own Florida accommodation) had a non-response rate of less than 2%. Internet use variables in both Canada and Florida had non-response rates of 0% and 0.33% respectively.

Each of the questions on the Marlowe-Crowne 2 Social Desirability Scale (M-C 2) (Strahan & Gerbasi, 1972) had a non-response rate of 1% or less (see question A19 in Appendix A). Two participants missed answering more than two questions on this scale and were therefore considered as not completing the scale.

Section B: Socializing Variables

Nine out of the ten socializing variables had a non-response rate of less than 2%, while ‘do you maintain contact with your Floridian friends throughout the year’ had a non-response rate of 2.24% (see questions B1 to B10 in Appendix A).

Section B: Sexual Attitude Variables

Each of the ten variables from the sexual intimacy attitude scale had a non-response rate of 10% or less (see question B11 in Appendix A). The ‘satisfaction with level of sexual intimacy’ variable had a non-response rate of 4.01% (see question B14 in Appendix A).

Section B: Sexual Behaviour Variables with a Spouse or Common-Law Partner

Regarding the four sexual activity variables asked of married and common-law participants (see question B15a in Appendix A), as the intimacy of the activity increased so did the rate of non-response. Specifically, ‘frequency of kissing or hugging’ had a non-response rate

of 12.4%, ‘frequency of sexual touching or caressing’ had a non-response rate of 16.4%, ‘frequency of sexual intercourse’ had a non-response rate of 22% and ‘frequency of oral sex’ had a non-response rate of 22.8%. The condom use variable, ‘do you use condoms with your spouse or common-law partner’ had a non-response rate of 9.57% (see question B16a in Appendix A).

Sections C and D: Dating Variables

Fifty-four participants failed to provide a response to the stem dating question ‘have you been on a date or started a new relationship in the past five years’ (see question C1 in Appendix A) while three participants clearly indicated their refusal to respond. These 57 non-responders were primarily male (52.63%), less than 70 years of age (68.42%), married (100%) and had been married for a mean of 38.33 years ($SD = 11.47$, range = 7 to 55). When the socio-demographic characteristics of the responders ($N = 242$) were examined, a similar profile emerged in that most were male (53.72%), less than 70 years of age (68.62%), married (73.55%) and had been married for a mean of 38.72 years ($SD = 11.15$, range = 1 to 62). It is important to note that of the 178 married participants who did provide a response to this question, only 15 of them (8.43%) dated in the past five years. Therefore, it can be assumed that the 57 married participants who did not provide a response to this question quite possibly did so as they believed the question did not apply to them (i.e., they were not dating) as opposed to non-disclosure. A possible explanation for why these participants may have believed this question did not apply to them is related to the preamble for Section C. The preamble states “The next few questions are going to refer to dating and sexual intimacy with partners in Canada outside of the spousal or common law relationship. If this does not apply to you, you will quickly skip on to the next section”. It is possible that some participants may have read the ‘if it does not apply to you’ first and skipped ahead instead of answering question C1 and following the appropriate skip pattern.

Table 6.4 provides a comparison of the rates of non-response with these 54 older, married participants included and with them excluded from the analysis. In the first column, the 54 participants who did not provide a response to the stem dating question, ‘have you dated in the past five years’ were considered missing on all dating and sexual behaviour variables within Sections C and D of the survey instrument (see Appendix A). As a result, the rates of non-response for these variables were substantially high since the sample included so few daters (N = 56). As most non-responders likely did not provide a response to this question as they felt it did not apply to them (i.e., they were not dating), it was decided to remove these 54 missing participants from the analysis in order to obtain more representative rates of non-response regarding the topics of dating and sexual behaviour within Sections C and D of the survey instrument (see column two within Table 6.4). Participants who refused to provide responses were included in the calculation of the non-response rates in both columns as these participants provided a valid response.

All non-response rates reported within the remainder of this section exclude the 54 missing participants from the C1 stem question.

General dating variables. The variable, ‘have you dated or started a new relationship in the past five years’ had a non-response rate of 1.22%, while ‘what are the reasons for why you date’ and ‘how do you usually find a date’ each had a non-response rate of 5.08% (see questions C1 to C3 in Appendix A).

Canada dating variables. The variable ‘did any dates or new relationships occur within Canada in the past five years’ had a non-response rate of 5.08%, while the variables ‘how easy or difficult has it been for you to find dates in Canada’ and ‘how many people have you dated in

Canada in the past 12 months' had non-response rates of 10.71% and 12.5% respectively (see questions C4 to C6 in Appendix A).

Table 6.4. Item Non-response Rates for Dating and Sexual Behaviour Variables within Sections C and D of the Survey Instrument

	All Participants Included ^a	Excluding Participants Who Did Not Respond to the Stem Dating Question ^b
Dating Variables	55.46%	7.66%
<i>General dating variables</i>	49.08%	4.91%
<i>Canada</i>	53.48%	9.43%
<i>Florida</i>	63.81%	8.64%
Sexual Behaviour Variables	68.34%	14.53%
<i>With dates in Canada</i>	62.25%	14.09%
<i>With dates in Florida</i>	74.43%	14.97%

^aThe non-response rates reported include the 54 participants who did not provide a response to question C1 (have you been on a date or started a new relationship in the past five years). As these participants did not respond to this stem dating question they were considered missing on each of the dating and sexual behaviour variables within Sections C and D of the survey instrument. These non-response rates include participants who responded with 'refused' on a given question as they reported a valid answer.

^bThe non-response rates reported exclude the 54 participants who did not provide a response to question C1 (have you been on a date or new relationship in the past five years). These non-response rates include participants who responded with 'refused' on a given question as they reported a valid answer.

Florida dating variables. The variable 'where, other than Canada, have you been on dates or started new relationships in the past five years' had a non-response rate of 5.08%. The four variables regarding the types of dating partners in Florida in the past five years (Canadian snowbirds, Floridians, other Americans or from outside of Canada and the USA) each had a non-response rate of 8.33%. 'How easy or difficult has it been for you to find dates in Florida' and 'how many people have you dated in Florida in the past 12 months' each had a non-response rate of 8.33%. The four variables regarding the types of dating partners in Florida the past 12 months (Canadian snowbirds, Floridians, other Americans or from outside of Canada and the USA) each had a non-response rate of 10%. See questions D1 to D5 in Appendix A.

Section C and D: Sexual Behaviour Variables¹⁰

Sexual behaviour variables with dates in Canada. Regarding the four sexual activity variables asked of participants dating in Canada (see question C7a in Appendix A), as the intimacy of the activity increased so did the rate of non-response. Specifically, ‘frequency of kissing or hugging’ and ‘frequency of sexual touching or caressing’ each had a non-response rate of 8.89%, while ‘frequency of sexual intercourse’ had a non-response rate of 13.33% and ‘frequency of oral sex’ had a non-response rate of 15.56%. A total of 45 participants were supposed to respond to each of these questions.

For each of the following sexual behaviour questions, 37 participants were supposed to respond. The variable, ‘how many Canadian dating partners have you engaged in sexual intercourse with in the past 12 months’ had a non-response rate of 18.92% (see question C8 in Appendix A). The condom use variable ‘did you use condoms during sexual intercourse with your Canadian dating partners in the past 12 months’ also had a non-response rate of 18.92% (see question C9a in Appendix A).

Sexual behaviour variables with dates in Florida. Each of the four sexual activity variables (kissing or hugging, sexual touching or caressing, oral sex and sexual intercourse) with dates in Florida had a non-response rate of 10% (see question D6a in Appendix A). A total of 30 participants were supposed to respond to each of these questions.

Each of the questions regarding the number of sexual partners in Florida who were Canadian snowbirds, Floridians or other Americans in the past 12 months had a non-response rate of 12.5% (see questions D7a, D8a and D9a in Appendix A). Twenty-four participants were supposed to respond to each of these questions.

¹⁰ All non-response rates reported within the text of this section exclude the 54 missing participants from the C1 stem dating question.

Thirteen participants were supposed to respond to the condom use variable, 'have you used condoms with Canadian snowbird partners in Florida in the past 12 months'. Only ten participants did, resulting in a non-response rate of 23.08%. Nineteen participants were supposed to respond to the question, 'have you used condoms with Floridian partners in Florida in the past 12 months'. Only 16 participants did, resulting in a non-response rate of 15.79%. Finally, nine participants were supposed to respond to the question, 'have you used condoms with other American partners in Florida in the past 12 months'. Only six participants did, resulting in a non-response rate of 33.33%. See questions D7b, D8b and D9b in Appendix A.

Section E: Other Sexual Behaviour-Related Variables

Protective measures. All participants (N = 299) were supposed to provide a response to questions E1 and E2. However, the non-response rate for the variable 'if you used a condom in the past five years, who usually buys or gets them' was 20.07% while the variable 'how comfortable are you, or would you be, buying or getting condoms' had a non-response rate of 21.74%.

STI diagnosis and HIV testing. Item non-response rates for the variables 'STI diagnosis in the past five years' and 'HIV testing' were 16.05% and 11.37% respectively. Reasons for HIV testing had a non-response rate of 7.48%. See questions E3, E4a and E4b in Appendix A.

Sexual difficulties. Each of the six sexual difficulty variables (see question E5 in Appendix A) had a non-response rate of 1.67%, while the variable 'have you used any sort of medications, hormones or other treatments to improve your sexual function' (see question E6 in Appendix A) had a non-response rate of 15.72%. However, the latter variable did not offer a 'not applicable' response option.

Senior-physician communication. Item non-response rates for the variables 'has a doctor asked you about your sexual life in the past five years' and 'have you asked a doctor questions about

your sexual life in the past five years' were 11.04% and 11.71% respectively. The variable 'have you discussed sexual risk-behaviour with a doctor since the age of 50' had a slightly higher non-response rate of 12.71%. See questions E7 to E9 in Appendix A.

Information sources. Each of the variables regarding the sources of information about 'seniors and sexual intimacy' and 'seniors and HIV' had a non-response rate of 1.34% (see questions E10 and E11 in Appendix A).

Section F: Health Care Utilization and Travel Health Insurance Variables¹¹

The variables, 'are you enrolled in OHIP, RAMQ or another governmental Medicare plan in one of the Canadian province or territories' and 'do you purchase supplemental travel health insurance prior to travelling to Florida' each had a non-response rate of 5.69% (see questions F1 and F2a in Appendix A). However, as 17 participants failed to provide a response to the latter question, they were considered missing on the follow-up question 'why did you choose not to purchase supplemental health insurance' (see question F2b in Appendix A). These missing participants greatly increased the rate of non-response for this question (60.71%) as only 11 of the 28 participants responded. When these 17 missing participants were excluded from the analysis, the non-response rate was 0%. Finally, the variables 'in the past five years, have you filed a claim against your travel medical insurance' and 'how would you rate your overall claims experience' had non-response rates of 5.69% and 14.41% respectively (see questions F3a and F3b in Appendix A).

Each of the sixteen selected health care utilization variables (see questions F5 to F9 in Appendix A) had a non-response rate of 9% or less (range = 5.69% to 8.7%).

¹¹ Not all questions within this section of the survey instrument (Section F) are represented here. Because the focus of this thesis was on sexual behaviour, a few questions regarding health care utilization and health insurance were selected for comparison purposes with respect to item non-response rates.

6.2 Description of the Study Sample

Data collected from nine interviews, 32 paper-and-pencil questionnaires and 258 online questionnaires were used in the following analyses (N = 299).

It is important to note that as no population listing of all Canadian snowbirds who winter in Florida exists, it was not possible to compare the socio-demographic and travel characteristics of this sample to a representative sample of Canadian snowbirds. Additionally, with respect to the snowbird literature, most studies focused solely on Canadian snowbirds aged 65 years or older. This differs from the current study in which a broader age range (50 years or older) was selected. As a result, it was difficult to accurately compare the characteristics of this study sample to those found within the literature.

Two snowbird studies were selected in order to provide a basis for comparison regarding the socio-demographic characteristics of the current study sample. The first study, conducted by Marshall et al. (1989), surveyed a sample of 2,046 Anglophone Canadian snowbirds aged 65 years or older who seasonally migrated to Florida. Canadian snowbirds within this study were contacted via their subscription to Canada News, a Florida-based weekly newspaper, to complete a mail survey. It was reported that approximately 90% of subscribers to this newspaper were older Canadians. Overall, although this study is significantly dated it was selected as it is the only comprehensive snowbird study to focus solely on a Canadian population.

The second study, published by Smith & House (2006), surveyed a sample of 7,003 North American and international snowbirds aged 55 years or older who seasonally migrated to Florida. Participants of this study were contacted via random-digit dialling to complete a telephone survey within their Florida residence. Temporary residents staying with permanent residents of Florida or in hotels/motels were also accounted for within this study. Overall,

although North American and international snowbirds were grouped together as temporary residents, this study was advantageous to select as the age group was more similar to that of the current study and it is the most recently published research on snowbirds who temporarily migrate to Florida.

6.2.1 Socio-Demographic Characteristics

Gender

The study sample included slightly more males (53.51%) than females (46.49%), although the difference was not significant ($p = 0.2246$) (see Table 6.5).

Smith & House (2006) also recruited a greater proportion of males (54.1%) than females (45.9%). When the current study sample was restricted to males and females aged 55 years or older, a similar gender distribution was observed (53.74% vs. 46.26% respectively). Additionally, within the study by Marshall et al. (1989), 64% of the Canadian snowbirds surveyed were male while 36% were female. Overall, across these and other convenience samples a greater proportion of males were surveyed than females. Though this is counterintuitive to what would normally be expected regarding survey response (i.e., a greater female response), it is apparent that within the snowbird population such a gender distribution is the norm.

Age

The mean age of the study sample was 66.86 years ($SD = 6.23$, range = 53 to 92). Over half of the participants (58.44%) were between the ages of 60 and 69 (see Table 6.5). Males (mean = 67.94 years, $SD = 6.42$) were observed to be significantly older than females (mean = 65.62 years, $SD = 5.79$) ($t(294) = -3.24$, $p = 0.0013$).

In the Smith & House (2006) sample, the mean age of the participants was 69.7 years. When the current sample was restricted to participants aged 55 years or older, the mean age was

slightly lower at 66.95 years. Overall, it would appear that the Canadian snowbirds sampled within the current study were slightly younger than those surveyed elsewhere within the literature.

Table 6.5. Socio-Demographic Characteristics of the Sample (N = 299)

	N (%) ^a		N (%) ^a
Gender		Highest Level of Education	
Male	160 (53.51)	Grade 13 or Lower	82 (27.52)
Female	139 (46.49)	Trades Certificate/Diploma	28 (9.40)
Total	299 (100)	Non-University Certificate/Diploma	62 (20.81)
		University Certificate Below Bachelor's	16 (5.37)
Age		Bachelors Degree	63 (21.14)
<60 years	30 (10.14)	University Certificate/Diploma Above	47 (15.77)
60-64 years	82 (27.70)	Bachelor's Level	
65-69 years	91 (30.74)	Total	298 (100)
70-74 years	61 (20.61)	Missing	1
> = 75 years	32 (10.81)		
Total	296 (100)	Annual Household Income	
Missing	3	Less than \$40,000	73 (25.35)
		\$40,000 - \$49,999	33 (11.46)
Marital Status		\$50,000 - \$74,999	75 (26.04)
Married	235 (78.60)	\$75,000 - \$100,000	53 (18.40)
Common-law	15 (5.02)	More than \$100,000	54 (18.75)
Widowed	28 (9.36)	Total	288 (100)
Divorced	17 (5.69)	Missing	11
Never-Married	4 (1.34)		
Total	299 (100)		
		Employment Status	
		Full-Time	9 (3.02)
		Part-Time	6 (2.01)
		Semi-Retired	42 (14.09)
		Retired	234 (78.52)
		Other	7 (2.35)
		Total	298 (100)
		Missing	1

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding

Marital Status

A large majority of the study sample was married (78.6%) as opposed to common-law, widowed, divorced or never-married (21.4%) ($\chi^2(1) = 97.80, p \leq 0.0001$). None of the participants indicated that they were separated (see Table 6.5). For all analyses conducted by

marital status, common-law participants were grouped with never-married, widowed and divorced participants as opposed to married participants. Such a dichotomy was created as common-law participants (mean = 6.33 years) were observed to be more similar to widowed (mean = 8.8 years), divorced (mean = 16.73 years) and never-married participants in terms of the mean number of years they have been living with their current marital status and regarding their dating practices within the past five years. The mean number of years participants reported being married was 38.63 years.

Males were more likely to be married (84.38%) than females (71.94%), while females were more likely to be unmarried (28.06%) than males (15.63%) ($\chi^2(1) = 6.83, p = 0.0089$). Age did not differ significantly between married and unmarried participants ($p = 0.1374$).

After comparing the current study sample to snowbirds within the literature, it was evident that this study captured a representative sample of Canadian snowbirds with respect to marital status, as most were married. Within the study by Marshall et al. (1989), 88% of Canadian snowbirds aged 65 years or older were married. When the current study sample was restricted to participants aged 65 years or older, 75.54% were married. Additionally, Smith & House (2006) reported that 75.8% of snowbirds aged 55 years or older were married. When the current study sample was restricted to participants aged 55 years or older, 78.91% were married.

Employment Status

Over three-quarters (78.52%) of the study sample was retired. Only 14.09% was semi-retired while 3.02% worked full-time and 2.01% worked part-time (see Table 6.5). Males were no more likely than females to be retired ($p = 0.2760$). As the majority of the study sample was aged 65 years or older (62.16%), the large number of retired participants was to be expected.

The large proportion of retired participants within the current study is consistent with previous snowbird literature. Specifically, within the study by Smith & House (2006), 90.6% of snowbirds aged 55 years or older were retired, while 80% of Canadian snowbirds aged 65 years or older were retired within the Marshall et al. study (1989).

Annual Household Income

A multitude of studies that examine the Canadian snowbird phenomenon describe snowbirds as a highly privileged group, indicating that they possess higher levels of income when compared to the non-migratory segment of the Canadian senior population. Specifically, over half (63.19%) of the current study sample reported an annual household income of \$50,000 or more (see Table 6.5). Of the married and common-law participants, 66.95% reported an annual household income of \$50,000 or more while 44.89% of single participants (widowed, divorced or never-married) reported the same.

When compared to the non-migratory segment of the Canadian senior population aged 65 years and older, it was evident that the current study sample reported higher levels of annual household income, regardless of marital status. Specifically, Statistics Canada reported that the average annual household income of married elderly couples in 2007 was \$52,700 (Statistics Canada, 2009a) while the average annual household income of single older adults in 2005 was \$29,912 (Statistics Canada, 2008a).

Education

Literature suggests that Canadian snowbirds possess higher levels of education when compared to the non-migratory segment of the Canadian senior population. This was true of the current sample as over half (72.49%) reported having some form of post-secondary education and 36.91% reported having a bachelor's degree or higher (see Table 6.5). Male participants (25.84%)

were more highly educated as a greater proportion reported having a bachelor's degree or higher compared to females (11.07%) ($\chi^2 (7) = 38.30, p \leq 0.0001$). The high levels of educational attainment within the current study are similar to that observed by Smith & House (2006), where the mean number of years of education for a sample of snowbirds aged 55 years or older was 14.5 years.

When compared to the general Canadian senior population, the study sample possessed higher levels of education. According to the 2001 Canadian Census, the mean years of schooling for Canadians aged 55 to 64 was 12.0 years while the mean years of schooling for those aged 65 and older was 10.3 years (Statistics Canada, 2007b). Both of these statistics are equivalent to an education level of high school or less.

Sexual Orientation

Of the 264 participants who provided a response to this question, the majority were heterosexual (98.48%). The remaining participants were either homosexual or none of the above. This variable possessed the highest proportion of non-response of all socio-demographic variables (N = 35, 11.71%).

6.2.2 Travel Characteristics

Province of Residence

Participants of the current study originated from all ten Canadian provinces. However, the vast majority of participants indicated their province of residence as Ontario (79.93%). Fewer than 7.5% reported their home province as Quebec (see Table 6.6).

The large proportion of Canadian snowbirds from Ontario within the current sample is consistent with that observed within the literature. A comprehensive snowbird study by Tucker et al. (1992) reported that 89.4% of Canadian snowbirds who seasonally migrated to Florida were from

Ontario, 4.1% were from Quebec, 2.8% were from Nova Scotia, 1.8% were from provinces to the west of Ontario, 1.2% were from New Brunswick and 0.9% were from P.E.I and Newfoundland.

Table 6.6. Travel Characteristics of the Sample (N = 299)

	N (%) ^a		N (%) ^a
Province of Residence		Month of Arrival	
Alberta	1 (0.33)	October or earlier	23 (7.69)
British Columbia	5 (1.67)	November	69 (23.08)
Manitoba	3 (1.00)	December	59 (19.73)
New Brunswick	8 (2.68)	January	98 (32.78)
Newfoundland & Labrador	7 (2.34)	February	34 (11.37)
Nova Scotia	9 (3.01)	March or later	16 (5.35)
Ontario	239 (79.93)	Total	299 (100)
Prince Edward Island	3 (1.00)		
Quebec	22 (7.36)	Month of Departure	
Saskatchewan	2 (0.67)	December	11 (3.68)
Total	299 (100)	January	5 (1.67)
		February	18 (6.02)
Number of Years Wintering in Southern Location		March	103 (34.45)
< 5 years	109 (36.45)	April	142 (47.49)
5-9 years	95 (31.77)	May	20 (6.69)
10-14 years	41 (13.71)	Total	299 (100)
15-19 years	21 (7.02)		
≥ 20 years	33 (11.04)	Reasons for Wintering in Florida	
Total	299 (100)	Weather/Climate	281 (93.98)
		Recreation/Vacation	186 (62.21)
Number of Years Wintering in Current Area in Florida		Like the location	180 (60.20)
< 5 years	147 (50.00)	Health	85 (28.43)
5-9 years	85 (28.91)	Visit Family/Friends	80 (26.76)
10-14 years	28 (9.52)	Other	1 (0.33)
15-19 years	11 (3.74)		
≥ 20 years	23 (7.82)		
Total	294 (100)		
Missing	5		
		Number of Months Stayed in Florida Last Winter	
One	25 (9.84)	One	25 (9.84)
Two	46 (18.11)	Two	46 (18.11)
Three	6 (2.67)	Three	6 (2.67)
Four	40 (15.75)	Four	40 (15.75)
Five	43 (16.93)	Five	43 (16.93)
Six or more	32 (12.60)	Six or more	32 (12.60)
Total	254 (100)	Total	254 (100)
Missing/Not applicable	45	Missing/Not applicable	45

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding

Number of Years Wintering in Southern Location

The mean number of years the study sample had been wintering in a southern location was 8.78 years (SD = 8.27, range = 1 to 53). For 6.69% of the sample, this was their first year wintering in the south (see Table 6.6). No association between gender ($p = 0.3913$) or marital status ($p = 0.6386$) and the number of years wintering in a southern location was observed. However, the number of years wintering in a southern location increased as participant age increased ($r = 0.38$, $p \leq 0.0001$).

Number of Years Wintering in Their Current Area in Florida

The mean number of years participants had been wintering in their current area in Florida was 6.72 years (SD = 6.89, range = 1 to 40). For 14.29% of the sample, this was their first year in their current area in Florida (see Table 6.6). Regarding the stability of seasonal migration to Florida, over half of the study sample (62.93%) reported having wintered all of their snowbird years in their current area in Florida. No association between gender ($p = 0.2253$) or marital status ($p = 0.2925$) and the number of years wintering in their current area in Florida was observed. However, the number of years wintering in their current area in Florida increased as participant age increased ($r = 0.30$, $p \leq 0.0001$).

Month of Arrival and Departure

Most participants reported arriving in Florida in January (32.78%), followed next by November (23.08%). Concerning the month of departure, just under half of the study sample (47.49%) indicated that they planned to depart or departed from Florida in April (see Table 6.6). There were no differences by age ($p = 0.3164$) or marital status ($p = 0.2295$) observed regarding the month of arrival in Florida. A similar trend was present with respect to the month of departure (age: $p = 0.1956$; marital status: $p = 0.9019$).

When compared to the snowbird literature, the current study sample arrived later in the season but departed at a similar time. A study by Tucker et al. (1992) reported that 0.9% of Canadian snowbirds arrived in Florida before October, 18.4% arrived in October, 55.4% arrived in November, 12.1% arrived in December, 11% arrived in January and only 2% arrived after January. Regarding departure, 1.2% of Canadian snowbirds departed from Florida before March, 12.9% departed in March, 72.5% departed in April, 11.3% departed in May and less than 1% departed after May.

Number of Months Stayed in Florida Last Winter

Participants who had wintered in their current area in Florida for more than one year were asked to indicate the number of months they stayed in Florida last winter. The mean number of months participants reported staying in Florida was 3.5 (SD = 1.52, range = 1 to 6). Fewer than 10% of participants had stayed for only one month (see Table 6.6). Age ($p = 0.3890$) and marital status ($p = 0.1266$) were not associated with the number of months in Florida last winter.

Reasons Why Canadian Snowbirds Winter in Florida

Canadian snowbirds were asked to indicate the reasons why they winter in Florida. They were able to select all responses that applied. The most commonly cited reason for wintering in Florida was for the weather/climate (93.98%). This is consistent with that observed within the snowbird literature (Smith S.K. & House M., 2006, 2007; Tucker et al., 1988). This was followed next by recreation/vacation (62.21%), like the location (60.2%), health reasons (28.43%) and to visit family or friends (26.76%) (see Table 6.6). With respect to gender, females (15.05%) were more likely to cite visiting family/friends as a reason for why they winter in Florida than males (11.71%) ($\chi^2(1) = 4.18, p = 0.0408$). No other gender differences were observed regarding the reasons for wintering in Florida.

Florida Accommodation

Almost half (46.98%) of the current study sample reported living in a condominium or apartment while in Florida. This proportion is much higher than that observed within a study by Tucker et al. (1992), where only 15.3% of Canadian snowbirds lived in a condominium or apartment in Florida. Additionally, 23.49% of the current study sample reported living in a mobile home while in Florida. This proportion is much less than that observed within the study by Tucker et al. (1992) (56.1%). For the most part, the accommodation that participants lived in while in Florida was not designated as ‘seniors only’ (59.53%) (see Table 6.7).

Most participants reported renting their residence in Florida (54.85%) (see Table 6.7). This proportion is much higher than that observed within the literature (24.2%) (Tucker et al., 1992).

Table 6.7. Florida Accommodation Characteristics (N = 299)

	N (%) ^a
Type of Residence in Florida	
Condominium/Apartment	140 (46.98)
Mobile Home	70 (23.49)
Single Family Dwelling	39 (13.09)
Trailer/RV	30 (10.07)
Motel/Hotel Unit	17 (5.70)
Other	2 (0.67)
Total	298 (100)
Missing	1
Seniors-Only Accommodation?	
No	178 (59.53)
Yes	102 (34.11)
Not sure	9 (3.01)
Not Applicable	10 (3.34)
Total	299 (100)
Rent/Own Florida Accommodation	
Rent	164 (54.85)
Own	116 (38.80)
Other	19 (6.35)
Total	299 (100)

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding

Areas in Florida Where Canadian Snowbirds Stayed on Their Latest Trip

Most participants (20.4%) stayed on the west coast of Florida in the Tampa Bay/St. Petersburg area, on their latest trip (see Table 6.8). Regarding the three counties possessing the highest rates of HIV amongst Floridian seniors, 17.06%¹² of participants stayed in the Fort Lauderdale area (Broward County), 10.03%¹³ stayed in the Palm Beach area (Palm Beach County), and 1%¹⁴ stayed in the Miami area (Miami-Dade County).

Table 6.8. Areas in Florida Where Canadian Snowbirds Stayed on Their Latest Trip (N = 299)

Location^b	N (%)^a
Tampa/St. Petersburg	61 (20.40)
Fort Lauderdale	50 (16.72)
Fort Myers/Cape Coral	40 (13.38)
Inland Florida (Lakeland, Zephyrhills)	37 (12.37)
Sarasota/Bradenton	28 (9.36)
Palm Beach/Port St. Lucie	29 (9.70)
Panhandle (Pensacola, Panama City)	25 (8.36)
Central Florida (Orlando)	10 (3.34)
Daytona Beach	5 (1.67)
Miami/Keys	2 (0.67)
Other or stayed in multiple locations	12 (4.01)
Total	299 (100)

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding

^b And surrounding areas

¹² An additional participant was included in the percent calculation as they stayed in multiple locations throughout Florida including in Broward County

¹³ An additional participant was included in the percent calculation as they stayed in multiple locations throughout Florida including in Palm Beach County

¹⁴ An additional participant was included in the percent calculation as they stayed in multiple locations throughout Florida including in Miami-Dade County

6.2.3 Internet Access in Florida and Canada

Almost all Canadian snowbirds (96.99%) reported having internet access at home in Canada. A slightly smaller proportion (75.17%) reported having internet access in their Florida home (see Table 6.9). As is evident, Canadian snowbirds are avid users of the internet. A survey of the members of the Canadian Snowbird Association conducted in 2006 provides evidence to support the computer literacy rates of seniors. It was reported that 72% of Canadian snowbirds aged 50 years or older were current users of the internet (Canadian Snowbird Association, 2007). This is in comparison to the Canadian senior population as a whole in which 70% of seniors aged 55 to 64 years, 45% of seniors aged 65 to 74 years and 21% of seniors aged 75 years or older reported using the internet, in 2007 (Statistics Canada, 2009c).

Table 6.9. Internet Access in Canada and Florida (N = 299)

	N(%) ^a
Internet Access in Canada	
At home	233 (77.93)
Both at home and out of the home	57 (19.06)
Only out of the home (e.g., library)	5 (1.67)
No internet access	4 (1.34)
Total	299 (100)
Internet Access in Florida	
At home	174 (58.39)
Both at home and out of the home	50 (16.78)
Only out of the home (e.g., library)	44 (14.77)
No internet access	30 (10.07)
Total	298 (100)
Missing	1

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding.

6.2.4 Social Desirability Scale

The study sample scored a mean of 6.95 on the Marlowe-Crowe Social Desirability Scale Version 2 (M-C2) (SD = 1.94, median = 7, possible score range 0 to 10, actual score range 1 to 10;

10 indicating socially desirable responses) (Strahan & Gerbasi, 1972). There were no significant differences in scale scores between males and females ($p = 0.3679$).

It has been reported that social desirability scores are correlated with age, with older adults tending to obtain higher scores than their younger counterparts (Dijkstra, Smit, & Comijs, 2001). Examples from the literature support this notion. Within a study by Cramer, Tuokko, Mateer and Hultsch (2004), well-functioning seniors (aged 66 to 89 years) who were surveyed regarding financial skills awareness scored a mean of 7.3 ($SD = 2$) on the M-C2. An additional study reported that seniors (aged 51 to 74 years) who were surveyed by mail regarding colorectal screening behaviour scored a mean of 6.69 ($SD = 2.11$) on the M-C2, while seniors who were surveyed via a face-to-face interview or telephone interview scored a mean of 6.64 ($SD = 1.95$) and 7.08 ($SD = 1.96$) respectively (Sally W. Vernon et al., 2008)

Internal consistency (Cronbach's α) for the M-C2 within the current study was 0.54, indicating low reliability (Katz, 1999). However, Strahan & Gerbasi (1972) reported an internal consistency of 0.49 to 0.75 for this scale.

6.3 Objective i: To Describe the Sexual Attitudes and Behaviour of Canadians Snowbirds

6.3.1 Attitudes Towards Sex and Intimacy

Participants were asked to indicate how much they agreed or disagreed with ten statements regarding sex and sexual intimacy (see question B11 within Appendix A). A factor analysis was performed for this research sub-objective in order to aid in the interpretation of the results (refer to Section 5.4.3.2).

Three factors emerged from the factor analysis. The first factor was labelled 'sex is a pleasurable experience' and included the variables: 'I do enjoy sex', 'I would be quite unhappy never having sex again' and 'sex is not only for younger people'. Cronbach's alpha for this

factor was 0.82, indicating strong reliability (Katz, 1999). The second factor was labelled 'sex is important in my life' and included the variables: 'sexual activity/intimacy is important to my overall quality of life', 'sexual activity/intimacy is a critical part of a good relationship' and 'sexual activity/intimacy is a duty to one's partner'. Cronbach's alpha for this factor was 0.64, just at the cut-off of good reliability (i.e., 0.65 or greater) (Katz, 1999). The third factor that emerged included the variables: 'sex is a pleasurable and necessary part of a good relationship', 'sex does not become less important to people as they age' and 'there is not too much emphasis on sex in our culture today'. Although participants answered each of these questions in a similar way, this factor was not retained as theoretically the factor could not be encompassed by a single construct. Cronbach's alpha for this factor was low at 0.56 (Katz, 1999) and this value did not increase with the removal of any one of these variables. Therefore, each variable within this factor was analyzed separately¹⁵. Finally, the variable 'people should not have a sexual relationship if they are not married' did not load on any one factor and was also analyzed separately. For the purposes of this research sub-objective, dating or sexual partners in the past 12 months included all Canadian, Floridian and other American partners together.

A correlation matrix (see Table 6.10) shows which of the sexual attitude variables are correlated with one another.

Factor 1: Sex is a Pleasurable Experience

The study sample scored a mean of 4.16 on this factor (see Table 6.11). Participants who were more likely to endorse the statement 'sex is a pleasurable experience' were: male, had dated in the past five years, used medications to improve their sexual functioning in the past 12 months, had a doctor 'ask them' questions about their sexual life in the past five years, had 'asked' a doctor

¹⁵ The variable 'sex is a pleasurable and necessary part of a good relationship' was not analyzed because of the double-barrelled nature of the statement. It was not known what portion of the statement participants were responding to.

questions about their sexual life in the past five years, had discussed sexual risk-behaviour with a doctor since age 50 and had tested for HIV in their lifetime. Participants who engaged in sexual intercourse weekly or more often with dates in the past 12 months were marginally more likely to endorse this statement than those who engaged in sexual intercourse less frequently, although the difference was not significant ($p = 0.0708$) (see Table 6.12).

Table 6.10. Correlation Matrix of the Sexual Attitude Variables

	Factor 1: Sex is a Pleasurable Experience	Factor 2: Sex is Important in my Life	Individual Attitude Variable 1: Sex Becomes Less Important to People as they Age	Individual Attitude Variable 2: There is Too Much Emphasis on Sex in our Culture Today	Individual Attitude Variable 3: People Should Not Have a Sexual Relationship if Not Married
Factor 1: Sex is a Pleasurable Experience	$r = 1.00$				
Factor 2: Sex is Important in my Life	$r = 0.41$ $p \leq 0.0001$	$r = 1.00$			
Individual Attitude Variable 1: Sex Becomes Less Important to People as they Age	$r = -0.34$ $p \leq 0.0001$	$r = -0.28$ $p \leq 0.0001$	$r = 1.00$		
Individual Attitude Variable 2: There is Too Much Emphasis on Sex in our Culture Today	$r = -0.31$ $p \leq 0.0001$	$r = -0.26$ $p \leq 0.0001$	$r = 0.37$ $p \leq 0.0001$	$r = 1.00$	
Individual Attitude Variable 3: People Should Not Have a Sexual Relationship if Not Married	$r = -0.36$ $p \leq 0.0001$	$r = -0.02$ $p = 0.7555$	$r = 0.18$ $p = 0.0027$	$r = 0.41$ $p \leq 0.0001$	$r = 1.00$

Table 6.11. Sexual Attitudes of Canadian Snowbirds (N= 299)

	N ^a	Mean ^b (SD)	Median	Range
Factors:				
1. Sex is a pleasurable experience	273	4.16 (0.74)	4	2 - 5
2. Sex is important in my life	279	3.48 (0.72)	3.67	1 - 5
Individual Sexual Attitude Variables:				
1. Sex becomes less important to people as they age	278	3.17 (1.05)	4	1 - 5
2. There is too much emphasis on sex in our culture today	282	3.50 (1.03)	4	1 - 5
3. People should not have a sexual relationship if they are not married	278	2.22 (1.07)	2	1 - 5

^a Sample sizes vary due to missing values.

^b Possible score range 1 to 5, where 1= strongly disagree and 5 = strongly agree.

Factor 2: Sex is Important in my Life

The study sample scored a mean of 3.48 on this factor (see Table 6.11). Participants who were more likely to endorse the statement ‘sex is important in my life’ were: male, had dated in the past five years, used medications to improve their sexual functioning in the past 12 months, discussed sexual risk-behaviour with a doctor since age 50 and had tested for HIV in their lifetime. The number of dating partners in the past 12 months was also significantly correlated with this factor, with the score on the scale increasing as the number of dating partners increased ($r = 0.39$). Participants who engaged in sexual intercourse weekly or more often with dates in the past 12 months were marginally more likely to endorse this statement than those who engaged in sexual intercourse less frequently, although the difference was not significant ($p = 0.0646$) (see Table 6.13).

Individual Attitude Variable 1: Sex Becomes Less Important to People as they Age

The study sample scored a mean of 3.17 on this variable (see Table 6.11). Participants who were male, had dated in the past five years and had talked to a doctor about sexual risk-behaviour since age 50 were less likely to endorse the statement ‘sex becomes less important to people as they age’ (i.e., this endorsement means that males indicated that sex remains important to people as they age). The number of dating partners and sexual partners in the past 12 months were also significantly correlated with this variable, with the score on the scale decreasing as the number of dating partners

and sexual partners increased ($r = - 0.33$ and $r = - 0.55$ respectively). Participants who used medications to improve their sexual functioning in the past 12 months were marginally less likely to endorse this statement than those who did not use medications, although the difference was not significant ($p = 0.0860$) (see Table 6.14).

Individual Attitude Variable 2: There is Too Much Emphasis on Sex in Our Culture Today.

The study sample scored a mean of 3.5 on this variable (see Table 6.11). Participants who were male, had used medications to improve their sexual functioning in the past 12 months and had been tested for HIV were less likely to endorse the statement ‘there is too much emphasis on sex in our culture today’ (i.e., this endorsement means that males indicated that there is not too much emphasis on sex in our culture today). Age was also significantly correlated with this variable, with the score on the scale increasing as age increased ($r = 0.12$) (see Table 6.15).

Individual Attitude Variable 3: People Should Not Have a Sexual Relationship if they are Not Married

The study sample scored a mean of 2.22 on this variable (see Table 6.11). Participants who had dated in the past five years, had a doctor ‘ask them’ about their sexual life in the past five years, had ‘asked’ a doctor questions about their sexual life in the past five years and had discussed sexual risk-behaviour with a doctor since age 50 were less likely to endorse the statement ‘people should not have a sexual relationship if they are not married’ (i.e., this endorsement means that those who had dated in the past five years indicated that people should be able to have a sexual relationship if they are not married). Participants who were male ($p = 0.0818$) and had used medications to improve their sexual functioning in the past 12 months ($p = 0.0668$) were marginally less likely to endorse this statement, although the difference was not significant. As well, age was marginally correlated with this variable with the score on the scale increasing as aged increased ($r = 0.11$), although this association was also not significant ($p = 0.0659$) (see Table 6.16).

Table 6.12. Bivariate Associations Between Factor 1: Sex is a Pleasurable Experience and Selected Independent Variables

	N ^a	Mean ^b (SD)	Median	Range	p-value
Socio-Demographic Variables					
Gender					
Female	124	3.87 (0.79)	4	2 - 5	≤ 0.0001
Male	149	4.41 (0.60)	4.67	2.33 - 5	
Age^c	271				0.7816
Marital Status					
Married	213	4.16 (0.74)	4	2 - 5	0.9047
Unmarried	60	4.18 (0.77)	4.17	2.33 - 5	
Dating Variables					
Dated in Past Five Years					
No	171	4.10 (0.72)	4	2 - 5	0.0001
Yes	56	4.52 (0.61)	4.67	2.33 - 5.00	
Number of Dating Partners in Past 12 Months^c	42				0.4253
Sexual Behaviour Variables					
Number of Sexual Partners in Past 12 Months^c	34				0.6508
Frequency of Sexual Intercourse with Dates in Past 12 Months					
Less than weekly ^d	19	4.32 (0.90)	4.67	2.33 - 5	0.0708
Weekly or more often	24	4.74 (0.41)	5	3.67 - 5	
Used Medications to Improve Sexual Functioning in Past 12 Months					
No	181	4.08 (0.76)	4	2 - 5	0.0029
Yes	56	4.42 (0.64)	4.67	2.67 - 5	
Doctor Asked You About Your Sexual Life in Past Five Years					
No	161	4.05 (0.76)	4	2 - 5	0.0005
Yes	88	4.40 (0.69)	4.67	2.33 - 5	
You Asked Doctor Questions About Your Sexual Life in Past Five Years					
No	173	4.07 (0.76)	4	2 - 5	0.0009
Yes	74	4.42 (0.70)	4.67	2.33 - 5	
Discussed Sexual Risk-Behaviour with Doctor Since the Age of 50					
No	223	4.13 (0.75)	4	2 - 5	≤ 0.0001
Yes	22	4.73 (0.51)	5	3.33 - 5	
Ever Tested for HIV					
No	207	4.12 (0.75)	4	2 - 5	0.0057
Yes	43	4.46 (0.70)	4.67	2.33 - 5	

^a Sample sizes vary due to missing values and questionnaire skip patterns.

^b Scores ranged from 1 to 5, where 1 = strongly disagree and 5 = strongly agree.

^c These variables are interval in measurement therefore it is not feasible to indicate means, medians and ranges by each level of variable .

^d Includes those who responded with 'not at all'.

Table 6.13. Bivariate Associations Between Factor 2: Sex is Important in my Life and Selected Independent Variables

	N ^a	Mean ^b (SD)	Median	Range	p-value
Socio-Demographic Variables					
Gender					
Female	129	3.32 (0.73)	3.33	1 - 5	0.0008
Male	150	3.61 (0.69)	3.67	1.33 - 5	
Age^c	277				0.9818
Marital Status					
Married	217	3.48 (0.72)	3.67	1 - 5	0.8598
Unmarried	62	3.49 (0.73)	3.67	1.67 - 5	
Dating Variables					
Dated in Past Five Years					
No	177	3.47 (0.70)	3.67	1.67 - 5	0.0402
Yes	56	3.69 (0.57)	3.67	2.33 - 5	
Number of Dating Partners in Past 12 Months^c	42				0.0110
Sexual Behaviour Variables					
Number of Sexual Partners in Past 12 Months^c	34				0.6838
Frequency of Sexual Intercourse with Dates in Past 12 Months					
Less than weekly ^d	19	3.48 (0.60)	3.67	2.33 - 5	0.0646
Weekly or more often	24	3.81 (0.52)	3.83	3 - 4.67	
Used Medications to Improve Sexual Functioning in Past 12 Months					
No	187	3.44 (0.71)	3.67	1 - 5	0.0009
Yes	56	3.79 (0.58)	3.67	2.67 - 5	
Doctor Asked You About Your Sexual Life in Past Five Years					
No	167	3.48 (0.73)	3.67	1 - 5	0.2762
Yes	88	3.58 (0.62)	3.67	2 - 5	
You Asked Doctor Questions About Your Sexual Life in Past Five Years					
No	178	3.48 (0.70)	3.67	1.67 - 5	0.1803
Yes	75	3.61 (0.67)	3.67	1 - 5	
Discussed Sexual risk-behaviour with Doctor Since the Age of 50					
No	229	3.50 (0.69)	3.67	1- 5	0.0216
Yes	22	3.85 (0.56)	3.83	2.67 - 5	
Ever Tested for HIV					
No	212	3.48 (0.68)	3.67	1.67 - 5	0.0095
Yes	44	3.78 (0.66)	3.67	2 - 5	

^a Sample sizes vary due to missing values and questionnaire skip patterns.

^b Scores ranged from 1 to 5, where 1= strongly disagree and 5 = strongly agree.

^c These variables are interval in measurement therefore it is not feasible to indicate means, medians and ranges by each level of variable .

^d Includes those who responded with 'not at all'.

Table 6.14. Bivariate Associations Between Individual Attitude Variable 1: Sex Becomes Less Important to People as they Age and Selected Independent Variables

	N ^a	Mean ^b (SD)	Median	Range	p-value
Socio-Demographic Variables					
Gender					
Female	129	3.37 (0.94)	4	1 - 5	0.0031
Male	149	3.00 (1.11)	3	1 - 5	
Age^c	276				0.3390
Marital Status					
Married	217	3.23 (1.03)	4	1 - 5	0.1118
Unmarried	61	2.98 (1.10)	3	1 - 5	
Dating Variables					
Dated in Past Five Years					
No	175	3.25 (1.01)	4	1 - 5	0.0062
Yes	56	2.80 (1.13)	2.5	1 - 4	
Number of Dating Partners in Past 12 Months^c	42				0.0303
Sexual Behaviour Variables					
Number of Sexual Partners in Past 12 Months^c	34				0.0007
Frequency of Sexual Intercourse with Dates in Past 12 Months					
Less than weekly ^d	19	2.47 (1.07)	2	1 - 4	0.5801
Weekly or more often	24	2.67 (1.17)	2	1 - 4	
Used Medications to Improve Sexual Functioning in Past 12 Months					
No	187	3.22 (1.05)	4	1 - 5	0.0860
Yes	55	2.95 (1.08)	3	1 - 4	
Doctor Asked You About Your Sexual Life in Past Five Years					
No	167	3.19 (1.05)	4	1 - 5	0.5583
Yes	87	3.10 (1.08)	3	1 - 5	
You Asked Doctor Questions About Your Sexual Life in Past Five Years					
No	178	3.22 (1.04)	4	1 - 5	0.1360
Yes	74	3.00 (1.11)	3	1 - 5	
Discussed Sexual risk-behaviour with Doctor Since the Age of 50					
No	228	3.21 (1.03)	4	1 - 5	0.0091
Yes	22	2.59 (1.26)	2	1 - 4	
Ever Tested for HIV					
No	212	3.19 (1.02)	3.5	1 - 5	0.2323
Yes	43	2.98 (1.22)	4	1 - 5	

^a Sample sizes vary due to missing values and questionnaire skip patterns.

^b Scores ranged from 1 to 5, where 1= strongly disagree and 5 = strongly agree.

^c These variables are interval in measurement therefore it is not feasible to indicate means, medians and ranges by each level of variable

^d Includes those who responded with 'not at all'.

Table 6.15. Bivariate Associations Between Individual Attitude Variable 2: There is Too Much Emphasis on Sex in Our Culture Today and Selected Independent Variables

	N ^a	Mean ^b (SD)	Median	Range	p-value
Socio-Demographic Variables					
Gender					
Female	131	3.66 (1.02)	4	1 - 5	0.0107
Male	151	3.35 (1.02)	4	1 - 5	
Age^c	280				0.0491
Marital Status					
Married	219	3.50 (0.99)	4	1 - 5	0.5540
Unmarried	63	3.43 (1.16)	4	1 - 5	
Dating Variables					
Dated in Past Five Years					
No	178	3.54 (1.04)	4	1 - 5	0.1176
Yes	56	3.29 (1.09)	4	1 - 5	
Number of Dating Partners in Past 12 Months^c	42				0.7132
Sexual Behaviour Variables					
Number of Sexual Partners in Past 12 Months^c	34				0.2953
Frequency of Sexual Intercourse with Dates in Past 12 Months					
Less than weekly ^d	19	3.26 (1.19)	4	1 - 5	0.7030
Weekly or more often	24	3.13 (1.15)	4	1 - 4	
Used Medications to Improve Sexual Functioning in Past 12 Months					
No	188	3.55 (1.05)	4	1 - 5	0.0117
Yes	156	3.14 (1.05)	3	1 - 5	
Doctor Asked You About Your Sexual Life in Past Five Years					
No	168	3.52 (1.04)	4	1 - 5	0.3863
Yes	88	3.40 (1.08)	4	1 - 5	
You Asked Doctor Questions About Your Sexual Life in Past Five Years					
No	179	3.54 (1.02)	4	1 - 5	0.1621
Yes	75	3.33 (1.13)	4	1 - 5	
Discussed Sexual risk-behaviour with Doctor Since the Age of 50					
No	229	3.50 (1.04)	4	1 - 5	0.1082
Yes	23	3.13 (1.18)	3	1 - 5	
Ever Tested for HIV					
No	212	3.53 (1.03)	4	1 - 5	0.0424
Yes	45	3.18 (1.11)	3	1 - 5	

^a Sample sizes vary due to missing values and questionnaire skip patterns.

^b Scores ranged from 1 to 5, where 1= strongly disagree and 5 = strongly agree

^c These variables are interval in measurement therefore it is not feasible to indicate means, medians and ranges by each level of variable.

^d Includes those who responded with 'not at all'.

Table 6.16. Bivariate Associations Between Individual Attitude Variable 3: People Should Not Have a Sexual Relationship if they are Not Married and Selected Independent Variables

	N ^a	Mean ^b (SD)	Median	Range	p-value
Socio-Demographic Variables					
Gender					
Female	128	2.34 (1.14)	2	1 - 5	0.0818
Male	150	2.12 (1.00)	2	1 - 5	
Age^c	276				0.0659
Marital Status					
Married	216	2.27 (1.06)	2	1 - 5	0.1446
Unmarried	62	2.05 (1.08)	2	1 - 5	
Dating Variables					
Dated in Past Five Years					
No	176	2.30 (1.09)	2	1 - 5	0.0190
Yes	56	1.91 (0.99)	2	1 - 5	
Number of Dating Partners in Past 12 Months^c	42				0.2345
Sexual Behaviour Variables					
Number of Sexual Partners in Past 12 Months^c	34				0.5340
Frequency of Sexual Intercourse with Dates in Past 12 Months					
Less than weekly ^d	19	1.68 (0.95)	1	1 - 4	0.6849
Weekly or more often	24	1.79 (0.78)	2	1 - 4	
Used Medications to Improve Sexual Functioning in Past 12 Months					
No	186	2.24 (1.07)	2	1 - 5	0.0668
Yes	56	1.95 (0.90)	2	1 - 4	
Doctor Asked You About Your Sexual Life in Past Five Years					
No	166	2.37 (1.14)	2	1 - 5	0.0002
Yes	88	1.89 (0.88)	2	1 - 5	
You Asked Doctor Questions About Your Sexual Life in Past Five Years					
No	178	2.29 (1.09)	2	1 - 5	0.0505
Yes	74	2.00 (1.03)	2	1 - 5	
Discussed Sexual risk-behaviour with Doctor Since the Age of 50					
No	227	2.26 (1.08)	2	1 - 5	0.0172
Yes	23	1.70 (1.06)	1	1 - 5	
Ever Tested for HIV					
No	211	2.22 (1.07)	2	1 - 5	0.3856
Yes	44	2.07 (1.09)	2	1 - 5	

^a Sample sizes vary due to missing values and questionnaire skip patterns.

^b Scores ranged from 1 to 5, where 1= strongly disagree and 5 = strongly agree.

^c These variables are interval in measurement therefore it is not feasible to indicate means, medians and ranges by each level of variable.

^d Includes those who responded with 'not at all'.

6.3.1.1 Satisfaction with Level of Sexual Intimacy in the Past Twelve Months

Most of the study sample (59.93%) was somewhat or extremely satisfied with their level of sexual intimacy in the past 12 months; 23.34% were neither satisfied nor dissatisfied while the remaining 16.72% were somewhat or extremely dissatisfied. Males (66.23%) were marginally more likely than females (52.63%) to report being somewhat or extremely satisfied with their level of sexual intimacy in the past 12 months, although the difference was not significant ($p = 0.0567$). Age ($p = 0.5007$) and marital status ($p = 0.2748$) were not observed to be significantly associated.

Having dated in the past five years was not significantly associated with their satisfaction with their level of sexual intimacy in the past 12 months ($p = 0.2073$). However, participants who engaged in sexual intercourse weekly or more often with dates (including Canadians, Floridians or other Americans) in the past 12 months (79.17%) were more likely to report being somewhat or extremely satisfied with their level of sexual intimacy in the past 12 months than those who engaged in sexual intercourse less than weekly/not at all (58.5%) ($\chi^2 (2) = 7.76, p = 0.0206$). The number of dating partners ($p = 0.8832$) or sexual partners ($p = 0.5624$) in the past 12 months (including Canadians, Floridians or other Americans) were not observed to be significantly associated with their satisfaction level. As well, having a doctor 'ask them' questions about their sexual life ($p = 0.1802$), having 'asked' a doctor questions about their sexual life ($p = 0.1646$) and having discussed sexual risk-behaviour with a doctor since age 50 ($p = 0.2797$) were not observed to be significantly associated. Finally, having used medications to improve their sexual functioning in the past 12 months was also not significantly associated with their satisfaction level ($p = 0.2961$).

Of the married and common-law participants ($N = 192$), those who engaged in sexual intercourse weekly or more often with their spouse or common-law partner (89.74%) were more likely to report being somewhat or extremely satisfied with their level of sexual intimacy in the

past 12 months than those who engaged in sexual intercourse less than weekly/not at all (44.74%) ($\chi^2 (2) = 41.04 p \leq 0.0001$).

6.3.2 Sexual Behaviour with a Spouse or Common-Law Partner

6.3.2.1 Frequency of Engagement in Sexual Activities

In order to examine the sexual behaviour of Canadian snowbirds with a regular sexual partner, married and common-law participants were asked to indicate how often, on average, they engaged in the following sexual activities with their spouse or common-law partner in the past 12 months: kissing or hugging, sexual touching or caressing, oral sex and sexual intercourse. Overall, married and common-law participants reported engaging in kissing or hugging most frequently with their partner followed by sexual touching or caressing, sexual intercourse and oral sex (see Table 6.17).

Kissing or Hugging

Almost all (98.17%) married and common-law participants reported kissing or hugging their partner in the past 12 months. More specifically, 89.5% reported engaging in kissing or hugging with their partner weekly or more often (see Table 6.17). Gender ($p = 0.2863$) and age ($p = 0.4091$) were not significantly associated with the frequency of engagement in kissing or hugging.

The 31 participants who either failed to provide a response to this question or refused were primarily male (58.06%), less than 70 years of age (70.98%), married (100%) and had been married for a mean of 37.25 years.

Table 6.17. Frequency of Engagement in Sexual Activities with a Spouse or Common-Law Partner in the Past 12 Months (N = 250)

Sexual Activity^b	N(%)^a
Kissing or Hugging	
Not at all/Less than once per month	12 (5.48)
Once or twice per month	11 (5.02)
About once per week	13 (5.94)
More than once per week	42 (19.18)
Daily or almost daily	141 (64.38)
Total	219 (100)
Missing	31
Sexual Touching or Caressing	
Not at all	13 (6.22)
Less than once per month	16 (7.66)
Once or twice per month	28 (13.40)
About once per week	38 (18.18)
More than once per week	68 (32.54)
Daily or almost daily	46 (22.01)
Total	209 (100)
Missing	41
Sexual Intercourse	
Not at all	20 (10.36)
Less than once per month	40 (20.73)
Once or twice per month	55 (28.50)
About once per week	51 (26.42)
More than once per week/Daily or almost daily	27 (13.99)
Total	193 (100)
Missing ^c	57
Oral Sex	
Not at all	97 (51.32)
Less than once per month	40 (21.16)
Once or twice per month	27 (14.29)
About once per week	17 (8.99)
More than once per week/Daily or almost daily	8 (4.23)
Total	189 (100)
Missing ^c	61

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding.

^b Response options vary as cell counts of less than five were collapsed with another category where necessary

^c Missing category includes participants who responded with 'don't know'

Sexual Touching or Caressing

Ninety three point seven eight percent of married and common-law participants reported engaging in sexual touching or caressing with their partner in the past 12 months. More specifically, 72.73% reported engaging in sexual touching or caressing with their partner weekly or more often (see Table 6.17). Gender ($p = 0.1152$) and age ($p = 0.1393$) were not significantly associated with the frequency of engagement in sexual touching or caressing.

The 41 participants who either failed to provide a response to this question or refused were primarily male (53.66%), less than 70 years of age (68.29%), married (97.56%) and had been married for a mean of 39.33 years.

Sexual Intercourse

A substantial proportion (89.64%) of married and common-law participants reported engaging in sexual intercourse with their partner in the past 12 months. More specifically, 40.41% reported engaging in sexual intercourse with their partner weekly or more often. A small proportion of participants (10.36%) did not engage in sexual intercourse with their partner in the past 12 months (see Table 6.17). Gender ($p = 0.7724$) and age ($p = 0.4136$) were not significantly associated with the frequency of engagement in sexual intercourse.

The 57 participants who either failed to provide a response to this question, refused or responded with 'don't know' were primarily male (50.88%), less than 70 years of age (68.42%), married (98.25%) and had been married for a mean of 39.83 years.

Oral Sex

A smaller proportion (48.68%) of married and common-law participants reported engaging in oral sex with their partner in the past 12 months. More specifically, only 13.22% reported engaging in oral sex with their partner weekly or more often (see Table 6.17). Gender was not

significantly associated with the frequency of engagement in oral sex ($p = 0.1593$). However, participants less than 70 years of age (54.14%) were more likely to have engaged in oral sex with their partner in the past 12 months than participants aged 70 years or older (37.74%) ($\chi^2(1) = 4.08$, $p = 0.0435$).

The 61 participants who either failed to provide a response to this question, refused or responded with 'don't know' were primarily female (50.82%), less than 70 years of age (68.85%), married (98.36%) and had been married for a mean of 39.2 years.

6.3.2.2 Condom Use

Married and common-law participants who reported engaging in sexual intercourse with their partner in the past 12 months were asked to indicate whether they used condoms ($N = 208$).

Almost all married and common-law participants (96.63%) reported using condoms inconsistently (not at all, rarely or sometimes) with their partner during sexual intercourse in the past 12 months (93.75% did not use them at all). All participants who did use condoms were married rather than common-law. There were no gender ($p = 0.9952$) or age ($p = 0.7968$) differences observed regarding the frequency of condom use with a spouse or common-law partner. As well, the mean number of years of marriage did not differ significantly between married participants who reported using condoms consistently with their spouse (all of the time or usually) and those who did not ($p = 0.3512$).

When participants who had used a condom with their spousal partner in the past 12 months ($N = 13$) were asked to indicate whether they used a condom the last time they engaged in sexual intercourse with their partner, 38.46% of them did use one while 61.54% did not. There were no gender ($p = 0.9282$) or age ($p = 0.4608$) differences observed.

6.3.3 Dating Behaviour in the Past Five Years

6.3.3.1 Proportion who Dated in the Past Five Years

It is important to note that the majority of the study sample was married (78.6%) and had been living this way for five or more years (98.64%). Therefore, these participants would likely not have been dating.

Close to one-quarter of the study sample (23.14%) reported having been on a date or in a new relationship in the past five years ($N = 56$). However, 54 participants (18.06%) failed to provide a response to this question while three participants (1%) clearly indicated their refusal to respond (see Section 6.1.1.1 for further information regarding non-response to this question). There were no gender ($p = 0.3460$) or age ($p = 0.4116$) differences observed between participants who dated in the past five years and those who did not date. Unmarried participants (64.06%) were more likely than married participants (8.43%) to have dated ($\chi^2 (1) = 81.93, p \leq 0.0001$). Never-married participants were the most likely to have dated (75%), followed by widowed (67.86%), divorced (64.71%), common-law (53.33%) and married (8.43%) participants ($\chi^2 (4) = 83.40, p \leq 0.0001$).

No gender differences were observed between participants who dated in the past five years and those who did not date when stratified by marital status. Regarding age, widowed participants who dated (mean = 68.84 years; $SD = 7.27$, range = 56 to 88) were marginally younger than those who did not date, although the difference was not significant (mean = 74.56 years; $SD = 8.9$, range = 62 to 92) ($p = 0.0821$). No other age differences were observed when stratified by marital status. Finally, common-law participants who dated (mean = 3.6 years; $SD = 0.55$, range = 3 to 4) had been living common-law for a shorter number of years than those who did not date (mean = 8.29 years; $SD = 4.68$, range = 1 to 15) ($t (6.23) = 2.62, p = 0.0380$). No other differences in the

number of years living in their current marital status were observed between participants who dated in the past five years and those who did not date when stratified by marital status.

Dating or starting a new relationship in the past five years was marginally associated with social desirability; participants who did not date (mean = 7.09; SD = 1.99, range = 2 to 10) responded slightly more socially desirably than those who dated (mean = 6.57; SD = 1.81, range = 1 to 10), although the difference was not significant ($t(239) = 1.77, p = 0.0775$).

6.3.3.2 *Reasons for Dating*

Participants who dated in the past five years ($N = 56$) were asked to indicate the reasons why they date. Participants were able to select all responses that applied; responses can be seen in Table 6.18. The five most commonly cited reasons for dating were: to have fun (78.57%), to have someone to talk to or do things with (67.86%), to fulfill my sexual needs (58.93%), to find a partner to live with but not necessarily marry (37.5%) and to find someone to marry (32.14%).

Males (70.37%) were more marginally more likely than females (48.28%) to have cited 'to fulfill my sexual needs' as a reason why they date, although the difference was not significant ($p = 0.0931$). Conversely, females were more likely than males to have cited 'to find someone to marry' as a reason why they date (44.83% vs. 18.52% respectively; $\chi^2(1) = 4.44, p = 0.0352$). Females (20.69%) were also marginally more likely than males (3.7%) to have cited 'to help me financially' as a reason why the date, although the difference was not significant ($p = 0.0548$). No other gender differences were observed. Regarding age, participants aged 70 years or older (33.33%) were more likely to have cited 'because of social pressure to have a partner' as a reason why they date than those less than 70 years of age (8.57%) ($\chi^2(1) = 5.49, p = 0.0192$). Conversely, participants less than 70 years of age (14.29%) were marginally more likely to have cited 'because I fear being alone' as a reason for why they date than those aged 70 years or older

(0%), although the difference was not significant ($p = 0.0695$). No other age differences were observed with respect to the reasons for dating.

Table 6.18. Reasons Why Canadian Snowbirds Date (N = 56)

Reasons for Dating	N (%)^a
To have fun	44 (78.57)
To have someone to talk to or do things with	38 (67.86)
To fulfill my sexual needs	33 (58.93)
To find a partner to live with but not necessarily marry	21 (37.50)
To find someone to marry	18 (32.14)
Because of social pressure to have a partner	10 (17.86)
To help me financially	7 (12.50)
To find someone to take care of me	7 (12.50)
Because I fear being alone	5 (8.93)
To raise my self-esteem	2 (3.57)

^a Three participants refused to provide a response to this question

The most commonly cited reasons for why married participants date were ‘to have fun’ (60%) and ‘to fulfill my sexual needs’ (60%). For both common-law participants (87.50%) and divorced participants (81.82%), ‘to have fun’ was the most frequently cited reason for dating. Widowed participants cited ‘to have someone to talk to or do things with’ (84.21%) and ‘to have fun’ (84.21%) as their primary reasons for dating. Finally, never-married participants cited ‘to have someone to talk to or do things with’ (100%), ‘to have fun’ (100%) and ‘to fulfill my sexual needs’ (100%) as the primary reasons for why they date (see Table 6.19). As is evident from Table 6.19, the top three reasons for dating were similar irrespective of marital status.

Table 6.19 Reasons Why Canadian Snowbirds Date by Marital Status (N = 56)

Reasons for Dating^b	Married	Common-Law	Widowed	Divorced	Never-Married
	% ^a	% ^a	% ^a	% ^a	% ^a
To have fun	60.00	87.50	84.21	81.82	100
To have someone to talk to/do things with	40.00	62.50	84.21	72.73	100
To fulfill my sexual needs	60.00	75.00	52.63	45.45	100
To find a partner to live with but not marry	13.33	75.00	36.84	45.45	4.76
To find someone to marry	13.33	37.50	52.63	27.27	0
Because of social pressure to have a partner	0	37.50	31.58	9.09	0
To help me financially	6.67	12.50	26.32	0	0
To find someone to take care of me	6.67	37.50	10.53	0	33.33
Because I fear being alone	6.67	0	15.79	0	33.33

^a Only percentages are provided due to multiple cell counts of less than five when stratified by marital status.

^b The response option 'to raise my self-esteem' was omitted from the table due to multiple cell counts of zero when stratified by marital status.

6.3.3.3 Where and How They Find Their Dating Partners

Participants who dated in the past five years (N = 56) were asked to indicate how they usually meet new dates. Participants were able to select all responses that applied. Three responses were found to be most commonly cited, these included: through friends, neighbours or relatives (58.93%), through community organizations (42.86%) and by participating in a hobby (42.86%). None of the participants indicated finding dates by 'paying an escort service or going to a place where I pay'. See Table 6.20 for all responses to how Canadian snowbirds find their dating partners.

**Table 6.20 How Canadian Snowbirds Find Their Dating Partners
(N = 56)**

Where Find Dating Partners	N (%)^a
Through friends, neighbours, relatives	33 (58.93)
Through community organizations	24 (42.86)
By participating in a hobby	24 (42.86)
Going to, or participating in, sports activities	17 (30.36)
By chatting with people in malls, supermarkets etc.	11 (19.64)
Singles organizations, professional match-making services or online dating services	11 (19.64)
By frequenting bars or night clubs	7 (12.50)
Through children/grandchildren activities	2 (3.57)
Through religious groups or religious activities	1 (1.79)
Paying an escort service or going to a place where I pay	0

^a Three participants refused to provide a response to this question

No age differences were observed with respect to how Canadian snowbirds find dates. Males (29.63%) were marginally more likely than females (10.34%) to report finding dates by chatting with people in supermarkets, malls, etc., although the difference was not significant ($p = 0.0695$).

Conversely, females (58.62%) were more likely than males (25.93%) to report finding dates by participating in a hobby ($\chi^2(1) = 6.10, p = 0.0135$). No other gender differences were observed with respect to how Canadian snowbirds find dates.

The majority of married (33.33%), widowed (73.68%) and never-married (66.67%) participants reported finding their dates through friends, neighbours or relatives. Common-law participants reported primarily finding their dates through community organizations (87.5%). Finally, most divorced participants reported finding their dates through friends, neighbours or relatives (54.55%) or by participating in a hobby (54.55%) (see Table 6.21).

Table 6.21 How Canadian Snowbirds Find Their Dating Partners by Marital Status (N = 56)

Where Find Dates^b	Married	Common-Law	Widowed	Divorced	Never-Married
	% ^a	% ^a	% ^a	% ^a	% ^a
Through friends, neighbours, relatives	33.33	75.00	73.68	54.55	66.67
Through community organizations	13.33	87.50	52.63	45.45	0
By participating in a hobby	13.33	75.00	47.37	54.55	33.33
Going to/participating in sports activities	13.33	25.00	42.11	36.36	33.33
By chatting with people in malls, supermarkets etc.	6.67	50.00	15.79	18.18	33.33
Singles organizations, professional match-making services or online dating services	0	25.00	15.79	45.45	33.33
By frequenting bars or night clubs	13.33	0	10.53	18.18	33.33

^a Only percentages are provided due to multiple cell counts of less than five when stratified by marital status.

^b The response options ‘through children/grandchildren’, ‘through religious groups/activities’ and ‘paying an escort service’ were omitted from the table due to multiple cell counts of zero when stratified by marital status

6.3.4 Dating Behaviour in Canada

6.3.4.1 Proportion Dating in the Past Five Years

Of the participants who reported dating or starting a new relationship in the past five years (N = 56), 94.64% indicated that at least one date or new relationship occurred within Canada (see Table 6.22). There were no differences in Canada dating status by gender ($p = 0.5109$), age ($p = 0.8903$) or marital status ($p = 0.7924$).

6.3.4.2 Ease of Finding Dates

Thirty-four percent of participants reported finding it somewhat easy to find a date in Canada while 10% reported finding it very easy (see Table 6.22). Males (89.47%) were more likely than females (21.74%) to report finding it somewhat or very easy to find a date in Canada ($\chi^2(1) = 19.14, p \geq 0.0001$). There were no differences by age ($p = 0.8850$) or marital status ($p = 0.1545$) observed.

Table 6.22 Dating Behaviour of Canadian Snowbirds in Canada (N = 56)

Dating Behaviour in Canada	N(%)^a
Dated in Canada in Past Five Years?	
Yes	53 (94.64)
No	3 (5.36)
Total^b	56 (100)
Ease of Finding Dates in Canada	
Very easy	5 (10.00)
Somewhat easy	17 (34.00)
Somewhat difficult	9 (18.00)
Very difficult	11 (22.00)
Does not apply - I have not been looking	8 (16.00)
Total	50 (100)
Missing	6
Dated in Canada in Past 12 Months?	
Yes	38 (77.55)
No	11 (22.45)
Total	49 (100)
Missing	7
Number of Dating Partners in Canada in Past 12 months	
0 partners	11 (22.45)
1 partner	15 (30.61)
2 partners	16 (32.65)
3 or more partners	7 (14.29)
Total	49 (100)
Missing	7

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding.

^b Three participants refused to provide a response to this question.

6.3.4.3 Proportion Dating in the Past Twelve Months

Of the participants who dated in Canada in the past five years, 77.55% reported having at least one partner in Canada in the past 12 months (see Table 6.22). Neither gender ($p = 0.7906$), age ($p = 0.4479$) nor marital status ($p = 0.7001$) were significantly associated with having dated in Canada in the past 12 months.

The mean number of partners participants who dated in Canada in the past 12 months ($N = 38$) reported was 2.66 ($SD = 5.44$, range = 1 to 35). There were no differences observed in the number of dating partners by gender ($p = 0.3627$) or age ($p = 0.3627$). Unmarried daters

(mean = 3.1, SD = 6.18) reported a slightly greater number of dating partners in Canada in the past 12 months than married daters (mean = 1.22, SD = 0.44), although the difference was not significant and will be examined further in a future large-scale study ($p = 0.1150$).

The number of dating partners in Canada in the past 12 months was not correlated with social desirability ($p = 0.5675$).

6.3.5 Sexual Behaviour with Dates in Canada

6.3.5.1 Frequency of Engagement in Sexual Activities

Participants who dated in Canada in the past 12 months were asked to indicate how often, on average, they engaged in sexual activity with their dating partners. Overall, participants reported engaging in kissing or hugging most frequently with dates in Canada followed by sexual touching or caressing, sexual intercourse and oral sex (see Table 6.23).

Kissing or Hugging

Almost all Canadian daters (95%) reported engaging in kissing or hugging with dates in the past 12 months. More specifically, 62.5% of daters engaged in kissing or hugging weekly or more often (see Table 6.23). There were no differences by gender ($p = 0.6225$), age ($p = 0.5373$) or marital status ($p = 0.7216$) observed.

Sexual Touching or Caressing

Eighty six point six seven percent of Canadian daters reported engaging in sexual touching or caressing with dates in the past 12 months. More specifically, 58.54% of daters engaged in sexual touching or caressing weekly or more often (see Table 6.23). There were no differences by gender ($p = 0.5767$), age ($p = 0.7594$) or marital status ($p = 0.9864$) observed.

Table 6.23. Frequency of Engagement in Sexual Activities with Dating Partners in Canada in the Past 12 Months (N = 45)

Sexual Activity^b	N(%)^a
Kissing or Hugging	
Not at all/Less than once per month	7 (17.50)
Once or twice per month	8 (20.00)
About once per week	8 (20.00)
More than once per week	11 (27.50)
Daily or almost daily	6 (15.00)
Total	40 (100)
Missing ^c	5
Sexual Touching or Caressing	
Not at all/Less than once per month	10 (24.39)
Once or twice per month	7 (17.07)
About once per week	13 (31.71)
More than once per week/Daily or almost daily	11 (26.83)
Total	41 (100)
Missing	4
Sexual Intercourse	
Not at all	8 (20.51)
Less than once per month	8 (20.51)
Once or twice per month	8 (20.51)
About once per week	10 (25.64)
More than once per week	5 (12.82)
Total	39 (100)
Missing	6
Oral Sex	
Not at all	19 (50.00)
Less than once per month	6 (15.79)
Once or twice per month	6 (15.79)
About once per week/More than once per week	7 (18.42)
Total	38 (100)
Missing	7

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding.

^b Response options vary as cell counts of less than five were collapsed with another category where necessary.

^c Missing category includes participants who responded with 'don't know'.

Sexual Intercourse

Over three-quarters of Canadian daters (79.49%) reported engaging in sexual intercourse with dates in the past 12 months. More specifically, 38.46% of daters engaged in sexual intercourse

weekly or more often (see Table 6.23). There were no differences by gender ($p = 0.2651$), age ($p = 0.3179$) or marital status ($p = 0.9077$) observed.

Oral Sex

A smaller proportion of Canadian daters (50%) reported engaging in oral sex with dates in the past 12 months. More specifically, only 18.42% of daters engaged in oral sex weekly or more often (see Table 6.23). There were no differences by gender ($p = 0.2093$), age ($p = 0.4898$) or marital status ($p = 0.2712$) observed.

6.3.5.2 Number of Sexual Partners

Participants who engaged in sexual intercourse with dates in Canada in the past 12 months ($N = 30$) were asked to indicate the number of partners with whom they did so.

The mean number of partners with whom these daters reported engaging in sexual intercourse with was 1.47 ($SD = 0.68$, range = 1 to 3). Specifically, 63.33% of daters engaged in sexual intercourse with one partner in Canada in the past 12 months, 26.67% engaged in sexual intercourse with two partners and 10% engaged in sexual intercourse with three partners. Males (mean = 1.73, $SD = 0.8$, range = 1 to 3) reported a greater number of sexual partners in Canada in the past 12 months than females (mean = 1.2, $SD = 0.41$, range = 1 to 2) ($t(21) = -2.30$, $p = 0.0321$). There were no differences in the number of sexual partners in Canada by age ($p = 0.6292$). Common-law daters reported a marginally greater number of sexual partners (mean = 2.5, $SD = 0.71$, range = 2 to 3) than daters who were married (mean = 1.29, $SD = 0.49$, range = 1 to 2) or widowed (mean = 1.2, $SD = 0.45$, range = 1 to 2), although the difference was not significant. Common-law daters did not report a greater number of sexual partners than those who were never-married (mean = 2, $SD = 1.41$, range = 1 to 3) or divorced (mean = 1.57, $SD = 0.79$, range = 1 to 3) ($p = 0.0914$, Duncan's post

hoc test $p \leq 0.05$). Seven participants either failed to indicate the number of partners with whom they engaged in sexual intercourse or refused.

The number of sexual partners in Canada in the past 12 months was not significantly correlated with social desirability ($p = 0.2233$).

6.3.5.3 Condom Use

Participants who engaged in sexual intercourse with dates in Canada in the past 12 months ($N = 30$) were asked to indicate whether they used condoms with these partners.

Most daters (80%) did not use condoms consistently (not at all, rarely or sometimes) with their Canadian dating partners in the past 12 months (66.67% did not use them at all). Females (86.67%) were slightly more likely than males (73.33%) to report inconsistent condom use during sexual intercourse, although the difference was not significant ($p = 0.3613$). Older daters (aged 70 years or older) were also slightly more likely to report inconsistent condom use than younger daters (less than 70 years of age), although the difference was not significant (90.31% vs. 73.68% respectively; $p = 0.2557$). Unmarried participants (82.61%) were slightly more likely than married participants (71.43%) to report inconsistent condom use during sexual intercourse, again the difference was not significant ($p = 0.5173$). All non-significant associations will be examined further in a future large-scale study. Seven participants either failed to provide a response to this question or refused.

When participants who had used a condom with their Canadian dating partners in the past 12 months ($N = 10$) were asked to indicate whether they used a condom the last time they engaged in sexual intercourse with these partners, 60% indicated that they did use a condom. Seven participants either failed to provide a response to this question or refused.

Neither condom use frequency during sexual intercourse with dates in Canada nor condom use the last they time engaged in sexual intercourse with a Canadian dating partner were observed to be correlated with social desirability ($p = 0.1310$ and $p = 0.5931$ respectively).

6.3.6 Factors Associated with HIV Testing

The majority of the study sample (73.21%) had never tested for HIV ($N = 194$) while 17.74% had tested ($N = 47$). A further 9.06% ($N = 24$) were not sure whether they had ever tested for HIV. Thirty participants failed to provide a response to this question while four participants clearly indicated their refusal to respond. These non-responders were primarily male (55.88%), married (100%) and less than 70 years of age (61.76%).

Social desirability scale scores did not differ significantly between participants who reported HIV testing versus those who did not ($p = 0.4073$).

6.3.6.1 HIV Testing: All Study Participants

All study participants, including both dating and non-dating individuals, who provided a response to the dependent variable of HIV testing were included in the following analyses ($N = 265$). For the purposes of bivariate and multivariate analyses, HIV testing was treated as a dichotomous variable with 'not sure' collapsed into 'no'.

Bivariate Analyses

Bivariate analyses were conducted to assess the associations between the independent variables and the dependent variable of having ever tested for HIV.

Socio-demographic variables. There were no differences in gender ($p = 0.7491$) or age ($p = 0.3067$) observed between participants who reported having ever tested for HIV and those who did not. However, these variables were brought forward for multivariate analysis in order to control for their effects on the dependent variable. Gender was also brought forward because of a

possible interaction effect with the variable ‘have you dated or started a new relationship in the past five years’. Unmarried participants (35.94%) were more likely than married participants (11.94%) to have ever tested for HIV ($\chi^2 (1) = 19.16, p \leq 0.0001$). Additionally, non-retired participants (24.53%) were more likely than retired participants (16.04%) to have ever tested ($\chi^2 (1) = 2.10, p = 0.1478$). Educational attainment ($p = 0.7906$) and income ($p = 0.8628$) were not significantly associated with having tested (see Table 6.24).

Dating variables. Participants who dated in the past five years (30.91%) were more likely to have ever tested for HIV than those who did not date (14.29%) ($\chi^2 (1) = 8.25, p = 0.0041$) (see Table 6.25). There was a significant interaction between gender, dating and HIV testing observed. Specifically, males who dated (44.44%) were more likely to have tested than females who dated (17.86%) ($\chi^2 (1) = 4.55, p = 0.0329$). Age ($p = 0.7260$) and marital status ($p = 0.6523$) were not significantly associated with HIV testing amongst participants who dated in the past five years.

Participants who dated in Canada in the past five years (30.77%) were more likely to have ever tested for HIV than those who did not date (14.55%) ($\chi^2 (1) = 7.53, p = 0.0061$) (see Table 6.25). There was a significant interaction between gender, dating in Canada and HIV testing observed. Specifically, males who dated (44%) were more likely to have ever tested than females who dated (8.52%) ($\chi^2 (1) = 3.96, p = 0.0467$). Age ($p = 0.8825$) and marital status ($p = 0.4878$) were not significantly associated with HIV testing amongst participants who dated in Canada in the past five years.

Table 6.24. Bivariate Associations Between Socio-Demographic Variables and HIV Testing (N = 265)

	N ^a	Ever HIV Tested N (%)	p-value
Gender			
Female	124	21 (16.94)	0.7491
Male	141	26 (18.44)	
	265		
Age			
Less than 65 years of age	101	21 (20.79)	0.3067
65 years or age or more	164	26 (15.85)	
	265		
Marital Status			
Married	201	24 (11.94)	≤0.0001
Unmarried ^b	64	23 (35.94)	
	265		
Highest Level of Education			
High school or less	72	11 (15.28)	0.7906
Certificate/diploma below Bachelor's level	93	18 (19.35)	
Bachelor's degree or higher	100	18 (18.00)	
	265		
Employment Status			
Retired	212	34 (16.04)	0.1478
Not Retired	53	13 (24.53)	
	265		
Annual Household Income			
Less than \$40,000	68	12 (17.65)	0.8628
\$40,000 to \$74,999	95	16 (16.84)	
\$75,000 or greater	96	19 (19.79)	
	259		

^a Sample sizes vary due to missing values

^b Including common-law, never-married, widowed and divorced participants.

Participants who dated in Florida in the past five years (27.27%) were more likely to have ever tested for HIV than those who did not date (16.38%) ($\chi^2 (1) = 2.35, p = 0.1253$) (see Table 6.25). Gender ($p = 0.2862$), age ($p = 0.8166$) and marital status ($p = 0.2660$) were not significantly associated with HIV testing amongst participants who dated in Florida in the past five years.

Participants who dated one partner (either a Canadian, Floridian or other American) in the past 12 months were the most likely to have ever tested for HIV (36.36%) followed next by those

who dated two partners (32.35%). Participants who reported no dating partners were the least likely to have ever tested for HIV (14.55%) ($\chi^2 (2) = 9.13, p = 0.0104$) (see Table 6.25).

Table 6.25. Bivariate Associations Between Dating Variables and HIV Testing (N = 265)

	N	Ever HIV Tested N (%)	p-value
Dated in the Past Five Years			
No	210	30 (14.29)	0.0041
Yes	55	17 (30.91)	
	265		
Dated in Canada in the Past Five Years			
No	213	31 (14.55)	0.0061
Yes	52	16 (30.77)	
	265		
Dated in Florida in the Past Five Years			
No	232	38 (16.38)	0.1253
Yes	33	9 (27.27)	
	265		
Number of Dating Partners in the Past 12 Months^a			
0 partners	220	32 (14.55)	0.0104
1 partner	11	4 (36.36)	
2 or more partners	34	11 (32.35)	
	265		

^a including Canadian, Floridian or other American partners.

Sexual behaviour variables . Participants who engaged in sexual intercourse with one dating partner (either a Canadian , Floridian or other American) in the past 12 months were the most likely to have ever tested for HIV (46.15%) followed next by those who had two sexual partners (28.57%). Participants who reported no sexual partners were the least likely to have tested (15.25%) ($\chi^2 (2) = 9.76, p = 0.0076$) (see Table 6.26). Those who engaged in sexual intercourse weekly or more often (41.67%) with a date over the past 12 months were more likely to have ever tested than those who engaged in sexual intercourse less than weekly (15.45%) ($\chi^2 (1) = 10.18, p = 0.0014$) (see Table 6.26). Participants who reported consistent condom use (all of the time or usually) during sexual intercourse with a date over the past 12 months were also more likely to have ever tested for HIV than those who reported inconsistent condom use (66.67% vs. 28.85% respectively; $\chi^2 (1) = 1.90,$

p = 0.1681) (see Table 6.26). However, this variable was not brought forward for multivariate analysis due to the small number of individuals who were asked this question (N = 55).

Participants who had been diagnosed with a sexually transmitted infection (STI) in the past five years (yes/not sure) were more likely to have ever tested for HIV than those who did not have an STI (33.33% vs. 15.97% respectively; $\chi^2(1) = 5.01, p = 0.0252$) (see Table 6.26).

Table 6.26. Bivariate Associations Between Sexual Behaviour Variables and HIV Testing

	N ^a	Ever HIV Tested N (%)	p-value
Number of Sexual Partners in the Past 12 Months^b			
0 partners	223	34 (15.25)	0.0076
1 partner	13	6 (46.15)	
2 or more partners	21	6 (28.57)	
	257		
Frequency of Sexual Intercourse with Dates^b in the Past 12 Months			
Less than weekly ^c	233	36 (15.45)	0.0014
Weekly or more often	24	10 (41.67)	
	257		
Condom Use with Dates^b in the Past 12 Months^d			
Inconsistent use	52	15 (28.85)	0.1681
Consistent use	3	2 (66.67)	
	55		
Diagnosed with STI in the Past Five Years			
No	238	38 (15.97)	0.0252
Yes/Not sure	27	9 (33.33)	
	265		

^a Sample sizes vary due to missing values and questionnaire skip patterns

^b Includes Canadian, Floridian or other American partners

^c Includes those who responded with 'not at all'.

^d Where inconsistent use = not at all, rarely or sometimes and consistent use = all of the time or usually.

Neither participants who asked their doctor about sex nor those who had been asked about sex by their doctor were more likely to have tested for HIV than those who had no discussion (see Table 6.27). However, a significant interaction was observed between the variables 'has a doctor asked you about your sexual life in the past five years', marital status and HIV testing. Specifically, unmarried participants (47.37%) whose doctor had 'asked them' about

sex were more likely to have tested for HIV than married participants who reported the same (10.29%) ($\chi^2 (1) = 13.60, p = 0.0002$). Gender ($p = 0.8053$) and age ($p = 0.7273$) were not significantly associated with HIV testing amongst participants whose doctor had asked them about sex. An additional interaction was observed between the variables ‘have you asked a doctor any questions about your sexual life in the past five years’, marital status and HIV testing. Specifically, unmarried participants (53.33%) who ‘asked’ their doctor about sex were more likely to have tested for HIV than married participants who reported the same (10.34%) ($\chi^2 (1) = 14.21, p = 0.0002$). Gender ($p = 0.9932$) and age ($p = 0.4682$) were not significantly associated with HIV testing amongst participants who had asked their doctor about sex.

Participants who reported discussing sexual risk-behaviour with their doctor since age 50 (52.17%) were more likely to have ever tested for HIV than those who did not report this (14.72%) ($\chi^2 (1) = 20.74, p \leq 0.0001$) (see Table 6.27). Neither gender ($p = 0.8274$), age ($p = 0.8548$) nor marital status ($p = 0.9013$) were significantly associated with HIV testing amongst those who reported talking to their doctor.

Sexual attitude variables. Table 6.28 illustrates the associations between the sexual attitude variables and HIV testing. Regarding the factor ‘sex is a pleasurable experience’, participants who had tested for HIV (mean = 4.46) were more likely to endorse this statement compared to those who had never tested (mean = 4.12) ($t (248) = - 2.79, p = 0.0057$). As well, regarding the factor ‘sex is important in my life’, participants who had tested for HIV (mean = 3.78) were more likely to endorse this statement compared to those who had never tested (mean = 3.48) ($t (254) = - 2.61, p = 0.0095$). Finally, regarding the individual attitude variable, ‘there is too much emphasis on sex in our culture today’, participants who had never been tested for HIV (mean = 3.53) were more likely to endorse this statement compared to those who had tested (mean = 3.18) ($t (255) = 2.04, p = 0.0424$).

Table 6.27. Bivariate Associations Between Senior-Physician Communication Variables and HIV Testing (N = 265)

	N ^a	Ever HIV Tested N (%)	p-value
Doctor Asked You About Your Sexual Life in the Past Five Years			
No	175	30 (17.14)	0.8026
Yes	87	16 (18.39)	
	262		
You Asked a Doctor Questions About Your Sexual Life in the Past Five Years			
No	187	32 (17.11)	0.6949
Yes	73	14 (19.18)	
	260		
Discussed Sexual risk-behaviour with a Doctor Since the Age of 50			
No	238	34 (14.29)	≤0.0001
Yes	23	12 (52.17)	
	261		

^a Sample sizes vary due to missing values

Table 6.28. Bivariate Associations Between the Sexual Attitude Variables and HIV Testing (N = 265)

	Ever HIV Tested		Never HIV Tested		p-value
	N ^a	Mean ^b (SD)	N ^a	Mean ^b (SD)	
Factors:					
Sex is a pleasurable experience	43	4.46 (0.70)	207	4.12 (0.75)	0.0057
Sex is important in my life	44	3.78 (0.66)	212	3.48 (0.68)	0.0095
Individual Sexual Attitude Variables:					
There is too much emphasis on sex in our culture today	45	3.18 (1.11)	212	3.53 (1.03)	0.0424
Sex becomes less important to people as they age	43	2.98 (1.22)	212	3.19 (1.02)	0.2323
People should not have a sexual relationship if they are not married	44	2.07 (1.09)	211	2.22 (1.07)	0.3856

^a Sample sizes vary due to missing values

^b Scores ranged from 1 to 5, where 1= strongly disagree and 5 = strongly agree.

Health insurance and health care utilization variables. None of the selected health insurance and health care utilization variables were significantly associated with HIV testing (see Table 6.29).

Table 6.29. Bivariate Associations Between Health Insurance/Health Care Utilization Variables and HIV Testing (N = 265)

	N	Ever HIV Tested N (%)	p-value														
Purchase Travel Health Insurance Prior to Travelling to Florida																	
No	64	13 (20.31)	0.5355														
Yes	201	34 (16.92)															
	265																
Filed Claim Against Travel Medical Insurance in the Past Five Years																	
No	170	32 (18.82)	0.5352														
Yes	95	15 (15.79)															
	265																
Visited Family Doctor for Thorough Check-Up Before Travelling to Florida																	
No	84	16 (19.05)	0.7033														
Yes	181	31 (17.13)															
	265																
	<table border="1"> <thead> <tr> <th colspan="2">Ever HIV Tested</th> <th colspan="2">Never HIV Tested</th> <th rowspan="2">p-value</th> </tr> <tr> <th>N</th> <th>Mean (SD)</th> <th>N</th> <th>Mean (SD)</th> </tr> </thead> <tbody> <tr> <td>47</td> <td>2.38 (1.94)</td> <td>218</td> <td>2.29 (1.96)</td> <td>0.7651</td> </tr> </tbody> </table>		Ever HIV Tested		Never HIV Tested		p-value	N	Mean (SD)	N	Mean (SD)	47	2.38 (1.94)	218	2.29 (1.96)	0.7651	
Ever HIV Tested		Never HIV Tested		p-value													
N	Mean (SD)	N	Mean (SD)														
47	2.38 (1.94)	218	2.29 (1.96)	0.7651													
Number of Prescription Medications Taken (over 2 day period)																	

Multivariate Analyses

Multicollinearity

Several independent variables significant at the bivariate level were not selected for inclusion in logistic regression modelling due to multicollinearity issues. The variables ‘dated in the past five years’, ‘dated in Canada in the past five years’, ‘dated in Florida in the past five years’, ‘number of dating partners in the past 12 months’ and ‘number of sexual partners in the past 12 months’ were all significantly associated with one another ($p \leq 0.0001$). ‘Dated in the past five years’ was the most logical variable to retain for logistic regression modelling as all of the other variables listed stemmed from this main dating variable. Additionally, ‘have you asked a doctor questions about your sexual life in the past five years’ and ‘has a doctor asked you about

your sexual life in the past five years' were significantly associated with one another ($p \leq 0.0001$). The latter variable was chosen for inclusion in logistic regression modelling as it had a higher item response rate. 'STI diagnosis' was not retained for logistic regression modelling as it was significantly associated with the variable 'have you discussed sexual risk-behaviour with a doctor since the age of 50' ($p \leq 0.0001$). Finally, the variables 'there is too much emphasis on sex in our culture today', 'sex is a pleasurable experience' and 'sex is important in my life' were significantly associated with one another ($p \leq 0.0001$). The latter variable was chosen for inclusion in logistic regression modelling as it was the most highly significant at the multivariate level compared to the other two sexual attitude variables.

Model Building

Variable selection. Following the exclusion of variables possessing issues of multicollinearity, the following variables significant at a p-value ≤ 0.20 at the bivariate level were selected for inclusion in logistic regression modelling: gender, age, marital status, employment status, dated in the past five years, frequency of sexual intercourse, sex is important in my life, has a doctor asked you about your sexual life in the past five years and have you discussed sexual risk-behaviour with a doctor since age 50. Two interaction terms were also included in the modelling: 'gender' by 'dated in the past five years' and 'marital status' by 'has a doctor asked you about your sexual life in the past five years'.

Treatment of variables. Age was treated as a dichotomous categorical variable throughout bivariate and multivariate analyses.

Final Model

Backwards elimination was used to determine the most parsimonious logistic regression model for the dependent variable ever tested for HIV. Only variables with a p-value of $p \leq 0.10$ remained in the final model (see Table 6.30)

Socio-demographic variables. Participants aged 50 to 64 years were two times more likely to test than those aged 65 years or older. Additionally, unmarried participants were five times more likely to test than married participants. Gender was retained in the final logistic regression model due to an interaction with ‘dated in the past five years (see section entitled Interaction Terms below). Employment status was dropped as it was no longer significant in the final logistic regression model ($p \geq 0.10$).

Dating variables. The variable ‘dated in the past five years’ was retained in the final logistic regression model due to an interaction with gender (see section entitled Interaction Terms below).

Sexual behaviour variables. One sexual behaviour variable was retained in the final logistic regression model: ‘have you discussed sexual risk-behaviour with a doctor since the age of 50’. Specifically, the odds of HIV testing were increased for those who reported talking to their doctor about sexual risk-behaviour (OR = 4.41). The variable ‘frequency of sexual intercourse’ was dropped from the logistic regression model despite being significantly associated with the dependent variable at the bivariate level.

Sexual attitude variables. The factor ‘sex is important in my life’ was retained in the final logistic regression model. Specifically, the odds of HIV testing were increased for participants who reported that sex is important in their lives (OR = 2.46).

Table 6.30. Final Logistic Regression Model to Predict HIV Testing (N = 252)

	OR (CI ₉₅)	p-value ^a
Socio-Demographic Variables		
Age		
Less than 65 years of age	2.07 (0.95-4.52)	0.0677
65 years of age or older (<i>ref</i>)	1.00	
Marital Status		
Unmarried	4.95 (1.83-13.35)	0.0016
Married (<i>ref</i>)	1.00	
Gender		
Male	0.64 (0.26 -1.58)	0.3281
Female (<i>ref</i>)	1.00	
Dating Variables		
Dated in Past Five Years		
Yes	0.10 (0.02-0.55)	0.0080
No (<i>ref</i>)	1.00	
Sexual Behaviour Variables		
Discussed Sexual risk-behaviour with Doctor Since the Age of 50		
No (<i>ref</i>)	1.00	0.0155
Yes	4.41 (1.33-14.67)	
Sexual Attitude Variables		
Sex is Important in my Life	2.46 (1.34 - 4.52)	0.0037
Interaction Terms		
Dated in Past Five Years*Gender (male)	21.33 (3.36-135.46)	0.0012
<i>Model Statistics: Hosmer-Lemeshow goodness of fit test: $\chi^2 (8) = 7.05, p = 0.5308$</i>		

^a p-value reported for Wald chi-square statistic

Interaction terms. The interaction term ‘dated in the past five years’ by ‘gender’ was retained in the final model. Specifically, it was observed that dating males were more likely to test than non-dating males (OR = 2.15). Dating females were not more likely to test than non-dating females (OR = 0.10); and males who dated were 13.56 times more likely to test than females who dated. The interaction term ‘marital status’ by ‘has a doctor asked you about your sexual life in the past five years’ was dropped from the final logistic regression model as it was no longer significant at the multivariate level ($p \geq 0.10$).

6.3.6.2 HIV Testing: Dating Participants Only

The small number of participants who reported dating within the past five years (N = 56) prevents the multivariate analysis of HIV testing due to low power. Instead, bivariate analyses

were conducted in order to examine the association between the independent variables and the dependent variable of HIV testing within this sub-sample. These analyses were undertaken to describe who was most likely to have ever tested for HIV amongst dating participants. As in the previous section, HIV testing was treated as a dichotomous variable with 'not sure' collapsed into 'no'. As well, dating or sexual partners in the past 12 months include Canadian, Floridian or other American partners together.

The majority of dating participants (52.73%) had never been tested for HIV (N = 29) while 30.91% had been tested (N = 17). A further 16.36% (N = 9) of participants were not sure whether they had ever been tested for HIV. One dating participant failed to provide a response to this question.

Socio-demographic variables. Male daters (44.44%) were more likely than female daters (17.86%) to have ever tested for HIV ($\chi^2 (1) = 4.55, p = 0.0329$). HIV testing amongst dating participants was not significantly associated with: age ($p = 0.7290$), marital status ($p = 0.6532$), educational attainment ($p = 0.1751$), employment status ($p = 0.8265$) or income ($p = 0.2074$) (see Table 6.31). Social desirability scale scores did not differ significantly between participants who reported HIV testing and those who did not ($p = 0.8081$).

Dating variables. Participants who dated in Canada in the past five years were no more likely to have ever tested for HIV than those who did not ($p = 0.9255$) (see Table 6.32). However, males who dated in Canada (44%) were more likely than females who dated (18.52%) to have ever tested for HIV ($\chi^2 (1) = 3.96, p = 0.0467$). Age ($p = 0.8900$) and marital status ($p = 0.4878$) were not significantly associated with HIV testing amongst those who dated in Canada. Participants who dated in Florida in the past five years were no more likely to have ever tested for HIV than those who did not ($p = 0.4748$) (see Table 6.32). Gender ($p = 0.2862$), age ($p = 0.8460$) and marital

status ($p = 0.2660$) were not significantly associated with HIV testing amongst those who dated in Florida. HIV testing was not significantly associated with the number of dating partners in the past 12 months ($p = 0.6895$) (see Table 6.32).

Table 6.31. Bivariate Associations Between Socio-Demographic Variables and HIV Testing Amongst Dating Participants (N = 55)

	N	Ever HIV Tested N (%)	p-value
Gender			
Female	28	5 (17.86)	0.0329
Male	27	12 (44.44)	
	55		
Age			
Less than 65 years of age	18	5 (27.78)	0.7260
65 years of age or more	37	12 (32.43)	
	55		
Marital Status			
Married	14	5 (35.71)	0.6523
Unmarried ^a	41	12 (29.27)	
	55		
Highest Level of Education			
High school or less	10	1 (10.00)	0.1751
Certificate/diploma below Bachelor's level	24	7 (29.17)	
Bachelor's degree or higher	21	9 (42.86)	
	55		
Employment Status			
Retired	41	13 (31.71)	0.8265
Not Retired	14	4 (28.57)	
	55		
Annual Household Income			
Less than \$40,000	17	3 (17.65)	0.2074
\$40,000 to \$74,999	23	7 (30.43)	
\$75,000 or greater	15	7 (46.67)	
	55		

^a Including common-law, never-married, widowed and divorced participants.

Table 6.32. Bivariate Associations Between Dating Variables and HIV Testing Amongst Dating Participants (N = 55)

	N	Ever HIV Tested N (%)	p-value
Dated in Canada in the Past Five Years			
No	3	1 (33.33)	0.9255
Yes	52	16 (30.77)	
	55		
Dated in Florida in the Past Five Years			
No	22	8 (36.36)	0.4748
Yes	33	9 (27.27)	
	55		
Number of Dating Partners in the Past 12 Months^a			
0 partners	10	2 (20.00)	0.6895
1 partner	11	4 (36.36)	
2 or more partners	34	11 (32.35)	
	55		

^a Includes Canadian, Floridian or other American partners

Sexual behaviour variables. Daters who reported discussing sexual risk-behaviour with their doctor since the age of 50 (52.94%) were more likely to have ever tested for HIV than those who did not talk to their doctor (18.92%) ($\chi^2 (1) = 14.21, p = 0.0002$) (see Table 6.33). Gender ($p = 0.4566$), age ($p = 0.8774$) and marital status ($p = 0.5997$) were not significantly associated with HIV testing amongst participants who talked to their doctor. Daters who were diagnosed with an STI (yes/not sure) in the past five years were marginally more likely to have ever tested for HIV than those who did not have an STI, although the difference was not significant (47.06% vs. 23.68% respectively; $p = 0.0830$) (see Table 6.33).

HIV testing amongst dating participants was not significantly associated with: the number of sexual partners in the past 12 months ($p = 0.5512$), the frequency of engagement in sexual intercourse with dates ($p = 0.2598$), condom use with dates ($p = 0.1681$), having a doctor ‘ask them questions’ about their sexual life in the past five years ($p = 0.2005$) or having ‘asked’ a doctor questions about their sexual life in the past five years ($p = 0.2005$) (see Table 6.33).

Table 6.33. Bivariate Associations Between Sexual Behaviour Variables and HIV Testing Amongst Dating Participants (N = 55)

	N ^a	Ever HIV Tested N (%)	p-value
Number of Sexual Partners in the Past 12 Months^b			
0 partners	13	4 (30.77)	0.5512
1 partner	13	6 (46.15)	
2 or more partners	21	6 (28.57)	
	47		
Frequency of Sexual Intercourse with Dates in the Past 12 Months			
Less than weekly ^c	23	6 (26.09)	0.2598
Weekly or more often	24	10 (41.67)	
	47		
Condom Use with Dates in the Past 12 Months^d			
Inconsistent use	52	15 (28.85)	0.1681
Consistent use	3	2 (66.67)	
	55		
Diagnosed with STI in the Past Five Years			
No	38	9 (23.68)	0.0830
Yes/Not sure	17	8 (47.06)	
	55		
Doctor Asked You About Your Sexual Life in the Past Five Years			
No	34	8 (23.53)	0.2005
Yes	20	8 (40.00)	
	54		
You Asked Doctor Questions About Your Sexual Life in the Past Five Years			
No	34	8 (23.53)	0.2005
Yes	20	8 (40.00)	
	54		
Discussed Sexual risk-behaviour with Doctor Since the Age of 50			
No	37	7 (18.92)	0.0110
Yes	17	9 (52.94)	
	54		

^a Sample sizes vary due to missing values.

^b Includes Canadian, Floridian or other American partners.

^c Includes daters who responded with 'not at all'.

^d Where inconsistent use = not at all, rarely or sometimes and consistent use = all of the time or usually.

Sexual attitude variables. Daters who had tested for HIV (mean = 4.75) were marginally more likely to endorse the factor 'sex is a pleasurable experience' than those who had never tested (mean = 4.43), although the difference was not significant (p = 0.0750). HIV testing was not significantly associated

with the factor ‘sex is important in my life’ ($p = 0.3046$). HIV testing was also not significantly associated with the following individual sexual attitude variables: sex becomes less important to people as they age ($p = 0.2734$), there is too much emphasis on sex in our culture today ($p = 0.8046$) and people should not have a sexual relationship if they are not married ($p = 0.8945$) (see Table 6.34).

Table 6.34. Bivariate Associations Between Sexual Attitude Variables and HIV Testing Amongst Dating Participants (N = 55)

	Ever HIV Tested		Never HIV Tested		p-value
	N	Mean ^a (SD)	N	Mean ^a (SD)	
Factors:					
Sex is a pleasurable experience	17	4.75 (0.49)	38	4.43 (0.63)	0.0750
Sex is important in my life	17	3.81 (0.62)	38	3.64 (0.55)	0.3046
Individual Sexual Attitude Variables:					
Sex becomes less important to people as they age	17	2.53 (1.33)	38	2.89 (1.03)	0.2734
There is too much emphasis on sex in our culture today	17	3.24 (1.03)	38	3.32 (1.14)	0.8046
People should not have a sexual relationship if they are not married	17	1.88 (0.99)	38	1.92 (1.0)	0.8945

^a Scores ranged from 1 to 5, where 1 = strongly disagree and 5 = strongly agree

Health insurance and health care utilization variables. None of the selected health insurance and health care utilization variables were significantly associated with HIV testing amongst dating participants (see Table 6.35).

Table 6.35. Bivariate Associations Between Health Insurance/Health Care Utilization Variables and HIV Testing Amongst Dating Participants (N = 55)

	N	Ever HIV Tested N (%)	p-value			
Purchase Travel Health Insurance Prior to Travelling to Florida						
No	11	4 (36.36)	0.6616			
Yes	44	13 (29.55)				
	55					
Filed Claim Against Travel Medical Insurance in the Past Five Years						
No	33	11 (33.33)	0.6337			
Yes	22	6 (27.27)				
	55					
Visited Family Doctor for Thorough Check-Up Before Travelling to Florida						
No	16	6 (37.50)	0.4981			
Yes	39	11 (28.21)				
	55					
		Ever HIV Tested	Never HIV Tested			
		N	Mean (SD)	N	Mean (SD)	p-value
Number of Prescription Medications Taken (2 day period)	17	2 (1.37)	38	1.71 (1.45)	0.4897	

6.3.6.3 Reasons for Testing

Canadian snowbirds who reported having ever tested for HIV (N = 47) within the study sample were asked to indicate the reasons why they tested. These participants were able to select all responses that applied. Four reasons were found to be most commonly cited, these included: ‘I wanted to know’, ‘doctor suggested it’, ‘blood donation’ and ‘life or travel insurance’. All four were equally strongly endorsed as reasons for testing. The same four participants who refused to indicate their HIV testing status also refused to respond to this question.

I wanted to know. Close to one quarter of participants (23.53%) reported having been tested for HIV because they wanted to know their status. There were no gender differences observed between participants who chose this reason for testing and those who did not (p = 0.6676).

Older participants (mean = 68.92 years, SD = 5.62) were marginally more likely than younger participants (mean = 65.11 years, SD = 6.51) to cite this reason for testing, although the difference was not significant ($p = 0.0781$). Additionally, unmarried participants (39.13%) were more likely than married participants (12.5%) to report being tested because they wanted to know ($\chi^2 (1) = 4.38, p = 0.0363$).

Doctor suggested it. A slightly smaller proportion of participants (23.4%) reported being tested for HIV because a doctor suggested it. There were no differences by gender ($p = 0.9530$), age ($p = 0.8775$) or marital status ($p = 0.7918$) observed between participants who chose this reason for testing and those who did not.

Blood donation. Blood donation was reported as a reason for testing by 23.4% of participants. There were no differences by gender ($p = 0.5261$), age ($p = 0.2049$) or marital status ($p = 0.1005$) observed.

Life and travel insurance. Under one-quarter of participants (21.28%) reported being tested for HIV for life or travel insurance purposes. Males (30.77%) were marginally more likely than females (9.52%) to report this as a reason for why they tested, although the difference was not significant ($p = 0.0768$). There were no differences by age ($p = 0.9935$) or marital status ($p = 0.1770$) observed.

6.3.7 Factors Associated with Inconsistent Condom Use with Non-Spouse Partners

The small number of participants who reported engaging in sexual intercourse with a non-spouse partner in the past 12 months ($N = 34$) prevents the multivariate analysis of inconsistent condom use during sexual intercourse with these partners due to low power. Instead, bivariate analyses were conducted in order to explore who was most likely to have used condoms inconsistently when engaging in sexual intercourse with a non-spouse partner.

For the purposes of this research objective, non-spouse partners included dating partners in both Canada and Florida (Canadian snowbirds, Floridians and other Americans) in the past 12 months. Even with these groups combined, the number of daters who engaged in sexual intercourse with non-spouse partners in the past 12 months was low ($N = 34$). Therefore, even though bivariate p -values are not significant, trends towards significance will be highlighted. All non-significant associations will be examined further in a future large-scale study.

Condoms were used inconsistently (sometimes, rarely or not at all) by 82.35% of participants who engaged in sexual intercourse with a non-spouse partner in the past 12 months. Females (88.24%) were slightly more likely than males (76.47%) to report inconsistent condom use with non-spouse partners, although the difference was not significant ($p = 0.3683$). Additionally, older participants (aged 70 years or older) were slightly more likely than younger participants (less than 70 years of age) to report inconsistent condom use, again the difference was not significant (92.31% vs. 76.19% respectively; $p = 0.1778$). Unmarried participants (84.62%) were slightly more likely than married participants (75%) to report inconsistent condom use, however, the difference was not significant ($p = 0.5327$).

Participants who reported having never been tested for HIV (86.36%) were slightly more likely to report inconsistent condom use than those who had tested (75%), although the difference was not significant ($p = 0.4062$). Participants who had been diagnosed with a sexually transmitted infection in the past five years (yes/not sure) were slightly more likely to report inconsistent condom use than those who had not, again the difference was not significant (91.67% vs. 77.27% respectively; $p = 0.2927$).

Participants who reported that their doctor had not 'asked them' questions about their sexual life in the past five years (85.71%) were slightly more likely to report inconsistent condom

use than those who did talk to their doctor (75%), although the difference was not significant ($p = 0.4427$). Participants who reported not talking to their doctor about sexual risk-behaviour since age 50 (88.89%) were slightly more likely to report inconsistent condom use than those who did talk to their doctor (78.57%), again the difference was not significant ($p = 0.4252$).

Participants who reported being uncomfortable or somewhat comfortable buying or getting condoms (94.74%) were more likely to report inconsistent condom use than those who reported being very comfortable (54.55%) ($\chi^2 (1) = 7.03, p = 0.0080$). Condom use with non-spouse partners was not significantly associated with: the frequency of engagement in sexual intercourse with dates ($p = 0.8163$), the number of sexual partners in the past 12 months ($p = 0.7854$) or whether they ‘asked’ a doctor any questions about their sexual life in the past five years ($p = 0.8047$)

6.4 Objective (ii): To Determine How Canadian Snowbirds are Interacting Socially With Floridians and Other Americans/ Snowbirds While Residing in Florida

6.4.1 Social Networks and Socializing Characteristics

It was important to examine the social activity of Canadian snowbirds in Florida in order to determine: how socially active they are within their winter host communities, with whom they associate and whether socializing translates to dating while residing in Florida for the winter season.

6.4.1.1 Number of Close Friends/Relatives

Participants were first asked to indicate the number of close friends and/or relatives living within an hour’s drive of their Florida home. The number of close friends or relatives was asked about in one question, not separately. A large proportion of Canadian snowbirds (85.95%) reported having at least one close friend/relative living within an hour’s drive of their Florida home (see Table 6.36). More specifically, the study sample reported having an average of 9.74 close

friends/relatives in Florida (SD = 12.48, range = 1 to 100). It is important to note that 14.05% of the sample indicated having no close friends/relatives living near their homes in Florida (see Table 6.36). There were no differences by gender ($p = 0.7782$) or marital status ($p = 0.5709$) observed between participants who reported having no versus some close friends/relatives. However, there was a marginally significant age difference observed with a greater proportion of participants aged 65 years or less reporting zero friends (19.64%) compared with participants aged 65 to 70 years (9.52%), and those over 70 years of age (12.66%), although the difference was not significant ($p = 0.0964$).

Never-married participants reported having the greatest number of close friends/relatives living within an hour's drive of their Florida home (mean = 17.25; SD = 17.08, range = 1 to 40). This was compared to married (mean = 10.20; SD = 13.55, range = 1 to 100), widowed (mean = 8.93; SD = 6.29, range = 0 to 25), divorced (mean = 6.18; SD = 4.38, range = 0 to 14) and common-law participants (mean = 6.00; SD = 5.54, range = 0 to 15). Older participants reported a marginally greater number of close friends/relatives in Florida than younger participants, although the difference was not significant ($p = 0.0898$). Specifically, it was observed that participants over the age of 70 years had an average of 11.76 close friends/relatives in Florida (SD = 13.62, range = 0 to 100) while participants aged 65 to 70 years and less than 65 years of age had an average of 10.22 (SD = 13.06, range = 0 to 100) and 7.3 close friends/relatives (SD = 10.94, range = 0 to 100) respectively. Gender was not significantly associated with the number of close friends/relatives in Florida ($p = 0.9155$).

An association was observed between the number of years wintering in their current area in Florida and the number of close friends/relatives living within an hour's drive of their Florida home. Specifically, the greater the number of years wintering in their current area in the Florida,

the greater the number of close friends/relatives Canadian snowbirds reported ($r = 0.33$, $p \leq 0.0001$). A similar trend was observed with respect to the number of years wintering in a southern location ($r = 0.28$, $p \leq 0.0001$). Additionally, it was observed that the longer the length of stay in Florida (in months), the greater the number of close friends/relatives Canadian snowbirds reported ($r = 0.27$, $p \leq 0.0001$).

Canadian snowbirds who maintained a more permanent secondary residence in Florida reported a greater number of close friends/relatives. That is, participants who lived in a mobile home (mean = 13.20; SD = 17.63, range = 0 to 100), house/town house (mean = 10.95; SD = 11.63, range = 0 to 50) or condominium/apartment (mean = 9.29; SD = 10.83, range = 0 to 100) on their latest trip to Florida reported a greater number of close friends/relatives compared to participants who lived in a motel/hotel unit (mean = 5.59; SD = 4.80, range = 0 to 15) or trailer/RV (mean = 5.27; SD = 5.32, range = 0 to 25) ($F(4) = 2.97$, $p = 0.0197$, Duncan's post hoc test $p = 0.05$). Participants who lived in a seniors-only building/complex (mean = 12.75; SD = 15.65, range = 1 to 100) also reported a greater number of close friends/relatives than those who did not (mean = 8.37; SD = 10.31, range = 1 to 100) ($t(150) = -2.54$, $p = 0.0122$). Finally, participants who owned their Florida accommodation reported a greater number of close friends/relatives (mean = 12.91; SD = 17.23, range = 0 to 100) than those who rented their accommodation (mean = 7.71; SD = 7.45, range = 0 to 50) ($t(146) = -3.05$, $p = 0.0027$).

Table 6.36 Social Networks and Socializing Characteristics of Canadian Snowbirds

	N (%) ^a		N (%) ^a
Number of Friends/ Relatives in Florida		Frequency of Contact with Floridian Friends in Florida	
0	42 (14.05)	Less than once a month	7 (5.26)
1 - 3	40 (13.38)	2-3 times/month	16 (12.03)
4 - 5	39 (13.04)	Once per week	18 (13.53)
6 - 9	60 (20.07)	2-3 times/week	38 (28.57)
10 - 15	65 (21.74)	4-5 times/week	22 (16.54)
16 - 20	28 (9.36)	About everyday	32 (24.06)
20 or more	25 (8.36)	Total	133 (100)
Total	299 (100)	Missing	1
Type of Friends/ Relatives in Florida		Maintain Contact with Floridian Friends Throughout the Year	
Canadians		Yes, most or all	56 (42.75)
0		Yes, some	68 (51.91)
1 - 3	64 (21.40)	No, none	7 (5.34)
4 - 6	66 (22.07)	Total	131 (100)
7 - 9	93 (31.10)	Missing	2
10 or more	34 (11.37)		
Total	42 (14.05)		
Floridians	299 (100)		
0			
1 - 3	165 (55.18)		
4 - 6	61 (20.40)		
7 - 9	50 (16.72)		
10 or more	13 (4.35)		
Total	10 (3.34)		
Other Americans	299 (100)		
0			
1 - 3	169 (56.52)		
4 - 6	59 (19.73)		
7 - 9	34 (11.37)		
10 or more	16 (5.35)		
Total	21 (7.02)		
Neither Canadian/ American	299 (100)		
0	282 (94.31)		
1 - 2	12 (4.01)		
3 or more	5 (1.67)		
Total	299 (100)		

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding.

6.4.1.2 Types of Close Friends/Relatives

Most close friends/relatives living within an hour's drive of the participant's Florida home were Canadian (mean = 5.37; SD = 7.39, range = 0 to 80). This is in contrast to other types

of close friends/relatives which included: other Americans (mean = 2.44; SD=4.65, range = 0 to 30), Floridians (mean = 1.98; SD = 3.42, range = 0 to 30) and individuals that were neither Canadian nor American (mean = 0.15; SD = 0.82, range = 0 to 10). Over three-quarters of the study sample (78.59%) indicated having at least one close Canadian friend/relative living near their Florida home. A smaller proportion of the study sample (44.82%) reported having at least one close Floridian friend/relative in Florida. Similarly, 43.48% of the sample reported having at least one other American close friend/relative in Florida. Very few participants (5.68%) within the sample indicated having one or more non-Canadian or American friends living in close proximity to their Florida home (see Table 6.36).

No differences were observed by gender regarding the number of Canadian ($p = 0.9386$), Floridian ($p = 0.6859$), other American ($p = 0.8195$) or close friends/relatives who are neither Canadian nor American ($p = 0.4852$) in Florida. Married participants were more likely than unmarried participants to report having close friends/relatives living near their Florida home who were Canadians (mean = 5.71 (SD = 8.04, range = 0 to 80) vs. mean = 4.09 (SD = 4.05, range = 0 to 25) respectively; $t(207) = -2.23$, $p = 0.0271$) or other Americans (mean = 2.67 (SD = 5.1, range = 0 to 30) vs. mean = 1.61 (SD = 2.17, range = 0 to 9) respectively; $t(245) = -2.48$, $p = 0.0140$).

6.4.1.3 Frequency of Contact with Floridian Friends/Relatives

Over half of the participants (69.17%) who had Floridian friends/relatives in Florida reported getting together with these friends/relatives more than once per week when in Florida. More specifically, 28.57% of these participants reported getting together with Floridian friends/relatives two to three times per week, 16.54% reported getting together four to five times per week and 24.06% reported getting together everyday (see Table 6.36).

There were no differences by gender ($p = 0.2056$) or age ($p = 0.6889$) observed regarding the frequency of contact with Floridian friends/relatives in Florida. Unmarried participants reported getting together with their Floridian friends/relatives slightly more frequently than married participants, although the difference was not significant ($p = 0.0828$). Specifically, 68.09% of married participants and 71.79% of unmarried participants reported getting together with their Floridian friends/relatives more than once per week, 10.64% of married participants and 20.51% of unmarried participants reported getting together with their Floridian friends/relatives once per week and 21.28% of married participants and 7.69% of unmarried participants reported getting together with their Floridian friends/relatives less than once per week when in Florida.

A substantial proportion of these participants (51.91%) reported maintaining contact with some of their Floridian friends/relatives throughout the year while 42.75% reported maintaining contact with most or all of their Floridian friends/relatives (see Table 6.36). Females were marginally more likely than males to maintain contact with most or all of their Floridian friends/relatives throughout the year, although the difference was not significant (50.77% vs. 34.85% respectively; $p = 0.0655$). No differences by age ($p = 0.1140$) or marital status ($p = 0.1438$) were observed.

6.4.1.4 Frequency of Engagement in Social and Physical Activities

Social Activities

It has been noted that being an active, outgoing and sociable person is a necessity for snowbirds as socializing is a highly valued activity within their winter communities (Sullivan & Stevens, 1982). This was true of the Canadian snowbirds sampled within the current study. Not only do these snowbirds possess large social networks many also reported participating in a

number of social activities frequently while in Florida. Specifically, participants engaged in a mean of 3.67 (SD = 1.76, range = 0 to 9) social activities weekly or more often while in Florida. Few participants (2.01%) did not engage in any social activities weekly or more often while in Florida (see Table 6.37). The number of social activities engaged in weekly or more often while in Florida did not differ by gender ($p = 0.9744$), age ($p = 0.4218$) or marital status ($p = 0.2171$).

Most participants reported engaging in the following social activities weekly or more often: eating out (84.17%), chatting on the beach (51.37%), participating in social activities at a community complex (51.59%), going on day trips (45.02%) and watching sporting events (31.17%). See Table 6.38 for a complete listing of all social activities engaged in by Canadian snowbirds while in Florida.

Table 6.37. Number of Social Activities Canadian Snowbirds Engaged in Weekly or More Often While in Florida (N = 299)

Number of Social Activities Engaged in Weekly or More Often	N (%)
0	6 (2.01)
1	26 (8.70)
2	47 (15.72)
3	62 (20.74)
4	68 (22.74)
5	48 (16.05)
6	27 (9.03)
7	7 (2.34)
8 or 9	8 (2.67)
Total	299 (100)

Table 6.38 Frequency of Participation in Social and Physical Activities While in Florida (N = 299)

Social Activities	Frequency of Participation N(%)^a			Total^b
	Not at All	Less than Weekly	Weekly or More Often	
Attend lectures/talks	178 (61.59)	91 (31.49)	20 (6.92)	289 (100)
Take courses	211 (72.26)	42 (14.38)	39 (13.35)	292 (100)
Go on day trips	30 (10.31)	130 (44.67)	131 (45.02)	291 (100)
See concerts/live entertainment	40 (14.04)	183 (64.21)	62 (21.75)	285 (100)
Attend religious services/events	173 (59.04)	37 (12.63)	83 (28.32)	293 (100)
Sit on beach and chat	51 (17.35)	92 (31.29)	151 (51.37)	294 (100)
Watch sporting events	93 (31.85)	108 (36.99)	91 (31.17)	292 (100)
Eat out	3 (1.01)	44 (14.81)	250 (84.17)	297 (100)
Activities at community complex	87 (30.53)	51 (17.89)	147 (51.59)	285 (100)
Go to dog/horse track	244 (83.85)	42 (14.43)	5 (1.72)	291 (100)
Attend Jai alai	277 (96.52)	7 (2.44)	3 (1.05)	287 (100)
Go to library	140 (47.46)	84 (28.47)	71 (24.07)	295 (100)
Attend festivals	75 (26.04)	185 (64.24)	28 (9.73)	288 (100)
Go to casino	193 (66.78)	81 (28.03)	15 (5.2)	289 (100)
Physical Activities				
Play golf	141 (48.12)	29 (9.90)	123 (41.98)	293 (100)
Go for a walk	10 (3.38)	14 (4.73)	272 (91.90)	296 (100)
Go jogging	262 (90.97)	5 (1.74)	21 (7.29)	288 (100)
Go swimming	44 (14.86)	59 (19.93)	193 (65.20)	296 (100)
Go shopping	13 (4.41)	22 (7.46)	260 (88.14)	295 (100)
Play tennis	255 (88.24)	13 (4.50)	21 (7.27)	289 (100)
Go dancing	173 (59.25)	77 (26.37)	42 (14.38)	292 (100)
Ride a bicycle	164 (56.16)	30 (10.27)	98 (33.56)	292 (100)
Attend fitness classes	200 (68.49)	24 (8.22)	68 (23.28)	292 (100)
Go lawn bowling	277 (95.85)	7 (2.42)	5 (1.73)	288 (100)
Do tai chi	274 (94.48)	5 (1.72)	11 (3.79)	290 (100)
Do yoga	264 (91.35)	7 (2.42)	18 (6.23)	289 (100)

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding.

^b Sample sizes vary due to missing values. Participants who responded with 'not sure' were considered missing.

When participants were asked to compare their level of social activity in Florida versus at home in Canada during the winter, 70.8% of the study sample reported being somewhat or significantly more socially active when in Florida (see Table 6.39). Females (78.79%) were more likely to report being more socially active in Florida versus at home in Canada during the winter than males (68.59%) ($\chi^2 (2) = 8.36, p = 0.0153$). There were no differences observed by age

($p = 0.4522$) or marital status ($p = 0.3468$). When participants were asked to compare their level of social activity in Florida versus at home in Canada during the summer, 47.62% reported being somewhat or significantly more socially active when in Florida (see Table 6.39). There were no differences by gender ($p = 0.3217$), age ($p = 0.9532$) or marital status ($p = 0.8218$) observed.

Table 6.39. A Comparison of Social Activity and Physical Activity in Florida vs. Canada (N = 299)

	N (%) ^a
Degree of Social Activity in Florida vs. in Canada in the Winter	
Significantly less active in Florida	12 (4.03)
Somewhat less active in Florida	22 (7.38)
About the same	43 (14.43)
Somewhat more active in Florida	47 (15.77)
Significantly more active in Florida	164 (55.03)
I don't know, I am not usually in Canada during the winter	10 (3.36)
Total	298 (100)
Missing	1
Degree of Social Activity in Florida vs. in Canada in the Summer	
Significantly less active in Florida	11 (3.74)
Somewhat less active in Florida	22 (7.48)
About the same	121 (41.16)
Somewhat more active in Florida	86 (29.25)
Significantly more active in Florida	54 (18.37)
Total	294 (100)
Missing	5
Degree of Physical Activity in Florida vs. in Canada in the Winter	
Significantly less active in Florida	6 (2.03)
Somewhat less active in Florida	12 (4.05)
About the same	37 (12.50)
Somewhat more active in Florida	59 (19.93)
Significantly more active in Florida	170 (57.43)
I don't know, I am not usually in Canada during the winter	12 (4.05)
Total	296 (100)
Missing	3
Degree of Physical Activity in Florida vs. in Canada in the Summer	
Significantly less active in Florida	2 (0.68)
Somewhat less active in Florida	13 (4.39)
About the same	139 (46.96)
Somewhat more active in Florida	88 (29.73)
Significantly more active in Florida	54 (18.24)
Total	296 (100)
Missing	3

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding.

Physical Activities

Canadian snowbirds were also more physically active in Florida than in Canada. Specifically, participants engaged in a mean of 3.79 (SD = 1.55, range = 0 to 9) physical activities weekly or more often while in Florida. Few participants (1.34%) did not engage in any physical activities weekly or more often (see Table 6.40). Females (mean = 4.02, SD = 1.7) engaged in a greater number of physical activities weekly or more often while in Florida than males (mean = 3.58, SD = 1.37) ($t(265) = 2.44, p = 0.0153$). As well, age was observed to be significantly associated, with the number of physical activities engaged in weekly or more often decreasing as age increased ($p = 0.0008, r = -0.19$). Marital status was not observed to be significantly associated ($p = 0.2868$).

Table 6.40. Number of Physical Activities Canadian Snowbirds Engaged in Weekly or More Often in Florida (N = 299)

Number of Physical Activities Engaged in Weekly or More Often	N (%)
0	4 (1.34)
1	13 (4.35)
2	40 (13.38)
3	75 (25.08)
4	81 (27.09)
5	44 (14.72)
6	27 (9.03)
7 - 9	15 (5.01)
Total	299 (100)

Most participants reported engaging in the following physical activities weekly or more often: going for a walk (91.90%), going shopping (88.14%), going swimming (65.2%), playing golf (41.98%), riding a bicycle (33.56%) and attending fitness classes (23.28%). See Table 6.38 for a complete listing of all physical activities engaged in by Canadian snowbirds while in Florida.

When participants were asked to compare their level of physical activity in Florida versus at home in Canada during the winter, 77.36% reported being somewhat or significantly more physically active in Florida (see Table 6.39). There were no differences by gender ($p = 0.1382$), age ($p = 0.8468$) or marital status ($p = 0.4066$) observed regarding winter physical activity. Similar to social activity, 47.97% of participants reported being somewhat or significantly more physically active in Florida versus at home in Canada during the summer (see Table 6.39). There were no differences by gender ($p = 0.2347$), age ($p = 0.8395$) or marital status ($p = 0.7889$) observed.

6.4.2 Dating Behaviour in Florida

6.4.2.1 Proportion Dating in the Past Five Years

With respect to dating behaviour in Florida, it is important to note that the majority of participants within the study sample were married (78.6%) and had been living this way for five or more years (98.64%). Therefore, these participants would likely not have been dating.

To reiterate, close to one-quarter of the study sample (23.14 %) indicated having been on a date or in a new relationship in the past five years ($N = 56$). However, fifty-four participants (18.06%) failed to provide a response to this question while three participants (1%) clearly indicated their refusal to respond (see Section 6.1.1.1 for further information regarding non-response to this question).

When dating Canadian snowbirds ($N = 56$) were asked to indicate where they dated or started a new relationship in the past five years, 41.07%¹⁶ reported having dated in Canada,

¹⁶ This percent includes those daters who dated in Canada as well as outside of Canada/Florida, but not in Florida.

5.36%¹⁷ reported having dated in Florida and 53.57%¹⁸ reported having dated in both Canada and Florida.

Table 6.41. Dating Behaviour Characteristics of Canadian Snowbirds in Florida in the Past Five Years

	N (%) ^a		N (%) ^a
Dated or Started a New Relationship in the Past Five Years		Ease of Finding Dates in Florida	
Yes	56 (23.14)	Very easy	9 (27.27)
No	186 (76.86)	Somewhat easy	15 (45.45)
Total	242 (100)	Somewhat or very difficult	6 (18.18)
Missing	57	Does not apply - I have not been looking	3 (9.09)
		Total	33 (100)
		Missing	3
Where Dated in Past Five Years		Ease of Finding Dates in Canada	
Canada ^b	23 (41.07)	Very easy	5 (10.00)
Florida ^c	3 (5.36)	Somewhat easy	17 (34.00)
Both Canada and Florida ^d	30 (53.57)	Somewhat difficult	9 (18.00)
Total	56 (100)	Very difficult	11 (22.00)
Missing	3	Does not apply - I have not been looking	8 (16.00)
		Total	50 (100)
		Missing	6
Type of Dating Partners in Florida in Past Five Years (n = 33)			
Canadian snowbirds	15 (45.45)		
Missing	3		
Floridians	23 (69.70)		
Missing	3		
Other Americans	15 (45.45)		
Missing	3		
Neither Canadian nor American	2 (6.06)		
Missing	3		

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding.

^b Includes those daters who dated in Canada as well as outside of Canada/Florida, but not in Florida

^c Includes those daters who dated in Florida as well as outside of Canada/Florida, but not in Canada

^d Includes those daters who dated in both Canada and Florida, as well as outside of Canada/Florida

Of the 56 participants who dated in the past five years, 33 participants (58.93%) did so while in Florida. Males were no more likely than females to have dated or started a new relationship in Florida in the past five years ($p = 0.5538$). The majority of the participants

¹⁷ This percent includes those daters who dated in Florida as well as outside of Canada/Florida, but not in Canada.

¹⁸ This percent includes those daters who dated in both Canada and Florida, as well as outside of Canada/Florida.

(90.91%) who dated in Florida were not married. All married participants who dated in Florida had been married for five or more years. Age and dating while in Florida were not significantly associated ($p = 0.5993$).

Participants who dated in Florida in the past five years (mean = 4.35 months, SD = 1.23) stayed in Florida marginally longer last winter than those who dated only outside of Florida (mean = 3.53 months, SD = 1.5), although the difference was not significant ($p = 0.0583$). There were no significant differences observed in the number of years daters had been wintering in their current area in Florida by Florida dating status ($p = 0.6390$).

Participants who dated in Florida in the past five years (mean = 11.3, SD = 7.06) reported a greater number of close friends/relatives than those who dated only outside of Florida (mean = 6.78, SD = 7.01) ($t(54) = -2.37, p = 0.0216$). There were no differences observed regarding the frequency of contact with Floridian friends/relatives while in Florida between those who dated in Florida and those who dated only outside of Florida ($p = 0.7346$). Additionally, the number of social ($p = 0.4563$) or physical ($p = 0.3590$) activities engaged in weekly or more often while in Florida did not differ significantly between those participants who dated in Florida in the past five years and those who dated only outside of Florida.

6.4.2.2 Types of Dating Partners in the Past Five Years

Of the 33 participants who dated in Florida in the past five years, 69.7% dated a Floridian, 45.45% dated a Canadian snowbird, 45.45% dated an other American and 6.06% dated an individual that was neither Canadian nor American (see Table 6.41). Males were no more likely than females to have dated a Canadian snowbird ($p = 0.3733$), Floridian ($p = 0.9086$) or other American ($p = 0.3733$) in the past five years while in Florida. All participants who dated an individual that was neither Canadian nor American in Florida were male. Age was not

significantly associated with the types of dating partners in Florida in the past five years. Cross-tabulations of partner type by marital status will not be reported due to multiple cell counts of less than five when stratified by marital status.

6.4.2.3 Ease of Finding Dates

When daters were asked to indicate the ease of finding dates in Florida, 45.45% indicated finding it somewhat easy to find a date while 27.27% indicated finding it very easy. Only 18.18% of daters reported finding it somewhat or very difficult to find a date in Florida (see Table 6.41). A slightly greater proportion of male daters (93.33%) reported finding it very or somewhat easy to find a date in Florida than female daters (66.67%), although the difference was not significant ($p = 0.0679$). Younger daters (less than 70 years of age) were more likely to report finding it somewhat or very easy to find a date in Florida than older daters (70 years of age or older) (94.74% vs. 54.55% respectively; $\chi^2(1) = 7.03, p = 0.0080$). A cross-tabulation of the ease of finding dates by marital status will not be reported due to multiple cell counts of less than five when stratified by marital status.

It is important to note here that a greater proportion of daters reported finding it easier (somewhat or very easy) to find a date in Florida (72.72%) than in Canada (44%) (see Table 6.41). Moreover, when participants who dated in both locations were compared ($N = 28$), it was still easier to find a date in Florida (78.57%) than in Canada (50%).

6.4.2.4 Proportion Dating in the Past Twelve Months

Participants who dated in Florida in the past five years were asked to indicate the type and number of dating partners in Florida in the past 12 months in order to obtain detailed information regarding the dating behaviour of Canadian snowbirds while in Florida. Cross-tabulations by

marital status will not be reported within this section due to multiple cell counts of less than five when stratified by marital status.

Of the 33 participants who dated in Florida in the past five years, 27 of them (81.81%) reported having at least one dating partner in Florida in the past 12 months (see Table 6.42). Gender ($p = 0.3245$) and age ($p = 0.8626$) were not significantly associated with having dated in Florida in the past 12 months.

Table 6.42. Dating Behaviour of Canadian Snowbirds while in Florida in the Past 12 Months

	N (%) ^a		N (%) ^a
Dated in Florida in Past 12 Months		Type of Dating Partners in Florida in Past 12 months (n=27)	
Yes	27 (81.81)	Canadian Snowbirds	11 (40.74)
No	6 (18.18)	Floridians	19 (70.37)
Total	33 (100)	Other Americans	9 (33.34)
Missing	3	Neither Canadian nor American	2 (7.41)
Dated in Canada in Past 12 Months		Number of Dating Partners in Florida in Past 12 Months Who Were:	
Yes	38 (77.55)	<i>Canadian snowbirds</i>	
No	11 (22.45)	0 partners	16 (59.26)
Total	49 (100)	1 or more partners	11 (40.74)
Missing	7	Total	27 (100)
Number of Dating Partners in Florida in Past 12 Months		Missing	3
0 partners	6 (18.18)	<i>Floridians</i>	
1 partner	11 (33.33)	0 partners	8 (29.63)
2 partners	7 (21.21)	1 partner	12 (44.44)
3 or more partners	9 (27.27)	2 partners	7 (25.93)
Total	33 (100)	Total	27 (100)
Missing	3	Missing	3
Number of Dating Partners in Canada in Past 12 months		<i>Other Americans</i>	
0 partners	11 (22.45)	0 partners	18 (66.67)
1 partner	15 (30.61)	1 or more partners	9 (33.34)
2 partners	16 (32.65)	Total	27 (100)
3 or more partners	7 (14.29)	Missing	3
Total	49 (100)		
Missing	7		

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding.

The mean number of partners participants who dated in Florida in the past 12 months reported was 2.04 (SD = 1.06, range = 1 to 4). There were no differences in the number of dating partners by gender ($p = 0.9392$) or age ($p = 0.8508$) observed. Social desirability was not significantly correlated with the number of dating partners in Florida in the past 12 months ($p = 0.2878$).

When compared to dating in Canada in the past 12 months (mean = 2.66, SD = 5.44), participants who dated in Florida within the same time period reported a slightly smaller number of dating partners (mean = 2.04, SD = 1.06).

6.4.2.5 Types of Dating Partners in the Past 12 Months

Of the 27 participants who dated in Florida in the past 12 months, 70.37% dated a Floridian, 40.74% dated a Canadian snowbird, 33.34% dated an other American and 7.41% dated an individual that was neither Canadian nor American (see Table 6.42). Males were no more likely than females to have dated a Canadian snowbird ($p = 0.9302$), Floridian ($p = 0.2205$), other American ($p = 0.4113$) or a non-Canadian/American ($p = 0.1887$) in Florida in the past 12 months. Age was not significantly associated with the types of dating partners in Florida in the past 12 months.

Participants who dated a Floridian in Florida in the past 12 months ($N = 19$) reported a mean of 1.37 partners (SD = 0.5, range = 1 to 2). The number of Floridian partners did not differ significantly by gender ($p = 0.6981$) or age ($p = 0.8979$). Participants who dated a Canadian snowbird in Florida in the past 12 months ($N = 11$) reported a mean of 1.36 partners (SD = 0.81, range = 1 to 3). The number of Canadian snowbird partners did not differ significantly by gender ($p = 0.1039$) or age ($p = 0.6858$). Participants who dated an other American in Florida in the past 12 months ($N = 9$) reported a mean of 1.22 partners (SD = 0.44, range = 1 to 2). The number of other American partners did not differ significantly by gender ($p = 0.3159$) or age ($p = 0.3028$).

6.5 Objective iii: To Determine Whether Canadian Snowbirds are Engaging in Risky Sexual Behaviour while Staying in Florida

6.5.1 Sexual Behaviour with Dates in Florida

6.5.1.1 Frequency of Engagement in Sexual Activities

Participants who dated in Florida in the past 12 months ($N = 27$) were asked to indicate how often, on average, they engaged in kissing or hugging, sexual touching or caressing, oral sex and sexual intercourse with these partners. Overall, Canadian snowbirds reported engaging in kissing or hugging most frequently with dates in Florida, followed by sexual touching or caressing, sexual intercourse and oral sex (see Table 6.43).

Kissing or Hugging

Almost all daters (96.3%) reported engaging in kissing or hugging with dates in Florida in the past 12 months. More specifically, 81.48% of daters engaged in kissing or hugging weekly or more often (see Table 6.43). There were no differences observed by gender ($p = 0.3811$) or age ($p = 0.7337$). A cross-tabulation by marital status will not be reported due to multiple cell counts of less than five.

Sexual Touching or Caressing

A substantial proportion of daters (92.59%) also reported engaging in sexual touching or caressing with dates in Florida in the past 12 months. More specifically, 74.07% of daters engaged in sexual touching or caressing weekly or more often (see Table 6.43). There were no differences observed by gender ($p = 0.4113$) or age ($p = 0.4401$). A cross-tabulation by marital status will not be reported due to multiple cell counts of less than five.

Table 6.43. Frequency of Engagement in Sexual Activities with Dates in Florida in the Past 12 Months

Sexual Activity^b	N(%)^a
Kissing or Hugging	
Less than once per week/not at all	5 (18.52)
About once per week	11 (40.74)
More than once per week	6 (22.22)
Daily or almost daily	5 (18.52)
Total	27 (100)
Missing	3
Sexual Touching or Caressing	
Less than once per week/not at all	7 (25.93)
About once per week	11 (40.74)
More than once per week	9 (33.33)
Total	27 (100)
Missing	3
Sexual Intercourse	
Less than once per week/not at all	10 (37.03)
About once per week	8 (29.63)
More than once per week	9 (33.33)
Total	27 (100)
Missing	3
Oral Sex	
Not at all	12 (44.44)
Less than once per week	8 (29.62)
Once per week or more often	7 (25.92)
Total	27 (100)
Missing	3

^a Percents are calculated of those participants reporting a valid answer. They may not add to 100% due to rounding.

^b Response options vary as cell counts of less than five were collapsed with another category where necessary

Sexual Intercourse

Over three-quarters of daters (77.78%) reported engaging in sexual intercourse with dates in Florida in the past 12 months. More specifically, 62.96% of daters engaged in sexual intercourse weekly or more often (see Table 6.43). There were no differences observed by gender ($p = 0.6559$) or age ($p = 0.2275$). A cross-tabulation by marital status will not be reported due to multiple cell counts of less than five.

Oral Sex

A smaller proportion of daters (55.56%) reported engaging in oral sex with dates in Florida in the past 12 months. More specifically, only 25.92% of daters engaged in oral sex weekly or more often (see Table 6.43). There were no differences observed by gender ($p = 0.1939$) or age ($p = 0.6946$). A cross-tabulation by marital status will not be reported due to multiple cell counts of less than five.

6.5.1.2 Number of Sexual Partners

Participants who engaged in sexual intercourse with dates (including Canadian snowbirds, Floridians and other Americans) in Florida in the past 12 months ($N = 21$) reported a mean of 1.95 sexual partners ($SD = 0.92$, range = 1 to 4). More specifically, 33.33% of these daters engaged in sexual intercourse with one partner in Florida in the past 12 months, 47.62% engaged in sexual intercourse with two partners and 19.04% engaged in sexual intercourse with three partners. The number of sexual partners in Florida did not differ significantly by gender ($p = 0.2269$) or age ($p = 0.7912$). Additionally, the number of sexual partners in Florida was not significantly correlated with social desirability ($p = 0.3337$).

It is important to note that participants who engaged in sexual intercourse in Florida in the past 12 months (mean = 1.95, $SD = 0.92$) reported a slightly greater number of sexual partners than those who engaged in sexual intercourse with dates in Canada within the same time period (mean = 1.47, $SD = 0.68$). Additionally, while 36.67% of daters engaged in sexual intercourse with two or more partners in Canada in the past 12 months, a substantially greater proportion (66.66%) reported doing the same while in Florida.

6.5.1.3 Condom Use

Participants who engaged in sexual intercourse with dates (including Canadian snowbirds, Floridians or other Americans) in Florida in the past 12 months ($N = 21$) were asked to indicate whether they used condoms with these partners.

Most daters (85.71%) did not use condoms consistently with their Florida dating partners in the past 12 months; they used them not at all, rarely or sometimes (61.9% did not use them at all). Cross-tabulations by gender, age and marital status will not be reported due to multiple cell counts of less than five.

6.5.1.4 Types of Sexual Partners

Participants who engaged in sexual intercourse with dates in Florida in the past 12 months ($N = 21$) were asked to indicate the number of sexual partners who were Canadian snowbirds, Floridians and other Americans. As well, daters were asked to indicate whether they used condoms during sexual intercourse with these sexual partners.

Canadian Snowbirds

Of the 21 daters who engaged in sexual intercourse with dates in Florida in the past 12 months, 47.62% did so with a Canadian snowbird partner. The mean number of Canadian snowbird partners these daters ($N = 10$) reported engaging in sexual intercourse with was 1.4 ($SD = 0.70$, range = 1 to 3). Males were no more likely than females to have engaged in sexual intercourse with a Canadian snowbird partner in Florida in the past 12 months ($p = 0.8008$). Age was also not observed to be significantly associated. Additionally, social desirability was not significantly correlated with the number of Canadian snowbird sexual partners in Florida in the past 12 months ($p = 0.4930$). The same three participants who refused to answer all specific questions with partners in Florida also refused to provide a response to this question.

Of the 10 daters who engaged in sexual intercourse with a Canadian snowbird partner in the past 12 months, 90% reported using condoms inconsistently (not at all, rarely or sometimes) with these partners (60% did not use them at all). The same three participants refused to provide a response to this question. Cross-tabulations of condom use by gender, age and marital status were not performed due to small sample size. As well, information regarding whether participants used a condom the last time they engaged in sexual intercourse with a Canadian snowbird partner will not be reported due to a sample size of less than five.

Floridians

Of the 21 daters who engaged in sexual intercourse with dates in Florida in the past 12 months, 76.19% did so with a Floridian partner. The mean number of Floridian partners these daters (N = 16) reported engaging in sexual intercourse with was 1.25 (SD = 0.45, range = 1 to 2). Males were no more likely than females to have engaged in sexual intercourse with a Floridian partner in Florida in the past 12 months ($p = 0.3749$). Age was also not observed to be significantly associated ($p = 0.4340$). Additionally, social desirability was not significantly correlated with the number of Floridian sexual partners in Florida in the past 12 months ($p = 0.1026$). The same three participants refused to provide a response to this question.

Of the 16 daters who engaged in sexual intercourse with a Floridian partner in the past 12 months, 81.25% reported using condoms inconsistently (not at all, rarely or sometimes) with these partners (62.5% did not use them at all). The same three participants refused to provide a response to this question. Cross-tabulations of condom use by gender, age and marital status were not performed as a result of small sample size. As well, information regarding whether participants used a condom the last time they engaged in sexual intercourse with a Floridian partner will not be reported due to a sample size of six.

Other Americans

Of the 21 daters who engaged in sexual intercourse with dates in Florida in the past 12 months, a much smaller proportion (28.57%) did so with an other American partner. The mean number of other American partners these daters (N = 6) reported engaging in sexual intercourse with was 1.17 (SD = 0.41, range = 1 to 2). Cross-tabulations by gender, age and marital status were not performed as a result of small sample size. Additionally, information regarding condom use with other American partners during sexual intercourse in Florida in the past 12 months will not be reported due to small sample size.

6.5.2 High-risk Sexual Behaviour with American Dating Partners in Florida

6.5.2.1 Factors Associated with Multiple Sexual Partnerships

The small number of daters who reported engaging in sexual intercourse with American partners (including Floridians and other Americans) in Florida in the past 12 months (N = 19) prevents the multivariate analysis of multiple sexual partnerships with Americans due to low power. As well, it was not possible to conduct detailed bivariate analyses for this research objective as only six daters reported engaging in sexual intercourse with two or more American partners in Florida in the past 12 months. As a result, only simple univariate and bivariate analyses are reported.

Of the 19 daters who engaged in sexual intercourse with American dating partners in Florida in the past 12 months, 68.42% did so with one partner while 31.58% engaged in sexual intercourse with two or more partners. Males (41.67%) were slightly more likely than females (14.29%) to report multiple sexual partnerships in Florida, however the difference was not significant ($p = 0.2155$). The number of American dating partners in Florida did not differ significantly by age ($p = 0.4116$). All daters who engaged in sexual intercourse with multiple

American partners in Florida in the past 12 months were not married. All non-significant associations will be examined further in a future large-scale study.

6.5.2.2 Factors Associated with Inconsistent Condom Use

The small number of daters who reported engaging in sexual intercourse with American partners (including Floridians and other Americans) in Florida in the past 12 months (N = 19) prevents the multivariate analysis of inconsistent condom use during sexual intercourse with these partners due to low power. As well, it was not possible to conduct detailed bivariate analyses for this research objective due to multiple cell counts of less than five. As a result, only the percent distribution of inconsistent condom use with American dating partners is reported.

Of the 19 snowbirds who engaged in sexual intercourse with American dating partners in the Florida in the past 12 months, 84.21% did not use condoms consistently; they used them sometimes, rarely or not at all.

7. DISCUSSION

HIV/AIDS surveillance in both Canada and the United States indicates that the rates of HIV amongst seniors aged 50 years or older has continued to escalate throughout the years. In the United States, the prevalence of HIV/AIDS is highest amongst seniors aged 50 years or older in Florida, where they account for 27% of all people living with HIV/AIDS in this state (Florida Department of Health, 2007). This is of particular public health importance in Canada as during the winter months Florida is a popular destination for many Canadian snowbirds. However, as seniors are not considered to be an at-risk group, very little attention has been paid to HIV-risk amongst the Canadian snowbird population. To date, no research has been conducted that examines whether Canadian snowbirds even socialize with Floridians, let alone date or engage in sexual relationships with these individuals while in Florida for the winter. As such information is unavailable; it is not possible to determine whether Canadian snowbirds are engaging in risky sexual behaviour that may place them at increased risk for HIV infection while in Florida. The present study aimed to collect preliminary information regarding the social and sexually intimate interactions of Canadian snowbirds with fellow snowbirds, Floridians and other Americans. Emphasis was placed on examining their dating behaviour, sexual behaviour and high-risk sexual practices with these partners while staying in Florida for the winter.

7.1 Canadian Snowbirds Attitudes Towards Sex and Sexual Intimacy

Canadian snowbirds generally hold positive attitudes towards sex and sexual intimacy. This is consistent with the findings of the AARP Sexuality at Midlife and Beyond study (American Association of Retired Persons, 2005). These positive attitudes towards sex and sexual intimacy were even more pronounced amongst those Canadian snowbirds who continued to be active, either by engaging in dating or sexual relationships, into older age.

A multitude of variables were examined in order to determine their association with each of the five sexual attitude variables ('sex is a pleasurable experience', 'sex is important in my life', 'sex become less important to people as they age', 'there is too much emphasis on sex in our culture today' and 'people should not have a sexual relationship if they are not married'). From these analyses, a common theme emerged with respect to the independent variables that were significantly associated with each attitude variable. Specifically, it was observed that Canadian snowbirds who were more likely to hold positive attitudes towards sex and sexual intimacy were: male, had dated in the past five years, had used medications to improve their sexual functioning in the past 12 months, had discussed their sexual health with a physician and had tested for HIV in their lifetime. Other variables that were associated with one or more of the sexual attitude variables included: the frequency of engagement in sexual intercourse with dates in the past 12 months, the number of dating partners in the past 12 months and age.

As is evident, Canadian snowbirds who hold positive attitudes towards sex and sexual intimacy tend to remain active, either by engaging in dating or sexual relationships, into older age. These individuals also more actively acknowledge their sexuality (e.g., discussing sex with their doctor).

7.2 Sexual Behaviour of Canadian Snowbirds with a Regular Sexual Partner

Literature that examines the sexual behaviour of the Canadian senior population as a whole is insufficient. As society continually perpetuates the notion that sexual activity is inappropriate at older ages, this segment of the population is often neglected when it comes to the topic of sexuality. For example, the Canadian Community Health Survey, which collects information annually regarding health status, health determinants and health care utilization, does not ask sexual behaviour questions of Canadians aged 49 years or older (Statistics Canada,

2009b). It is important to examine the sexual behaviour of Canadian seniors in order to determine how sexually active they are into their later years of life and whether they are engaging in sexual risk-behaviour (e.g., non-use of condoms) that may place them at increased risk for HIV or other sexually transmitted infections. It is imperative that research in this area be conducted, as at the present time the true level of HIV-risk within this segment of the Canadian population is unknown since so few seniors test for HIV.

The notion that so few Canadian seniors test for HIV has implications regarding both the diagnosis and treatment of HIV/AIDS in later life. For most seniors with HIV/AIDS, they do not receive their diagnosis until the disease is in an advanced state (Sormanti & Shibusawa, 2007). This often occurs as seniors do not recognize HIV-related symptoms and physicians often attribute such symptoms to normal aging (Inelmen et al., 2005). This late-stage diagnosis coupled with the co-morbidities that seniors often possess complicates their course of treatment (Sormanti & Shibusawa, 2007). As surveillance in Canada indicates that the rates of HIV are increasing amongst seniors, it is important that physicians and other health care practitioners are actively addressing HIV-risk within this segment of the Canadian population in order to better educate seniors on how protect themselves against HIV infection.

In an attempt to begin building this knowledge base, this study asked Canadian snowbirds to indicate the frequency with which they engaged in sexual activity within the previous 12 months. The current section will describe the sexual behaviour of married and common-law snowbirds only, in order to provide detailed information regarding the sexuality of seniors with a regular sexual partner.

The findings of this small-scale pilot study suggest that for Canadian seniors with a spouse or spouse-like partner, sexuality continues to be an integral part of their older adult life. Evidence

to support this focuses on the frequency in which Canadian snowbirds engaged in sexual activity with their spouse or common-law partner in the past 12 months. In particular, it was observed that 98.17% engaged in kissing or hugging with their partner, 93.78% engaged in sexual touching or caressing, 89.64% engaged in sexual intercourse and 48.68% engaged in oral sex. Moreover, 40.41% of these snowbirds engaged in sexual intercourse weekly or more often with their spouse or common-law partner. When compared to the Global Study of Sexual Attitudes and Behaviours¹⁹ (76%) (Pfizer Inc., 2002), it is evident that a greater proportion of the current study sample (89.64%) engaged in sexual intercourse with their spouse or common-law partner in the previous 12 months. Thus, contrary to popular belief, sexuality does not cease as one ages.

Condom use is low among married and common-law Canadian snowbirds, as might be expected. Condoms were not used at all by 93.75% of these snowbirds. This finding was not surprising considering that the majority of these snowbirds were in long-term committed monogamous relationships²⁰. Of the Canadian snowbirds who did use condoms, all were married rather than common-law. Unfortunately, the reasons for using a condom during sexual intercourse with a spousal partner in the past 12 months were not examined.

Overall, the findings of this study support the conviction that for many Canadian seniors with a regular sexual partner, sexual activity continues to be an important aspect of their lives. Since Canadian seniors are continuing to be sexually active as they age, it is imperative that sexual behaviour questions also be targeted at this older segment of the Canadian population.

¹⁹ This study provided information for Canadians aged 40 to 80 years. A limitation of the GSSAB that is important to note is that it did not stratify sexual behaviour by marital status. However, this was the only study available that provided Canadian data for comparison.

²⁰ 95.6% of married and common-law Canadian snowbirds had been living in their current marital status for five or more years.

7.3 Dating Behaviour of Canadian Snowbirds in the Past Five Years

The large majority of the studies that focus on the dating behaviour of seniors have been conducted in the United States. As a result, this study aimed to collect preliminary information from Canadian snowbirds regarding their dating behaviour in both Canada and Florida.

Discretion should be used when considering the study results reported within this section. Due to the small number of Canadian snowbirds who dated in the past five years ($N = 56$), it is possible that some associations may have failed to reach significance due to insufficient power and were therefore missed. Alternatively, it is possible that a small number of participants who were particularly active in terms of their dating behaviour may have skewed results toward significance, where such a finding might not be true within the general snowbird population.

7.3.1 Proportion of Canadian Snowbirds Who Dated in the Past Five Years

Close to one-quarter (23.14%) of the study sample indicated having been on a date or in a new relationship in the past five years. Males were no more likely than females to have dated and age was also not significantly associated with dating behaviour in the past five years. However, unmarried Canadian snowbirds were more likely than married Canadian snowbirds to have dated. More specifically, never-married snowbirds were the most likely to have dated followed by widowed, divorced, common-law and married snowbirds.

It should be noted here that the percent of Canadian snowbirds who dated in the past five years may have been underrepresented. Specifically, as the majority of the study sample was married (78.6%) and 98.64% of these individuals had been married for five or more years, they would likely not have been dating. Thus, in order to determine a more representative dating rate within this population, it is imperative that future research include a greater number of unmarried (never-married, divorced, widowed and separated) Canadian snowbirds in their sample.

7.3.2 Reasons Why Canadian Snowbirds Date

When the reasons for dating were examined, it was evident that most Canadian snowbirds dated for the companionship and were not solely interested in finding a long term partner. The most commonly cited reasons for dating by Canadian snowbirds were: to have fun (78.57%), to have someone to talk to or do things with (67.86%), to fulfill my sexual needs (58.93%), to find a partner to live with but not necessarily marry (37.50%) and to find someone to marry (32.14%). These frequently cited reasons for dating were similar to those reported within the AARP Midlife Singles Study ²¹ (American Association of Retired Persons, 2003). Within this earlier study, the single most important reason cited by midlife singles for why they date was to have someone to talk to or do things with (49%). This was followed by: to simply have fun (18%), to find a partner to live with but not necessarily marry (9%), to find someone to marry (8%) and to fulfill my sexual needs (6%) (American Association of Retired Persons, 2003).

Regarding gender, it was evident that males (70.37%) were more interested in the sexual component of a dating relationship than females (48.28%), as a greater proportion of males cited ‘to fulfill my sexual needs’ as a reason why they date. This trend in gender is similar to that observed within the AARP Midlife Singles Study, where 11% of males cited this reason as the single most important reason for why they date compared to 2% of females (American Association of Retired Persons, 2003). The finding that males are more interested in the sexual component of a dating relationship has important implications regarding sexual risk and HIV. As the pool of male dating partners decreases with age there is a greater possibility that several females will engage in sexual intercourse with the same male, thus increasing their risk of contracting and transmitting HIV or another sexually transmitted infection to one another.

²¹ This study examined the dating behaviour and sexuality of single individuals aged 40 to 69 in the United States.

Females were more likely than males to have cited ‘to find someone to marry’ and ‘to help me financially’ as reasons why they date. Therefore, it is apparent that female daters are more interested in security that is associated with an intimate relationship.

Concerning age, older daters (aged 70 years or older) were more likely to have cited ‘because of social pressure to have a partner’ as a reason why they date than younger daters (less than 70 years of age), while younger daters were more likely to have cited ‘because I fear being alone’ as a reason why they date than older daters. Again, the desire for companionship seems to be an overarching theme with respect to dating behaviour. Finally, the top three reasons for dating (‘to have fun’, ‘to have someone to talk to or do things with’ and ‘to fulfill my sexual needs’) were similar irrespective of marital status.

7.3.3 Where and How Canadian Snowbirds Find Their Dating Partners

When Canadian snowbirds who dated in the past five years were asked to indicate where or how they usually found their dating partners, most reported finding them ‘through friends, neighbours or relatives’ (58.93%). The AARP Midlife Singles Study also reported this as the primary means by which singles find their dating partners (41%) (American Association of Retired Persons, 2003). This was followed next by ‘through community organizations’ (42.86%) and ‘by participating in a hobby’ (42.86%). None of the Canadian snowbirds sampled in the current study reported finding dates by ‘paying an escort service or going to a place where I pay’. As Canadian snowbirds are a highly computer-literate group, it is not surprising that 19.64% reported finding their dates through ‘singles organizations, professional match-making services or online dating services’.

Regarding gender, males (29.63%) were marginally more likely than females (10.34%) to report finding dates by chatting with people in supermarkets, malls, etc. This trend in gender is

similar to that observed within the AARP Midlife Singles Study, where 20% of males reported this as a venue to get a date compared to 9% of females (American Association of Retired Persons, 2003). Conversely, females (56.62%) were significantly more likely than males (25.93%) to report finding dates by participating in a hobby. This is contradictory to that observed within the AARP Midlife Singles study, where males (13%) were more likely than females (12%) to report this as a venue to get a date (American Association of Retired Persons, 2003). The primary venue by which females reported finding dates in the AARP Midlife Singles study was through friends, relatives or neighbours (37%) (American Association of Retired Persons, 2003).

Concerning marital status, the majority of married, widowed and never-married daters reported finding dates through friends, neighbours or relatives. Common-law daters reported primarily finding dates through community organizations, while most divorced daters reported finding dates through friends, neighbours or relatives or by participating in a hobby.

7.4 Dating and Sexual Behaviour of Canadian Snowbirds in Canada

In Canada, literature that examines the dating and sexual behaviour of Canadian seniors with dates is insufficient. This study attempted to overcome this limitation by collecting preliminary information regarding the dating and sexual behaviour characteristics of Canadian snowbirds with dates while at home in Canada. Particular emphasis was placed on examining: the proportion of Canadian snowbirds who dated in Canada, whether they engaged in sexual activities with these dating partners and their sexual safety when doing so. It was especially important to determine whether Canadian snowbirds were engaging in risky sexual behaviour with dates (e.g., non-use of condoms) as the rates of HIV are increasing amongst heterosexual seniors aged 50 years or older in Canada (Public Health Agency of Canada, 2007a).

Discretion should be used when considering the study results reported within this section. Due to the small number of Canadian snowbirds who dated in the past five years ($N = 56$), it is possible that some associations may have failed to reach significance due to insufficient power and were therefore missed. Alternatively, it is possible that a small number of responses indicative of risk-behaviour may have skewed the results toward significance, where such a finding might not be true within the general Canadian snowbird population.

7.4.1 Dating Behaviour of Canadian Snowbirds in Canada

Of the Canadian snowbirds who dated in the past five years, 94.64% reported doing so while in Canada. Moreover, of those Canadian snowbirds who dated in Canada in the past five years, 77.55% reported having at least one dating partner in Canada in the past 12 months. Most Canadian snowbirds who dated in Canada in the past 12 months were unmarried (76.32%). When the ease of finding dates was examined, less than one half of the daters (44%) reported finding it somewhat or very easy to find a date in Canada. Consistent with the American literature, males were more likely than females to report finding it somewhat or very easy to find a date (American Association of Retired Persons, 2003). This was true in both Canada and Florida.

Most daters dated two partners in Canada in the past 12 months (32.65%), while 30.61% dated one partner and 14.29% dated three or more partners. When compared to the AARP Midlife Singles Study (31%), a greater proportion of the daters in the current study (46.94%) reported having two or more dating partners in Canada in the past 12 months (American Association of Retired Persons, 2003). Moreover, unmarried daters reported a greater number of dating partners in Canada than married daters. The finding that almost 50% of Canadian snowbirds who dated in Canada in the past 12 months dated more than one person and that most

were unmarried is important to consider with respect to both HIV education and infection. Specifically, the occurrence of such multiple dating partnerships demonstrates that there is a reasonable likelihood that they could come in sexual contact with an infected individual.

7.4.2 Sexual Behaviour of Canadian Snowbirds in Canada in the Past Twelve Months

The findings of this small-scale pilot study suggest that sexual activity continues to be an important part of Canadian snowbird's dating relationships in older adult life. Evidence to support this notion focuses on their frequency of engagement in sexual activity with dating partners while in Canada in the past 12 months. In particular, it was observed that 95% of daters engaged in kissing or hugging with their Canadian dating partners, 86.67% engaged in sexual touching or caressing, 79.49% engaged in sexual intercourse and 50% engaged in oral sex. Moreover, close to 40% of these daters reported engaging in sexual intercourse weekly or more often with these dating partners.

When compared to Canadian snowbirds with a spouse or spouse-like partner (89.64%), a slightly smaller proportion of dating Canadian snowbirds (79.49%) reported engaging in sexual intercourse while in Canada in the previous 12 months. However, the overall percent of daters who engaged in sexual intercourse with dates in Canada is still substantial.

While engagement in sexual intercourse possesses many benefits, including the release of immune bolstering substances and a reduction in anxiety through the release of endorphins (Health Canada, 2006; National Advisory Council on Aging, 2002), it may also pose sexual risk if appropriate preventative measures (e.g., condoms) are not put in place. The findings of this study suggest that Canadian snowbirds are not routinely protecting themselves against HIV or other sexually transmitted infections when engaging in sexual intercourse with dates in Canada. Specifically, only a small proportion of Canadian snowbirds reported using condoms with some

consistency (all of the time or usually) and many reported multiple sexual partners within the previous 12 months. Both are well established risk factors for HIV and other sexually transmitted infections (Centers for Disease Control and Prevention, 2008c).

Regarding condom use during sexual intercourse with dating partners in Canada, only 20% of daters reported using condoms either usually or all of the time in the past 12 months (66.67% did not use them at all). This is worrisome as the prevalence of HIV is increasing amongst seniors aged 50 years or older in Canada. When compared to Canadian snowbirds with a spouse or common-law partner (93.75%), a smaller proportion of dating snowbirds reported not using condoms at all with dating partners in Canada (66.67%). Thus, while daters do not use condoms often, they do use them more than those who are married.

Although Canadian snowbirds were not asked to indicate their reasons for using or not using condoms with their Canadian dating partners, several reasons can be hypothesized and examined in future studies. First, most seniors do not perceive themselves to be promiscuous and thus do not believe they are engaging in sexual behaviour that may place them at increased risk for HIV infection (Shah, 2007). Second, as senior women no longer see pregnancy as a concern, many believe that condoms are no longer necessary (Centers for Disease Control and Prevention, 2007). They fail to recognize the use of condoms to protect against HIV or other sexually transmitted infections. The idea that HIV has long been considered a disease of the young further perpetuates this belief. Third, as most seniors have been in committed married relationships for the majority of their lives, when they are placed in a dating situation they may be hesitant to discuss safer sexual practices with a new partner and thus may not demand their partner use a condom (Villarosa, 2003).

Sexual risk multiplies if individuals, who do not use condoms, are also engaging in intercourse with multiple partners, either concurrently or in serial monogamy. Many Canadian snowbirds who dated in Canada in the previous 12 months reported engaging in sexual intercourse with multiple partners. Specifically, 36.67% of dating Canadian snowbirds reported engaging in sexual intercourse with two or more partners in Canada. This is particularly worrisome as again both the non-use of condoms and engagement in sexual intercourse with multiple partners are well documented risk factors for HIV transmission (Centers for Disease Control and Prevention, 2008c).

As a significant proportion of Canadian seniors reported both dating and engaging in sexual intercourse with dates in Canada in the past 12 months, this supports the need for further research to be conducted in this area. It is imperative that such research be conducted in order to better understand how the transition into older adult life may impact their dating and sexual behaviour, and vice versa. Cohort-specific behaviour should also be examined.

7.5 Socializing Patterns of Canadian Snowbirds in Florida

For many snowbirds, socializing is a highly valued activity within their winter host communities (Sullivan & Stevens, 1982). This was true of the Canadian snowbirds sampled within the current study. Not only do these Canadian snowbirds possess large social networks and participate in many social and physical activities weekly or more while in Florida; they also indicated that they were more active (both socially and physically) in Florida than when in Canada for the winter and summer months.

It was especially important to examine the socializing patterns of Canadian snowbirds in order to determine with whom they associate and whether socializing translates to dating while residing in Florida for the winter season.

7.5.1 Number of Close Friends/Relatives in Florida

A previous study by Tucker et al. (1992) reported that three-quarters of Anglophone Canadian snowbirds had at least one close friend living near their Florida home, while 35% reported having ten or more friends in Florida. The findings of the current study are consistent with this previous research as most Canadian snowbirds reported having large social networks with whom they visited regularly. Specifically, 85.95% of the Canadian snowbirds sampled reported having at least one close friend or relative living near their Florida home, with most Canadian snowbirds reporting an average of ten close friends/relatives in Florida. It is important to note that a small proportion of the sample (14.05%) did report having no close friends or relatives. However, this percent was much lower than that observed within the literature (25.5%) (Tucker et al., 1992).

Canadian snowbirds who possessed the largest social networks in Florida were: aged 70 years or older, never-married, had been wintering in their current area in Florida for an extended period of time, stayed in Florida for a greater number of months on their last trip, maintained a more permanent secondary residence in Florida and owned their Florida accommodation.

7.5.2 Types of Close Friends/Relatives in Florida

Much of the literature that examines the Canadian snowbird phenomenon does not distinguish between the types of friends Canadian snowbirds associate with while in Florida. This study attempted to reconcile this limitation by asking Canadian snowbirds to indicate the number of close friends or relatives who were fellow snowbirds, Floridians, other Americans or neither Canadian nor American in Florida. Emphasis was placed on examining the number of close friends who were Floridians and how often they got together with these friends in order to

determine the potential for Canadian snowbirds to form dating and/or sexual relationships with this risky segment of the American senior population.

Canadian snowbirds associated most frequently with fellow snowbirds, followed by other Americans and Floridians. Few snowbirds reported having friends who were neither Canadian nor American. Although just under one half of the sample reported having at least one close friend or relative who was a Floridian, when asked to indicate how often they got together with these friends, 69.17% did so more than once per week while 24.06% did so everyday. More importantly, unmarried snowbirds reported getting together with their Floridian friends more frequently while in Florida than married snowbirds. It was therefore hypothesized that as Canadian snowbirds, especially those who were not married, reported getting together with their Floridian friends regularly this would increase the likelihood that they would come in contact with a potential dating partner. This was important to consider as HIV prevalence among seniors in the United States is the highest in Florida. However, the frequency of contact with Floridians was observed to be unrelated to dating in Florida. This finding should not be completely discounted. Instead, additional research with a larger sample should be conducted. This will act to reduce the potential for bias within the study results as mentioned at the end of section 7.4.

7.5.3 Participation in Social and Physical Activities in Florida

At the present time, literature regarding Canadian snowbird's participation in social and/or physical activities within their Florida winter communities is non-existent. The only literature available focuses solely on North American snowbirds who seasonally migrated to mobile homes and travel trailer parks in Arizona, and may not be representative of snowbirds in Florida or in general.

Literature suggests that snowbirds are active within their winter host communities. A study by Sullivan and Stevens (1982) of Arizona-bound North American snowbirds found that 58.5% of trailer park snowbirds participated in community activities weekly, with most pursuing four to five activities. The results of the current study are consistent with this previous literature. Specifically, the Canadian snowbirds sampled reported engaging in an average of four social activities and four physical activities weekly or more often while in Florida. Few Canadian snowbirds did not engage in any social (2.01%) or physical (1.34%) activities weekly or more often. Further, when these Canadian snowbirds were asked to compare their level of social activity in Florida versus at home in Canada during the winter and the summer, they reported being significantly more active in Florida under both circumstances. Not unexpectedly, females were more socially active when in Florida than males. When Canadian snowbirds were asked to compare their level of physical activity in Florida versus at home in Canada during the winter and the summer, a significant proportion reported being more physically active when in Florida under both circumstances.

It has been noted that one of the most important predictors of dating in later-life is participation in social activities, as older adults who are socially active have a greater opportunity to meet new individuals who may be potential dating partners (McElhaney, 1992). As a result, it was originally hypothesized that Canadian snowbirds who engaged in a number of social or physical activities regularly within their winter host communities would be more likely to date while in Florida. However, dating was found to be unrelated to the number of social or physical activities engaged in while in Florida. This finding should not be completely discounted. Instead, additional research with a larger sample should be conducted in order to minimize the possibility for bias within the study results (see section 7.4).

Overall, it is possible that Canadian snowbirds compensate for the reduction in contact with family and friends in Canada by forming new friendships with others while in Florida for the winter season (Marshall & Longino Jr., 1988). This is supported by the fact that Canadian snowbirds possess large social networks in Florida with whom they visit regularly. This is further supported by the notion that Canadian snowbirds live an active lifestyle in Florida as their participation in both social and physical activities is high. It is especially important to consider the implications of these active social networks. As Canadian snowbirds interact regularly with others while in Florida, this increases the likelihood that they may meet individuals who may be potential dating or sexual partners. Again, this is important to consider as Florida possesses the highest rates of HIV amongst seniors in all of the United States.

7.6 Dating and Sexual Behaviour of Canadian Snowbirds in Florida

Literature that examines the dating and sexual behaviour of Canadian snowbirds while in Florida for the winter season is non-existent. This study attempted to overcome this limitation by collecting preliminary information regarding the dating characteristics and sexual behaviour of Canadian snowbirds in Florida. Particular emphasis was placed on examining: the proportion of Canadian snowbirds who dated in Florida, the types of dating partners they tended to associate with, whether they engaged in sexual activities with these dating partners and their sexual safety when doing so. This information was important to obtain in order to determine whether Canadian snowbirds are at increased risk for HIV infection while residing in Florida for the winter season. Overall, the results of this small-scale pilot study suggest that Canadian snowbirds are placing themselves at increased risk for HIV infection while in Florida. Evidence to support this notion focuses on the dating and sexual behaviour characteristics of these snowbirds within their winter host communities.

Discretion should be used when considering the study results reported within this section. Due to the small number of Canadian snowbirds who dated in the past five years (N = 56), it is possible that some associations may have failed to reach significance due to insufficient power and were therefore missed. Alternatively, it is possible that a small number of responses indicative of risk-behaviour may have skewed the results toward significance, where such a finding might not be true within the general Canadian snowbird population.

7.6.1 Dating Behaviour of Canadian Snowbirds in Florida in the Past Five Years

When dating Canadian snowbirds were asked to indicate where they dated in the past five years, 41.07%²² reported having dated in Canada, 5.36%²³ reported having dated in Florida and 53.57%²⁴ reported having dated in both Canada and Florida. Not surprisingly, those Canadian snowbirds who dated in Florida were predominately unmarried (90.01%). The large proportion of daters who dated in Florida in the past five years (58.93%) was a particularly relevant finding with respect to their potential for HIV infection. As the prevalence of HIV is highest amongst Floridian seniors, the fact that over half of dating Canadian snowbirds dated in Florida in the past five years demonstrates that there is a reasonable likelihood that they could come in sexual contact with an infected individual.

A relevant finding with respect to dating in Florida is related to the ease of finding dating partners. In particular, 72.72% of daters reported finding it somewhat or very easy to find a date in Florida. This is compared to 44% of daters who reported the same for in Canada. Not unexpected, male daters were more likely to report finding it somewhat or very easy to find a date in Florida than female daters. The explanation for this is likely centered on the fact that after

²² This percent includes those daters who dated in Canada as well as outside of Canada/Florida, but not in Florida

²³ This percent includes those daters who dated in Florida as well as outside of Canada/Florida, but not in Canada

²⁴ This percent includes those daters who dated in both Canada and Florida, as well as outside of Canada/Florida

the age of 60, the ratio of males to females is one man for every two women (American Association of Retired Persons, 2003). Daters less than 70 years of age were also more likely to report finding somewhat or very easy to find a date in Florida compared to older Canadian snowbirds (aged 70 years or older). Unfortunately, the reasons why these daters felt it was easier to find a date in Florida rather than in Canada were not examined.

A possible explanation for why it is easier to find a date in Florida versus in Canada may be related to the Florida atmosphere. Specifically, Canadian snowbird's seasonal trip to Florida can be compared to a 'spring break' for seniors. They are more active in Florida, they interact with others regularly and they are more likely to possess that care-free attitude that is associated with a vacation. All of these factors may increase the likelihood that a Canadian snowbird could come in contact with a potential dating or sexual partner while in Florida.

Regarding the socializing variables, although most were not associated with dating in Florida, the number of friends or relatives in Florida was. Specifically, Canadian snowbirds who dated in Florida in the past five years reported a greater number of close friends or relatives than those who dated only outside of Florida. This finding is consistent with previous literature that supports the association between increased social activity and dating behaviour (Bulcroft & Bulcroft, 1991; McElhaney, 1992). Dating in Florida was unrelated to: the number of social or physical activities engaged in and the frequency of contact with Floridian friends.

Canadian snowbirds who dated in Florida in the past five years were most likely to date Floridians followed by fellow snowbirds and other Americans. Few Canadian snowbirds dated an individual who was neither Canadian nor American. As close to 60% of Canadian snowbirds who dated in the past five years did so in Florida and as they predominately dated Floridians

while there, this supports the notion that Canadian snowbirds may be at increased risk for HIV infection while in Florida for the winter as Floridians are an at-risk group.

7.6.2. Dating Behaviour of Canadian Snowbirds in Florida in the Past Twelve Months

Of the Canadian snowbirds who dated in Florida in the past five years, 81.81% reported at least one dating partner in Florida in the past 12 months. Almost all Canadian snowbirds who dated in Florida in the past 12 months were unmarried (88.89%). Most of these daters dated two or more partners in Florida (48.48%) while 33.33% dated one partner. The finding that almost 50% of these daters dated more than one partner in Florida in the past 12 months and that most were unmarried is important to consider with respect HIV to infection. Specifically, the occurrence of such multiple dating partnerships demonstrates that there is a reasonable likelihood that they could come in contact with an infected individual. This is especially important to consider with respect to sexual behaviour. If Canadian snowbirds are engaging in risky sexual behaviour (e.g., non-use of condoms) with multiple dating partners in Florida, they are increasing their chances of becoming infected with HIV or another sexually transmitted infection.

When Canadian snowbirds who dated in Florida in the past 12 months were asked to indicate the types of partners they dated, a similar trend was found to that within the previous five years. That is, these daters were most likely to date Floridians (70.37%), followed by Canadian snowbirds (40.74%), other Americans (33.34%) and individuals that were neither Canadian nor Americans (7.41%). The finding that Florida daters were most likely to date a Floridian in the past 12 months again demonstrates that there is a reasonable likelihood that they could come in sexual contact with an infected individual

7.6.3 Sexual Behaviour of Canadian Snowbirds in Florida in the Past Twelve Months

The findings of this small-scale pilot study suggest that sexual activity continues to be an integral part of Canadian snowbird's dating relationships in older adult life. Evidence to support this focuses on their frequency of engagement in sexual activity with their dating partners while in Florida in the past 12 months. In particular, it was observed that 96.3% of daters engaged in kissing or hugging with their Florida dating partners, 92.59% engaged in sexual touching or caressing, 77.78% engaged in sexual intercourse and 55.56% engaged in oral sex. More importantly, over half of these daters reported engaging in each of these sexual activities weekly or more often, with the exception of oral sex (25.92%).

While engagement in sexual intercourse possesses many emotion and physical benefits, it may also pose sexual risk if appropriate preventative measures (e.g., condoms) are not put in place. The findings of this study suggest that Canadian snowbirds are not routinely protecting themselves against HIV or other sexually transmitted infections when engaging in sexual intercourse with dates in Florida. Specifically, only a small proportion of daters reported using condoms with some consistency (all of the time or usually) and many reported multiple sexual partners within the previous 12 months. Both are well established risk factors for HIV and other sexually transmitted infections (Centers for Disease Control and Prevention, 2008c).

Regarding condom use during sexual intercourse with dating partners (including Floridians, Canadian snowbirds and other Americans) in Florida, fewer than 15% of daters reported using condoms either usually or all of the time. This is particularly worrisome as the documented prevalence of HIV is highest amongst seniors within this southern state. Unfortunately, due to small sample size it was not possible to examine the multivariate

predictors of condom use the last time they engaged in sexual intercourse with a dating partner in Florida.

Although Canadian snowbirds were not asked to indicate their reasons for not using condoms with their Florida dating partners, several reasons were previously hypothesized and should be examined in future studies (see section 7.4.2).

Sexual risk multiplies if individuals, who do not use condoms, are also engaging in intercourse with multiple partners, either concurrently or in serial monogamy. Many daters in this sample did report engaging in sexual intercourse with multiple partners in Florida within the previous 12 months. Specifically, the mean number of sexual partners (including Floridians, Canadian snowbirds or other Americans) reported in Florida was two, with those Canadian snowbirds who dated two or more partners in Florida also reporting multiple sexual partners. This is particularly worrisome as previous literature suggests that both the non-use of condoms and engagement in sexual intercourse with multiple partners increases one's risk for HIV or other sexually transmitted infections (Centers for Disease Control and Prevention, 2008c).

It is important to note here that Canadian snowbirds who engaged in sexual intercourse with a date in Florida in the past 12 months reported a slightly greater number of sexual partners than those who engaged in sexual intercourse with a date in Canada within the same time period (mean = 1.95 partners vs. mean = 1.47 partners). Additionally, while 36.67% of daters engaged in sexual intercourse with two or more partners in Canada in the past 12 months, a substantially greater proportion (66.66%) reported doing the same while in Florida. Thus, it would appear that sexual-risk behaviour is occurring to a greater extent while in Florida.

Over-three quarters of Canadian snowbirds who engaged in sexual intercourse with dates in Florida in the past 12 months did so with a Floridian partner. The non-use of condoms coupled

with engagement in sexual intercourse with this known at-risk segment of the American senior population clearly indicates that Canadian snowbirds are at risk for HIV infection while in Florida.

The finding that most daters are not readily protecting themselves against HIV or other sexually transmitted infections when engaging in sexual intercourse with dates supports the need for further research in this area in order to determine: (1) what information and new skills these seniors need to promote their optimal sexual health and; (2) how best researchers and behaviour change interventions can work to address their needs.

7.7 Factors Associated with Inconsistent Condom Use and Multiple Sexual Partnerships with Americans in Florida in the Past 12 Months

The study personnel had originally planned to examine the multivariate predictors of inconsistent condom use with American partners as well as engagement in sexual intercourse with multiple American partners in Florida, as both are risk factors for HIV infection (Centers for Disease Control and Prevention, 2008c). However, due to small sample size it was not possible to perform multivariate analyses or bivariate analyses for these research objectives. It is essential that further research be conducted with a larger sample to examine the predictors of such risk-related behaviour in order to both educate seniors regarding their risk for HIV infection and to facilitate the adoption of safer sexual practices within this at-risk segment of the Canadian population.

7.8 Factors Associated with Inconsistent Condom Use with Non-Spouse Partners in the Past 12 Months

Condoms were not used or were used inconsistently (82.35%) by the majority of Canadian snowbirds who had sexual intercourse with a non-spouse partner in the past 12 months. Only a small number of Canadian snowbirds had engaged in sexual intercourse with a non-

spouse partner (including a Canadian, Floridian or other American) in the past 12 months; therefore, it was not possible to perform multivariate analyses for this research objective. At the bivariate level few p-values were observed to be significant. As a result, it was only possible to highlight trends towards significance for this research objective.

Canadian snowbirds who were most likely to use condoms inconsistently (not at all, rarely or sometimes) with a non-spouse partner were: female, aged 70 years or older, unmarried, had never tested for HIV, had been diagnosed with an STI in the past five years, had not had a doctor discuss sex with them in the past five years, had not discussed sexual risk-behaviour with a doctor since the age of 50 and felt uncomfortable buying or getting condoms. An important finding to note is related to the relationship between inconsistent condom use and physician communication. As most daters who are engaging in this risk behaviour are not talking to their physician about sex, they are missing opportunities for education about the precautions they should be taking and how to become more comfortable with adopting safer sex practices, like buying condoms or negotiating condom use for example. This provides evidence to support the need for appropriate education by physicians and other health practitioners in order to minimize Canadian seniors risk for HIV infection.

7.9 Factors Associated with HIV Testing

Few Canadian seniors have ever tested for HIV. As a result, the true HIV status of the Canadian senior population as a whole is unknown. The Public Health Agency of Canada (Public Health Agency of Canada, 2005) reports that only 7% of seniors aged 55-64, 4% of seniors aged 65 to 74 and 2% of seniors aged 75 years or older have ever tested for HIV. This is compared to 18% of Canadian aged 15 years or older (Public Health Agency of Canada, 2005). Consistent with

this literature, only 17.74% of the Canadian snowbirds sampled in the current study had ever tested for HIV, with less than one-quarter of these snowbirds self-initiating the testing process.

Factors Associated with Ever Testing For HIV -- All Study Participants

A multitude of variables were examined in order to determine the predictors of HIV testing within the entire Canadian snowbird sample. Overall, the odds of HIV testing were found to be increased for: the unmarried, those aged 50 to 65, those who had discussed sexual risk-behaviour (e.g., sex with a new partner) with a physician since the age of 50 and those who indicated that sex was important in their lives. Further, dating males were twice as likely to test as non-dating males; and 14 times more likely to test than females who dated.

Several reasons were hypothesized as to why males who dated were more likely to test than females who dated. First, for many older men sexual dysfunction is a relatively common occurrence. Specifically, a study by the American Association of Retired Persons (2005) found that 23% of older men reported seeking treatment for a sexual functioning-related problem from their personal physician in the previous 12 months. This was compared to only 8% of older women. As these men sought treatment from their physician, this may have acted to open the lines of communication with respect to their sexual health, including their potential for HIV infection. This in turn may have increased the likelihood that these men would consider testing for HIV. Second, society continues to perpetuate the notion that sexuality is inappropriate or rarely practised at older ages, especially amongst senior women. Females who are promiscuous are often labelled with derogatory terms and their behaviour is considered inappropriate. Promiscuity does not possess the same negative connotations amongst males. Thus, it is possible that females may not be testing for HIV as readily as males, as they do not want others to know their sexual history.

A finding that is important to note regarding HIV testing was that standard measures of HIV/STI risk, including sexual risk-behaviour, were not found to be associated with having ever tested within the entire Canadian snowbird sample. Specifically, HIV testing was unrelated to: dating specifically in Florida vs. Canada, the number of dating or sexual partners, the frequency of engagement in sexual intercourse with dates, condom use with dating partners and STI diagnosis in the past five years. A possible explanation for this finding is that those who are engaging in the riskiest sexual behaviour are not testing for HIV. Thus, this supports the need for a future large-scale study to better understand the testing behaviour of Canadian snowbirds in order to determine whether there is an increased risk for HIV amongst seniors in Canada.

Factors Associated with Ever Testing For HIV -- Dating Participants Only

A slightly larger proportion of dating Canadian snowbirds (30.91%) had ever tested for HIV than non-dating snowbirds (15.85%). It was not possible to perform a multivariate regression analysis only on dating Canadian snowbirds due to the small number of them who dated in the past five years. Instead, detailed bivariate analyses were conducted in order to determine the factors associated with HIV testing amongst dating Canadian snowbirds. Predictors identified were similar to that of the full snowbird sample. Daters who were more likely to test for HIV were: male, had discussed sexual risk-behaviour with a doctor since the age of 50, had been diagnosed with an STI in the past five years and indicated that sex is a pleasurable experience. Males who dated in Canada were also more likely to test than females who dated. Again, well documented risk factors for HIV infection, including the non-use of condoms and multiple sexual partnerships, were still not associated with HIV testing. Thus, it would appear that dating Canadian snowbirds who are engaging in the riskiest sexual behaviour are still not testing for HIV. This again supports the need for further research in this area.

7.10 Strengths and Limitations

There are several strengths to this study:

1. This is thought to be the first study to examine HIV risk-behaviour amongst Canadian snowbirds who winter in Florida. This information was especially important to collect as Florida possesses the largest number of prevalent HIV cases amongst individuals aged 50 years or older in the United States (Drummond, 1999).
2. As HIV risk-behaviour was present within this study, this supports the need for a large-scale study to further understand the social and sexual interactions of Canadian snowbirds in both Canada and Florida in order to determine whether they are at increased risk of HIV similar to that seen in Floridian seniors.
3. This study collected information on both socio-demographic and travel characteristics in order to provide an up-to-date, detailed profile of Canadian snowbirds who winter in Florida. This was advantageous as much of the literature that examines the Canadian snowbird phenomenon is significantly dated; having occurred the last time the Canadian dollar was relatively high against the American dollar in the early 1980s.
4. This study collected information regarding the socializing patterns of Canadian snowbirds in Florida. This was advantageous as previous literature on this topic was conducted in the late 1980's and early 1990's.
5. This study contributes knowledge to the topics of dating and sexuality amongst the Canadian senior population. This information was especially important to collect as research in this area is insufficient.
6. Including four methods of data collection (face-to-face interviews, telephone interviews, paper-and pencil questionnaires and online questionnaires) allowed participants to choose

the method they felt most comfortable completing. This decreased the likelihood for item non-response and social desirability bias, and also informs the study team regarding best options for data collection for a subsequent large-scale study

7. Providing an online component allowed recruitment of participants to take place in both Florida and Canada simultaneously. This allowed for a larger sample of individuals to be contacted in a smaller period of time compared to interviews or self-completed questionnaires (Wright, 2006). This is supported by the fact that the majority of Canadian snowbirds participated in the study via an online questionnaire.
8. Including an online component allowed for greater confidentiality, anonymity and privacy on behalf of the participants (de Leeuw et al., 2008). It also allowed participants to participate in the study at their leisure.
9. This study was comprehensive as it focused on a number of issues pertinent to the Canadian snowbird population including dating behaviour and sexual risk-behaviour as well as health care utilization and health insurance.
10. In order to detect socially desirable responders, the Marlowe-Crowne 2 Social Desirability Scale was included in all four methods of data collection. This allowed for a more accurate interpretation of the study results. Social desirability was only marginally correlated with one outcome variable in this study, 'have you dated or started a new relationship in the past five years'. Thus, it is likely that little bias was introduced in the study due to self-reported information on the sensitive questions.

This study also possessed several limitations:

1. As questions of a sensitive nature were posed there was the possibility for item non-response across all methods of data collection, although it was most pertinent to

participants who completed a face-to-face interview. This was tempered by the use of prompt cards whereby the participant could answer using a lettered category rather than stating a sensitive response directly to the interviewer (see prompt cards included at the end of the interview schedule, Appendix A). As well, participants were provided with multiple methods of data collection. Thus, they were able to select the method they felt most comfortable completing. This decreased the likelihood for item non-response and social desirability bias.

2. As an interviewer was not available to resolve difficulties with the online questionnaire, there was a greater likelihood for non-response and premature termination as well as inaccurate responses and incomplete questionnaires (de Leeuw et al., 2008). This was a concern within the current study.
3. There was the possibility for inaccurate responses and incomplete questionnaires as a result of poor question clarity and comprehension for a few questions. However, to rectify this issue the survey instrument was pilot-tested on a group of six seniors in order to test the flow of the questions and test the wording of newly created questions for comprehension and effectiveness.
4. A random sampling method could not be employed as no complete listing of all Canadians snowbirds who winter in Florida exists. As a result, the sample of participants who agreed to participate in this study may not have been representative of the larger Canadian snowbird population. It is possible that the Canadian snowbirds who agreed to participate in this study may have held different attitudes and knowledge and may have behaved differently than those who chose not to participate. It is also possible that the Canadian snowbirds who agreed to participate may have been more active and motivated

to participate compared to those who chose not to. This may have introduced sample bias into the study (Gordis, 2004).

5. The majority of questions included in the survey instrument do not have published information regarding their validity and/or reliability. It is important to determine whether the survey questions and scales possess adequate validity and reliability in order to ensure accurate interpretation of the survey results.
6. This study had multiple research objectives and the length of the questionnaire may have been an issue. However, in order to decrease the likelihood of item non-response or premature termination the survey instrument was pilot-tested with a group of six seniors. It was not necessary to remove questions as it did not take longer than thirty minutes to complete the questionnaire.
7. The targeted sample for this study was Canadian snowbirds aged 50 years or older who temporarily migrate to Florida. As a result, it is not possible to generalize the study results to Canadian snowbirds who winter in other southern locations such as Arizona or Texas.
8. As a cross-sectional study design was employed, it was not possible to identify causal relationships (Gordis, 2004).
9. Low power may have been an issue within this study due to small sample size. This was an especially pertinent issue when it came to multivariate modelling. Due to the small number of daters, it was not possible to perform multivariate analyses regarding the following dependent variables: HIV testing amongst dating participants, inconsistent condom use during sexual intercourse with non-spouse partners, inconsistent condom use

during sexual intercourse with American dating partners and multiple sexual partnerships with American dating partners in Florida.

10. As a result of small sample size, it is possible that some associations may have failed to reach significance due to insufficient power and were therefore missed. Alternatively, it is possible that a small number of responses indicative of risk-behaviour may have skewed the results toward significance, where such a finding might not be true within the general Canadian snowbird population.

7.11 Implications for Future Research

This small-scale pilot study aimed to collect preliminary information regarding the dating and sexual behaviour of Canadian snowbirds in both Canada and in Florida. This information was important to obtain in order to determine whether Canadian snowbirds are at increased risk for HIV infection through unsafe sexual practices. The results of this study aimed to fill a knowledge gap regarding the sexual and HIV-risk behaviour of Canadian seniors. Overall, this study provided useful information to go forward with a large-scale study.

The first step in conducting future research in this area is to include a larger sample with a greater number of unmarried Canadian snowbirds, as they appear to be the most likely to date and engage in sexual intercourse with their dating partners. However, this does not mean that married snowbirds should be excluded, as a small proportion of the married Canadian snowbirds within the current sample (8.43%) reported engaging in extramarital relations. Including a larger sample would reduce the likelihood for bias to be introduced into the study results. Specifically, a larger sample would decrease the possibility of missing significant associations due to insufficient power. Alternatively, it would reduce the likelihood of skewed results due to a small

number of extreme responses (e.g., a few participants engaging in risky behaviour), which may occur with a small sample.

Regarding socializing in Florida, it is recommended that a distinction be made regarding the number of friends and the number of relatives in Florida. This was asked about in one question in the current study. This distinction will allow researchers to obtain a more representative picture of the social networks of Canadian snowbirds in Florida. As well, further research should be conducted to determine whether an association exists between where Canadian snowbirds stay in Florida (i.e., their accommodation) and dating behaviour while there. Specifically, where a Canadian snowbird stays while in Florida (e.g., in a snowbird oriented trailer park) may have important implications regarding their potential to meet Floridian dating partners. This needs to be examined in the large-scale study.

Additional information should also be collected regarding the dating behaviour of Canadian snowbirds in both Canada and Florida. It was observed that a greater proportion of daters reported finding it easier to find dates in Florida as opposed to Canada. However, they were not asked the reasons why it was easier to date in Florida. These reasons should be examined in the large-scale study. It would also be interesting to determine whether the reasons for dating and the venues for finding dates vary depending on location (i.e. Canada vs. Florida). This would allow researchers to obtain a more detailed profile of the characteristics of daters in both locations.

Several additional questions should be asked about the sexual behaviour of Canadian snowbirds in both Canada and Florida. For those Canadian snowbirds with a spouse or common-law partner, the reasons for using a condom with their partner should be examined. As most Canadian snowbirds in the current sample were in long-term monogamous relationships, one

would assume that condoms would no longer be a necessity. Such information would help fill a knowledge gap regarding the sexual safety of Canadian snowbirds with a regular sexual partner. For those Canadian snowbirds with a dating partner, it is important to examine the reasons for using and for not using condoms. This information would help to uncover potential barriers (e.g., lack of education regarding how to effectively negotiate the use of a condom with a new partner) that prevent seniors from using condoms. Strategies and interventions could then be put in place to remove these barriers and in turn facilitate the adoption of this safer sexual practice. As well, the predictors of both the non-use of condoms with non-spouse partners and the non-use of a condom the last time they engaged in sexual intercourse with a date should be examined in the large-scale study. It was not possible to conduct such analyses in this study due to the small number of daters. These analyses will aid researchers in determining the characteristics of at-risk individuals, so that education and preventative strategies can be subsequently targeted to this population.

Due to the small number of dating Canadian snowbirds within the current study sample, it was not possible to examine whether Canadian snowbirds who had been diagnosed with a sexually transmitted infection were using condoms when engaging in sexual intercourse with dating partners. This information is important to obtain and should be examined in the large-scale study as such behaviour also poses sexual-risk.

A lack of association was observed between sexual risk-behaviour and HIV testing, thus indicating that the riskiest seniors are likely not testing. The large-scale study should obtain information regarding the motivations for and against HIV testing. This will allow for potential barriers to testing to be uncovered and for interventions (e.g., senior testing programs) to be targeted at seniors, especially those who are at high-risk for HIV infection. Increased testing will help to fill a knowledge gap regarding the true HIV rate of the Canadian senior population. Further

research should also examine the predictors of HIV testing amongst dating Canadian snowbirds. This will allow researchers to determine whether factors associated with HIV testing vary between dating Canadian snowbirds and the general Canadian snowbird population. This study did not ask Canadian snowbirds to disclose their HIV status. This is a question to consider for the large-scale study.

Other risk-related behaviour, including alcohol and drug use, in both Canada and Florida should be examined in the large-scale study. In Florida, it is possible that alcohol and drug use may be perpetuated by the notion that Canadian snowbirds are on a ‘timeout’ while in Florida. They are more socially active while there, they get together with their friends frequently and they are there to relax and have fun. All of these factors may be associated with increased alcohol or drug use. Thus, further research should be conducted to determine whether and how these risk-factors are associated with the Florida lifestyle. Additional research should also examine whether an association exists between alcohol and/or drug use and dating or sexual-risk related behaviour amongst Canadian snowbirds while in Florida and in Canada, as previous literature has documented this association in younger cohorts (Capaldi, Stoolmiller, Clark, & Owen, 2002; Centers for Disease Control and Prevention, 2008b; Rashad & Kaestner, 2004).

Finally, additional questions regarding general health status, mental health and physical health should be included as all of these factors have been associated with maintaining an active sexual life as one ages (Health Canada, 2006; Lindau et al., 2007)

8. CONCLUSIONS

This is thought to be the first study to investigate the dating and sexual behaviour of Canadian snowbirds who winter in Florida. The results of this small-scale pilot study suggest that Canadian snowbirds are dating and engaging in sexual intercourse frequently with their dating partners, in both Canada and Florida. However, it is also evident that Canadian snowbirds, especially those who are starting to date again following death or divorce from a spouse, are not routinely protecting themselves against HIV or other sexually transmitted infections. The majority of dating Canadian snowbirds reported not using condoms consistently when engaging in sexual intercourse with dates and many also reported multiple sexual partnerships. Both are well established risk factors for HIV and other sexually transmitted infections. In addition, the results of this study suggest that Canadian snowbirds are willing to respond to questions regarding their sexuality and sexual-risk behaviour. Overall, these results provide justification for a future large-scale study in order to better understand the social and sexual interactions of Canadian snowbirds to determine whether they are at increasing risk of HIV similar that observed amongst Floridian seniors.

Based on the results of this study, there are two recommendations that can be put into practice at the present time. First, talking about sexuality with seniors should not be a taboo topic. As it is clear that sexuality does not cease with increasing age, physicians need to openly discuss sexuality and sexual-risk with their senior patients. Second, seniors need to start talking to each other. They need to become comfortable discussing sexual risk and how to negotiate safer sex with a new partner.

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APPENDICES

Appendix A: Survey Instrument (modified)²⁵

ID: _____

**Lifestyles and Healthcare
of
Canadian Snowbirds in Florida**



Survey Instrument



Dr. Sandra Bullock,
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²⁵ The survey instrument included in this appendix is the second (revised) version

SECTION A: BASIC PERSONAL INFORMATION

A1 How did you hear about this study?

- ₁ Poster
- ₂ Pamphlet
- ₃ Word of Mouth
- ₄ Advertisement in newspaper
- ₅ Advertisement on internet
- ₆ Contact with Interviewer
- ₇ Poster or pamphlet at Florida doctor's office / clinic
- ₈ Other, how? _____

A2a Do you have internet access while living at home in Canada?

- ₃ Yes, at home
- ₂ Yes, only out of the home (e.g., library, community centre, friend's house)
- ₁ Yes, both at home and out of the home
- ₀ No

A3a Do you have internet access in Florida?

- ₃ Yes, at home
- ₂ Yes, only out of the home (e.g., library, community centre, friend's house)
- ₁ Yes, both at home and out of the home
- ₀ No

A4 Are you ...

- ₁ Female, or
- ₂ Male?

A5 What is your year of birth? |_1_|_9_|_|_|_|

A6 What is the highest level of education that you have completed?

- ₀₁ Grade 8 or lower
- ₀₂ Grade 9 - 11
- ₀₃ Grade 12 - 13
- ₀₄ Trades certificate or diploma from a vocational school or apprenticeship training
- ₀₅ Non-university certificate or diploma from a community college, CEGEP, school of nursing etc.
- ₀₆ University certificate below bachelor's level
- ₀₇ Bachelor's degree
- ₀₈ University certificate or diploma above a bachelor's level
- ₀₉ Other, please specify _____

- A7 What is your current employment status?
- ₁ Full-time
 - ₂ Part-time (not receiving pension)
 - ₃ Semi-retired (working part-time and also receiving a pension)
 - ₄ Retired (no longer working)
 - ₅ Unemployed
 - ₆ Other, please specify _____

- A8 Into which group did your total annual 2007 household income from all sources fall, in Canadian dollars, before taxes?
(PROMPT CARD A IS USED FOR THIS QUESTION)

- A ₀₁ Less than \$14,500
- B ₀₂ \$14,500 - \$24,999
- C ₀₃ \$25,000 - \$29,999
- D ₀₄ \$30,000 - \$34,999
- E ₀₅ \$35,000 - \$39,999
- F ₀₆ \$40,000 - \$49,999
- G ₀₇ \$50,000 - \$74,999
- H ₀₈ \$75,000 - \$100,000
- I ₀₉ More than \$100,000

- A9 In which province or territory do you live while you are in Canada?
- ₀₁ Alberta
 - ₀₂ British Columbia
 - ₀₃ Manitoba
 - ₀₄ New Brunswick
 - ₀₅ Newfoundland and Labrador
 - ₀₆ Northwest Territories
 - ₀₇ Nova Scotia
 - ₀₈ Nunavut
 - ₀₉ Ontario
 - ₁₀ Prince Edward Island
 - ₁₁ Quebec
 - ₁₂ Saskatchewan
 - ₁₃ Yukon Territories

- A10 How many years, in total, have you been wintering in a southern location?
 (WRITE APPROXIMATE NUMBER IF NECESSARY)

NUMBER OF YEARS: _____

- A11 How many years have you wintered in this area in Florida? If this year is your first year, enter 1.

NUMBER OF YEARS: _____

A12 If more than 1 year, how many months did you stay in Florida last winter?

NUMBER OF MONTHS _____

₈₈ Not more than 1 year

A13a Thinking of your latest trip to Florida, in what month did you arrive?

₁ October or earlier

₂ November

₃ December

₄ January

₅ February

₆ March

₇ April

A13b In what month did you end this particular stay?

₁ December

₂ January

₃ February

₄ March

₅ April

₆ May

₇ later than May

A14 What city or town did you stay in, on your latest trip to Florida?

CITY/TOWN: _____

A15 Why do you winter in Florida? (CHECK ALL THAT APPLY)

₁ Weather / climate

₁ Health

₁ Visit family or friends

₁ Recreation / vacation

₁ Like the location

₁ Job / business

₁ Other, please specify _____

A16 What type of building / complex did you live in, on your latest trip to Florida?

₁ Condominium / apartment

₂ Motel or hotel unit

₃ Mobile home

₄ Single family dwelling (house / town house)

₅ Trailer / RV

₆ Other, specify _____

A17 Is it a seniors-only building / complex?

- ₀ No
- ₁ Yes
- ₂ Not sure
- ₈ Not applicable

A18 Do you rent or own this accommodation?

- ₁ Rent
- ₂ Own
- ₃ Other, please specify _____

A19 Now I will read you a number of statements concerning your personal attitudes. Please let me know whether the statement is true or false as it applies to you.

	True	False
a. I never hesitate to go out of my way to help someone in trouble.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b. I have never intensely disliked anyone.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. There have been times when I was quite jealous of the good fortune of others.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. I would never think of letting someone else be punished for my wrong doings.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. I sometimes feel resentful when I don't get my way.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. There have been times when I felt like rebelling against people in authority even though I knew they were right.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. I am always courteous, even to people who are disagreeable.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. When I don't know something I don't at all mind admitting it.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. I can remember "playing sick" to get out of something.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. I am sometimes irritated by people who ask favours of me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

SECTION B: SOCIAL NETWORKS, AND INTIMACY

The next few questions are about your friends and companions in Florida. Some of the questions will be quite personal and may be embarrassing, please answer as honestly as possible, and if you would rather not answer a question, that is fine too.

- B1 How many close friends or relatives live within an hour's drive of your Florida home?
(WRITE APPROXIMATE NUMBER IF NECESSARY)

NUMBER OF FRIENDS / RELATIVES: _____

- B2 Of your close friends and relatives living within an hours drive of your Florida home...
(WRITE APPROXIMATE NUMBER IF NECESSARY)

- B2a How many are Canadians? _____
B2b How many are Floridians? _____ → if zero, go to B5
B2c How many are other Americans? _____
B2d How many are neither Canadian nor American _____

- B3 How often do you get together with your Floridian friends and relatives?

- ₆ About everyday
₅ 4-5 times per week
₄ 2-3 times per week
₃ Once per week
₂ 2-3 times per month
₁ Less than once a month

- B4 Do you maintain contact with your friends / relatives in Florida throughout the year; for example, with visits, letters, phone calls etc.?

- ₂ Yes, most or all
₁ Yes, some
₀ No, none

B5 How often do you typically participate in the following social activities when you are in Florida?

(PROMPT CARD B IS USED FOR THIS QUESTION)

	How often do you...	Daily or about daily	2 – 3 times per week	Weekly	Less than weekly	Not at all	Not sure
a	attend lectures or talks	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
b	take courses (e.g., arts & crafts, etc.)	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
c	go on day trips	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
d	see concerts or live entertainment	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
e	go to church, synagogue or other religious services or events	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
f	sit on the beach and chat	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
g	watch sporting events	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
h	eat out	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
i	do social activities at community complex	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
j	go to the dog or horse track	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
k	attend Jai alai	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
l	go to the library	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
m	attend festivals	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
n	go to a casino	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇

B6 How would you compare your degree of social activity in Florida to that in your Canadian community in the summer? In Florida are you...

- ₅ significantly more active,
- ₄ somewhat more active,
- ₃ about the same,
- ₂ somewhat less active, or
- ₁ significantly less active?

B7 How would you compare your degree of social activity in Florida to what it would have been if you had stayed home in Canada during the winter? In Florida are you ...

- ₅ significantly more active,
- ₄ somewhat more active,
- ₃ about the same,
- ₂ somewhat less active, or
- ₁ significantly less active?
- ₇ I don't know, I am not usually in Canada during the winter months

B8 How often do you typically participate in the following physical activities when you are in Florida?
(PROMPT CARD B IS USED FOR THIS QUESTION)

	How often do you...	Daily or about daily	2 – 3 times per week	Weekly	Less than weekly	Not at all	Not sure
a	play golf	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
b	go for a walk	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
c	go jogging	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
d	go swimming	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
e	go shopping	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
f	play tennis	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
g	go dancing	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
h	ride a bicycle	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
i	attend fitness classes	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
j	go lawn bowling	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
k	do tai chi	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇
l	do yoga	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₇

B9 How would you compare your degree of physical activity in Florida to that in your Canadian community in the summer? In Florida, are you ...

- ₅ significantly more active,
- ₄ somewhat more active,
- ₃ about the same,
- ₂ somewhat less active, or
- ₁ significantly less active?

B10 How would you compare your degree of physical activity in Florida to what it would have been if you had stayed home in Canada during the winter? In Florida, are you...

- ₅ significantly more active,
- ₄ somewhat more active,
- ₃ about the same,
- ₂ somewhat less active, or
- ₁ significantly less active?
- ₇ I don't know, I am not usually in Canada during the winter months

B11 The next series of statements are about sexual intimacy, please indicate how much you agree or disagree with each one.

(PROMPT CARD C IS USED FOR THIS QUESTION)

		Strongly Agree A	Agree Somewhat B	Neither agree nor disagree C	Disagree Somewhat D	Strongly Disagree E	Don't know Refused
a	Sexual activity/intimacy is important to my overall quality of life	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
b	Sexual activity/intimacy is a critical part of a good relationship	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
c	Sexual activity is a duty to one's spouse/partner	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
d	Sexual activity is a pleasurable, but not necessary part of a good relationship	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
e	Sex becomes less important to people as they age	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
f	I do not particularly enjoy sex	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
g	I would be quite happy never having sex again	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
h	Sex is only for younger people	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
i	People should not have a sexual relationship if they are not married	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
j	There is too much emphasis on sex in our culture today	<input type="checkbox"/> ₅	<input type="checkbox"/> ₄	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF

B12 What is your marital status? Are you ...

- ₁ married,
- ₂ living with a partner (common law),
- ₃ widowed,
- ₄ separated,
- ₅ divorced, or
- ₆ single, never married?

- B13 For how long have you been living this way?
₁ Less than one year
₂ More than one year → please indicate number of years _____

- B14 How satisfied have you been with your level of sexual intimacy in the past 12 months?
₅ Extremely satisfied
₄ Somewhat satisfied
₃ Neither satisfied nor dissatisfied
₂ Somewhat dissatisfied
₁ Extremely dissatisfied
₉ Refused

The next two questions refer to married and common-law partners only. If you are widowed, separated, divorced or single, please go to section C.

- B15a During the past 12 months, how often on average have you taken part in the following sexual activities with your spouse or common-law partner?

(PROMPT CARD D IS USED FOR THIS QUESTION)

		Not at all	Less than once a month	Once or twice a month	About once a week	More than once a week	Daily or almost daily	Don't know Refused
a	Kissing or hugging	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
b	Sexual touching or caressing	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
c	Oral sex	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
d	Sexual intercourse	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF

→ If no intercourse, go to Section C.

- B16a Do you use condoms with your spouse/common-law partner?
₄ Yes, all of the time
₃ Usually, but not all the time
₂ Sometimes
₁ Rarely
₀ Not at all → **Go to Section C**

- B16b Did you use a condom the last time you had sexual intercourse with your spouse or common-law partner?
₀ No
₁ Yes
₂ Not sure

SECTION C: DATING AND SEXUAL INTIMACY WITH PARTNERS IN CANADA, OUTSIDE OF THE MARITAL OR COMMON-LAW RELATIONSHIP

The next few questions are going to refer to dating and sexual intimacy with partners in Canada outside of the spousal or common law relationship. If this does not apply to you, you will quickly skip on to the next section.

- C1 Have you been on a date or in a new relationship anytime in the past 5 years? (If you are married, this question refers to partners other than your current spouse or common-law partner.)
- ₀ No → go to Section E
- ₁ Yes
- ₂ Not sure
- C2 In general, which of the following are reasons why you date? (CHECK ALL THAT APPLY)
- ₁ To find someone to marry
- ₁ To find a partner to live with, but not necessarily marry
- ₁ To have someone to talk to or do things with
- ₁ To have fun
- ₁ To fulfill my sexual needs
- ₁ Because of social pressure to have a partner
- ₁ To help me financially
- ₁ To find someone to take care of me
- ₁ Because I fear being alone
- ₁ To raise my self-esteem
- ₁ Other, please specify: _____
- C3 In general, how do you usually find a date? (CHECK ALL THAT APPLY)
- ₁ Through friends, neighbours, relatives
- ₁ Through religious groups or religious activities
- ₁ By frequenting bars or night clubs
- ₁ By chatting with people in supermarkets, malls, etc.
- ₁ Through community organizations
- ₁ Through children/grandchildren activities (e.g., school activities)
- ₁ By participating in a hobby (e.g., dancing, gardening)
- ₁ Going to, or participating in, sports activities (e.g., golf)
- ₁ Singles organizations, professional match-making services or online-dating services
- ₁ Paying an escort service or going to a place where I pay
- ₁ Other, please specify: _____

C4 Did any of these dates or new relationships occur within Canada?
₀ No → go to Section D
₁ Yes

C5 How easy or difficult has it been for you to find dates in Canada?
₁ Very easy,
₂ Somewhat easy,
₃ Somewhat difficult, or
₄ Very difficult.
₈ Does not apply – I have not been looking

C6 How many people have you dated in Canada during the past 12 months?

NUMBER OF PEOPLE: _____ → If zero, go to Section D

The next few questions are about sexual intimacy with dates in Canada, during the past 12 months. It does NOT refer to intimacy with a spouse or common-law partner.

C7a During the past 12 months while in Canada, how often on average have you taken part in the following sexual activities?

(PROMPT CARD D IS USED FOR THIS QUESTION)

		Not at all	Less than once a month	Once or twice a month	About once a week	More than once a week	Daily or almost daily	Don't know Refused
a	Kissing or hugging	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
b	Sexual touching or caressing	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
c	Oral sex	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
d	Sexual intercourse	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF

→ If no intercourse, go to Section D

C8 In the past 12 months in Canada, how many partners have you had sexual intercourse with? (Excluding your spouse or common-law partner)

NUMBER OF SEXUAL PARTNERS: _____

C9a With these partners, have you used condoms?

- ₄ Yes, all of the time
- ₃ Usually, but not all the time
- ₂ Sometimes
- ₁ Rarely
- ₀ Not at all → **Go to Section D**

C9b Did you use a condom the last time you had sexual intercourse with a date in Canada?

- ₀ No
- ₁ Yes
- ₂ Not sure

SECTION D: DATING AND SEXUAL INTIMACY WITH PARTNERS IN FLORIDA, OUTSIDE OF THE MARITAL OR COMMON-LAW RELATIONSHIP

The next few questions are going to refer to dating and sexual intimacy with partners in Florida, outside of the spousal or common law relationship. If this does not apply to you, you will quickly skip on to the next section.

- D1 Where, other than Canada, have you been on dates or started new relationships in the past 5 years? (Note: taking a cruise from a Florida location is considered in Florida for the purpose of this section)
- ₀ No where other than Canada → **Go to Section E**
 - ₁ In Florida
 - ₂ While wintering or vacationing outside of Canada and Florida → **Go to Section E**
 - ₃ Both (while in Florida AND while wintering or vacationing outside of Canada and Florida)
- D2 Were any of these dating or relationship partners...
(CHECK ALL THAT APPLY)
- ₁ Canadian snowbirds,
 - ₁ Floridians,
 - ₁ Other Americans, or
 - ₁ From outside of Canada and the USA? → **If you checked only this box, Go to Section E**
- D3 How easy or difficult has it been for you to find dates in Florida?
- ₄ Very easy,
 - ₃ Somewhat easy,
 - ₂ Somewhat difficult, or
 - ₁ Very difficult,
 - ₈ Does not apply - I have not been looking
- D4 How many people have you dated during the past 12 months when you have been in Florida?
- NUMBER OF PEOPLE _____ → **If zero, go to Section E**

D5 During the past 12 months while in Florida, were any of these dating or relationship partners... (CHECK ALL THAT APPLY)

Canadian snowbirds, → How many? _____

Floridians, → How many? _____

Other Americans → How many? _____

From outside of Canada and the USA? → **If you checked only this box, Go to Section E**

D6a During the past 12 months while in Florida, how often on average have you taken part in the following sexual activities, with a partner who is not your spouse or common-law partner?

(PROMPT CARD D IS USED FOR THIS QUESTION)

		Not at all	Less than once a month	Once or twice a month	About once a week	More than once a week	Daily or almost daily	Don't know Refused
a	Kissing or hugging	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
b	Sexual touching or caressing	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
c	Oral sex	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF
d	Sexual intercourse	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇ DK <input type="checkbox"/> ₉ REF

→ **If no intercourse in Florida, go to Section E**

D7a In the past 12 months when in Florida, how many Canadian snowbird partners have you had sexual intercourse with? (excluding your spouse or common-law partner)

NUMBER OF SEXUAL PARTNERS: _____ → **If zero, go to D8a.**

D7b With these partners, have you used condoms?

₄ Yes, all of the time

₃ Usually, but not all the time

₂ Sometimes

₁ Rarely

₀ Not at all → **Go to question D8a.**

D7c Did you use a condom the last time you had sexual intercourse on a date with a Canadian snowbird while in Florida?

- ₀ No
- ₁ Yes
- ₂ Not sure

D8a In the past 12 months when in Florida, how many Floridian partners have you had sexual intercourse with?

NUMBER OF SEXUAL PARTNERS: _____ → **If zero, go to D9a.**

D8b With these partners, have you used condoms?

- ₄ Yes, all of the time
- ₃ Usually, but not all the time
- ₂ Sometimes
- ₁ Rarely
- ₀ Not at all → **Go to question D9a**

D8c Did you use a condom the last time you had sexual intercourse on a date with a Floridian?

- ₀ No
- ₁ Yes
- ₂ Not sure

D9a In the past 12 months when in Florida, how many other American partners have you had sexual intercourse with?

NUMBER OF SEXUAL PARTNERS: _____ → **If zero, go to section E**

D9b With these partners, have you used condoms?

- ₄ Yes, all of the time
- ₃ Usually, but not all the time
- ₂ Sometimes
- ₁ Rarely
- ₀ Not at all → **Go to Section E**

D9c Did you use a condom the last time you had sexual intercourse on a date with an other American while in Florida?

- ₀ No
- ₁ Yes
- ₂ Not sure

SECTION E: PROTECTION, SEXUAL DIFFICULTIES, HIV TESTING AND COMMUNICATION ABOUT SEXUAL ISSUES WITH PHYSICIANS

This next section addresses safety during sexual intimacy, sexual difficulties and communication about sexual issues with physicians.

- E1 If you have used a condom in the past 5 years, who usually buys or gets them?
- ₅ Always me, never my partner
 - ₄ Usually me, rarely my partner
 - ₃ Often me, sometimes my partner
 - ₂ Often my partner, sometimes me
 - ₁ Usually my partner, rarely me
 - ₀ Always my partner, never me
 - ₈ Not applicable, I have not used a condom in the past 5 years
- E2 How comfortable are you, or would you be, buying, or getting, condoms?
- ₂ Very comfortable
 - ₁ Somewhat comfortable
 - ₀ Not comfortable at all
- E3 In the past five years have you been diagnosed with a sexually transmitted infection (such as Chlamydia, HPV, gonorrhea, syphilis, herpes, etc)?
- ₀ No
 - ₁ Yes
 - ₂ Not sure
- E4a Have you ever been tested for HIV?
- ₀ No → **Go to E5**
 - ₁ Yes → **Go to E4b**
 - ₂ Not sure → **Go to E5**
- E4b Why did you get tested? (CHECK ALL THAT APPLY)
- ₁ Doctor suggested it
 - ₁ I wanted to know
 - ₁ Life or travel health insurance
 - ₁ For research purposes
 - ₁ Blood donation
 - ₁ Other, please specify _____

- E5 Have you experienced any of the following sexual difficulties during the past 12 months?
(CHECK ALL THAT APPLY)
- ₁ Lack of interest
 - ₁ Did not find sex pleasurable
 - ₁ Reached climax too quickly
 - ₁ Experienced physical pain
 - ₁ Had trouble achieving or maintaining an erection (males)
 - ₁ Had trouble becoming lubricated (females)
- E6 Have you used any sort of medicines, hormones, or other treatments to improve your sexual function in the past 12 months?
- ₀ No
 - ₁ Yes
- E7 Has a doctor asked you about your sexual life in the past 5 years?
- ₀ No
 - ₁ Yes
 - ₂ Not sure
- E8 Have you asked a doctor any questions about your sexual life in the past 5 years?
- ₀ No
 - ₁ Yes
 - ₂ Not sure
- E9 Have you discussed sexual risk-behaviour, such as having sex without a condom or having sex with a new partner, with a doctor since the age of 50?
- ₀ No
 - ₁ Yes
 - ₂ Not sure
- E10 If you were looking for information about seniors and sexual intimacy, where would you go to get this information? (CHECK ALL THAT APPLY)
- ₁ Health professional (e.g., doctors, nurses, counsellors)
 - ₁ Books
 - ₁ Health magazines
 - ₁ Seniors magazines
 - ₁ Newspapers
 - ₁ TV or radio
 - ₁ Videos
 - ₁ Internet websites
 - ₁ Friends or family
 - ₁ AIDS organizations
 - ₁ I do/will not seek information
 - ₁ Other, please specify _____

E11 If you were looking for information about HIV/AIDS and seniors, where would you go to get this information? (CHECK ALL THAT APPLY)

- Health professional (e.g., doctors, nurses, counsellors)
- Books
- Health magazines
- Seniors magazines
- Newspapers
- TV or radio
- Videos
- Internet websites
- Friends or family
- AIDS organizations
- I do/will not seek information
- Other, please specify _____

E12 Do you consider yourself to be...

- heterosexual (sexual partners are of the opposite sex)
- homosexual (sexual partners are of the same sex)
- bisexual (sexual partners are of both sexes), or
- none of the above
- Refused

SECTION F: HEALTH STATUS AND TRAVEL HEALTH INSURANCE

The next few questions are about your general health, your purchase of travel health insurance and how wintering in a non-Canadian location may affect your health.

F1 Are you enrolled in OHIP, RAMQ or another governmental Medicare plan in one of the Canadian provinces or territories?

- ₀ No
- ₁ Yes
- ₂ Not sure

F2a Do you purchase supplemental travel health insurance prior to travelling to Florida?

- ₃ Yes, always → **go to F3a**
- ₂ Yes, usually but not this trip → **go to F3a**
- ₁ No - I do not need it, I have it via
my/my spouse's work or pension plan → **go to F3a**
- ₀ No → **go to F2b**

F2b Why did you choose not to purchase supplemental health insurance?

- ₁ Didn't think I would need it
- ₂ Never thought about it
- ₃ Forgot about it until it was too late
- ₄ Insurance was too expensive
- ₅ I am unable to get coverage due to health issues
- ₆ Other, please specify _____

F3a In the past 5 years, have you filed a claim against your travel medical insurance?

- ₁ Yes → **go to F3b**
- ₀ No → **go to F4**

F3b How would you rate your overall claims experience?

- ₄ Excellent
- ₃ Satisfactory
- ₂ Unsatisfactory
- ₁ Very unsatisfactory

F4 Do you have a history of any of the following health conditions?

(CHECK ALL THAT APPLY)

- ₁ Angina
- ₁ Previous heart attack
- ₁ Coronary artery disease
- ₁ High blood pressure
- ₁ Atrial Fibrillation (irregular heart beat)
- ₁ Diabetes
- ₁ Mini strokes or Transient ischemia attacks (TIAs)

F5 Do you have a regular relationship with a doctor in ...

- ₃ Canada,
- ₂ Florida,
- ₁ Both Canada and Florida, or
- ₀ Neither?

F6 Do you have a regular relationship with a pharmacy or pharmacist in...

- ₃ Canada,
- ₂ Florida,
- ₁ Both Canada and Florida, or
- ₀ Neither?

F7 Prior to leaving Canada for your latest trip to Florida, did you take any of the following health measures while still in Canada? In Canada, before your latest trip did you...

	In Canada, before this trip did you...	Yes	No	Not applicable	Not sure
a	visit your family doctor in Canada for a thorough check up?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇
b	fill prescriptions for drugs you routinely take to bring with you to Florida?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇
c	make special arrangements so that you might return home in case of a medical emergency (e.g., purchase an 'open' return ticket)?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇
d	give relatives instructions in case of a possible medical emergency?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇
e	have your Canadian doctor arrange a referral to a Florida doctor?	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇

F8 People sometimes delay or avoid seeking health care when not at home. During your latest trip to Florida, did you delay or not seek health care for any of the following reasons? (CHECK ALL THAT APPLY)

	Reason for delaying or not seeking health care	Yes	No	Not applicable*	Not sure
a	I don't know where to find the health care I need in Florida	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇
b	I don't know which Florida health care providers accept my insurance	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇
c	I was worried about the costs of seeing a doctor in Florida	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇
d	I was worried about the costs of hospital care in Florida	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇
e	I was worried about the quality of medical care in Florida	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇
f	I was worried about being unable to get travel insurance for future trips	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₇

* never delayed or avoided seeking care

F9a In the last two days, that is yesterday and the day before, how many different prescription medications did you take?
(WRITE NUMBER OF TYPES OF MEDICATION NOT NUMBER OF PILLS IN TOTAL)

NUMBER OF PRESCRIPTION MEDICATIONS _____ → if zero, go to F10

F9b When you go to Florida do you...

- ₁ Bring enough prescription medication for the entire time you anticipate being away?
- ₂ Bring enough prescription medication for only part of your time away?
- ₃ Other, please specify _____

F9c If you were to require a prescription refill while in Florida, what would you do?

- ₁ See a doctor in Florida and purchase the medication here
- ₂ Make arrangements with pharmacists / physician in Canada to send medications to me in Florida
- ₃ Go without
- ₄ Other, please specify _____

- F10 Did you require a doctor or hospital care during your latest trip to Florida?
₃ Yes, doctor
₂ Yes, hospital
₁ Yes, both
₀ No
- F11 Have you required a doctor or hospital care during a previous trip to Florida?
₃ Yes, doctor
₂ Yes, hospital
₁ Yes, both
₀ No
- F12 How often have you had your blood pressure checked by a health care professional when in Canada?
₄ About once a month
₃ Once every 2-3 months
₂ Once every 6 months
₁ Once a year
₀ Never
- F13 How often have you had your blood pressure checked by a health care professional when in Florida?
₄ About once a month
₃ Once every 2-3 months
₂ Once every 6 months
₀ Never
- F14 Do you monitor your own blood pressure while in Florida?
₁ Yes
₀ No
₈ Not applicable (do not have high blood pressure)
- F15a If you are diabetic, how often have you had your blood glucose (sugar) level checked by a health care professional when in Canada?
₄ About once a month
₃ Once every 2-3 months
₂ Once every 6 months
₁ Once a year
₀ Never
₈ Not applicable (not diabetic) → go to F16a

F15b How often have you had your blood glucose (sugar) level checked by a health care professional while in Florida?

- ₄ About once a month
- ₃ Once every 2-3 months
- ₂ Once every 6 months
- ₁ Once a trip
- ₀ Never

F15c Do you monitor your own blood glucose (sugar) while in Florida?

- ₁ Yes
- ₀ No

F16a If you are on blood thinners, like Coumadin, how often have you had your INR (Coumadin) levels checked by a health care professional when in Canada?

- ₄ Once a week
- ₃ Twice a month
- ₂ Once every 2-3 months
- ₁ Once every 6 months
- ₀ Never
- ₈ Not applicable (not on blood thinners) → **go to Section G**

F16b How often have you had your INR (Coumadin) levels checked by a health care professional when in Florida?

- ₄ Once a week
- ₃ Twice a month
- ₂ Once every 2-3 months
- ₁ Once every 6 months
- ₀ Never

SECTION G: FUTURE STUDIES

As mentioned earlier, the researchers are planning to do a larger study like this one among Snowbirds wintering in locations beyond south Florida. We would like to ask you a couple of questions about that.

G1 What sort of a gift or incentive do you think is appropriate to thank a person for their involvement in such a study as this?

- ₁ Same as this one, a \$10 gift card
→ To where: _____
- ₂ Money
→ How much \$ _____
- ₃ Something else, please specify _____

G2 Please be assured that we are not keeping any contact information on you to follow-up when we start the larger study. However, if you were picked by chance to participate, would you consider participating in the larger study?

- ₁ Yes
- ₀ No → Will you tell us why not?

Thank you very much for your participation, your answers are greatly appreciated. Your participation in this study will help researchers to understand some of the issues around health care and lifestyles of Canadian snowbirds wintering in south Florida.

PROMPT CARD A

(printed on pink card stock)

Total household income 2007
Canadian dollars
Before taxes

- A Less than \$14,500
- B \$14,500 - \$24,999
- C \$25,000 - \$29,999
- D \$30,000 - \$34,999
- E \$35,000 - \$39,999
- F \$40,000 - \$49,999
- G \$50,000 - \$74,999
- H \$75,000 - \$100,000
- I More than \$100,000

PROMPT CARD B

(printed on blue card stock)

On average, how often?

Daily or about daily

2 – 3 times per week

Weekly

Less than weekly

Not at all

PROMPT CARD C

(printed on green card stock)

On average, how often?

- A Strongly agree
- B Agree somewhat
- C Neither agree nor disagree
- D Disagree somewhat
- E Strongly disagree

PROMPT CARD D

(printed on yellow card stock)

On average, how often?

- A Not at all
- B Less than once per month
- C Once or twice a month
- D About once a week
- E More than once a week
- F Daily

Appendix B: Recruitment Materials

Florida Recruitment Pamphlet²⁶



Department of Health Studies & Gerontology, Waterloo, Ontario, Canada

CANADIAN SNOWBIRDS NEEDED

To take part in a study on Lifestyle and Health Care while living in Florida for the winter

- ★ Complete either an interview, online survey, or fill out a paper survey
- ★ It will take about 30 minutes of your time. Involvement is confidential and responses are anonymous.
- ★ Questions will be asked about travel health insurance and access and use of healthcare in Florida as well as about social and sexually intimate interactions with fellow snowbirds and Floridians including dating behaviour, sexual behaviour and high-risk sexual practices
- ★ You are eligible to participate if you :
 - are over the age of 50,
 - live in Canada for six months or longer each year,
 - have been in Florida for at least 1 month this winter, and
 - are able to read, write and comprehend English
- ★ Gift card for participation:
 - Interview or paper survey - \$10 for either Target or Publix
 - Online - \$10 for either Tim Hortons or Shoppers Drug Mart (in Canada)

To access the online survey, go to:
<http://ahs.uwaterloo.ca/~kmairs>

For more information about this study, or to volunteer contact the interviewer Ms. Julia Schlossberg: Phone: (954) 515-8802 or email: snowbird0809@gmail.com

Study Principal Investigator: Dr. Sandra Bullock, Study Coordinator: Ms. Katie Mairs
Department of Health Studies & Gerontology, University of Waterloo, Ontario, Canada

This study has been reviewed by and received ethics clearance through the Office of Research Ethics,
University of Waterloo

²⁶ The recruitment pamphlet included in this appendix is the revised Florida pamphlet. It contains the simplified webpage address for the online questionnaire.

Appendix B Continued:

Florida Recruitment Poster²⁷



Department of Health Studies & Gerontology, Waterloo, Ontario, Canada

CANADIAN SNOWBIRDS NEEDED

To take part in a study on Lifestyle and Healthcare while living in Florida for the winter

- ★ Complete either an interview, online survey, or fill out a paper survey
- ★ It will take about 30 minutes of your time
- ★ Questions will be asked about travel health insurance and access and use of healthcare in Florida as well as about social and sexually intimate interactions with fellow snowbirds and Floridians including dating behaviour, sexual behaviour and high-risk sexual practices
- ★ Involvement is confidential and responses are anonymous
- ★ You are eligible to participate if you :
 - are over the age of 50,
 - live in Canada for six months or longer each year,
 - have been in Florida for at least 1 month this winter, and
 - are able to read, write and comprehend English
- ★ Gift card for participation:
 - Interview or paper survey - \$10 for either Target or Publix
 - Online - \$10 for either Tim Hortons or Shoppers Drug Mart (in Canada)

To access the online survey, go to: <http://ahs.uwaterloo.ca/~kmairs>

For more information about this study, or to volunteer contact the Ms. Julia Schlossberg
Phone: (954) 515-8802 or email: snowbird0809@gmail.com

Study Principal Investigator: Dr. Sandra Bullock, Study Coordinator: Ms. Katie Mairs
Department of Health Studies & Gerontology, University of Waterloo, Ontario, Canada

This study has been reviewed by and received ethics clearance through the Office of Research Ethics, University of Waterloo

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<http://ahs.uwaterloo.ca/~kmairs>

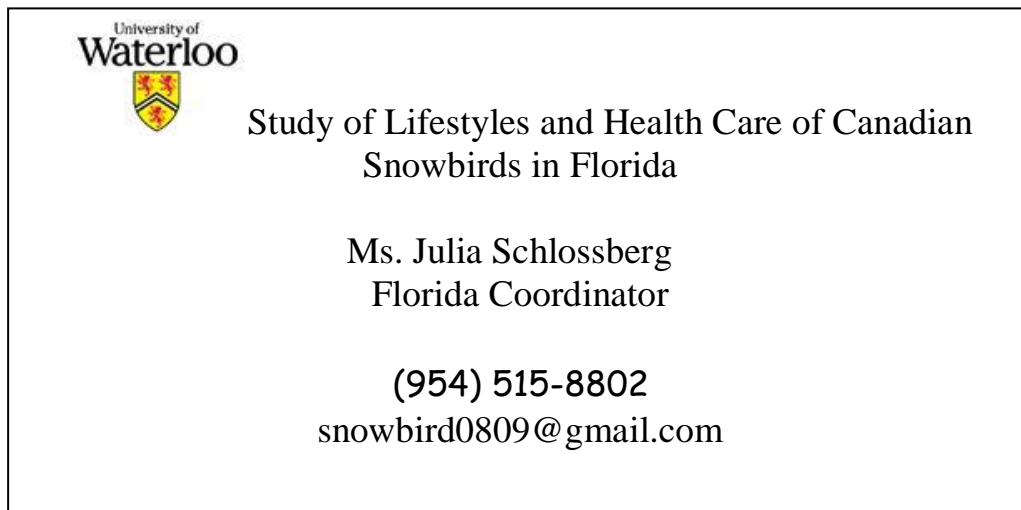
Julia Schlossberg: (954) 515-8802
or snowbird0809@gmail.com
<http://ahs.uwaterloo.ca/~kmairs>

²⁷ The recruitment poster included in this appendix is the revised Florida poster. It contains the simplified webpage address for the online questionnaire.

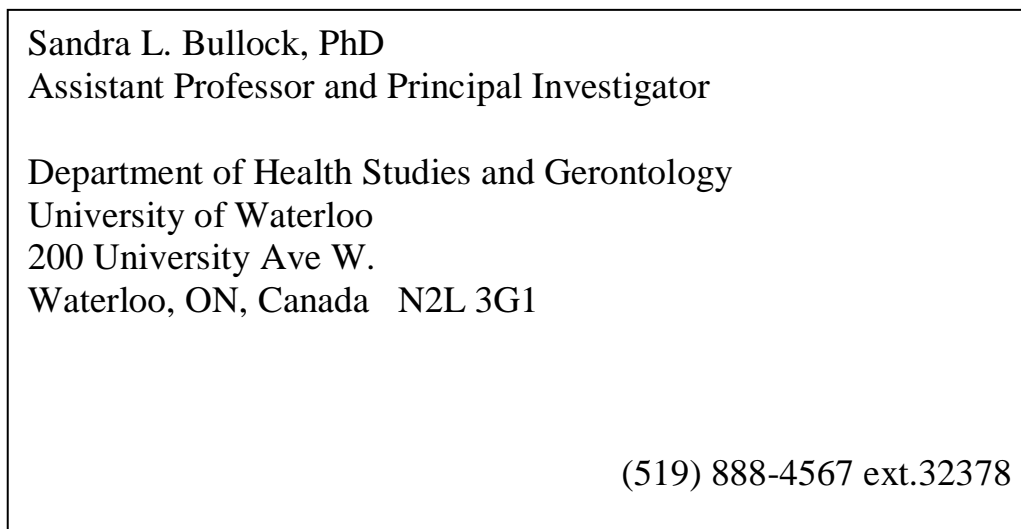
Appendix B Continued:

Florida Study Business Card

Front side:



Back side:



Appendix B Continued:

Florida Email Response

Hello, thank you for your interest in our study about Canadians who winter in south Florida!

This study is based at the University of Waterloo in Waterloo, Ontario, Canada. The Principal Investigator for this study is Dr. Sandra Bullock and our Florida interviewer is Ms. Julia Schlossberg.

This study is a small-scale exploratory study that examines the Canadian snowbird phenomenon. Its purpose is to help us clarify questions and research methods to be used in a future large-scale study of Canadian snowbirds. The results of both of these studies will lead to a better understanding of how we can improve senior-physician communication around the following health issues:

- ★ how the purchase and use of travel health insurance may be associated with access to American health care services, follow-up of new health symptoms, monitoring of health status and access to prescription medications; and
- ★ how issues of social support, physical activity, and sexual protection and intimacy are associated with living in Florida for the winter.

There are three ways you may participate, these include:

- Online using our internet survey,
 - A personal interview with our Florida interviewer, or
 - By self-completing a paper and pencil version of the questionnaire.
- ★ If you are eligible and choose to participate you will receive a gift card.
- Participants of an online survey - receive your choice of \$10 gift card to Tim Hortons or Shoppers Drug Mart (in Canada).
 - Participants of an interview or pencil and paper survey – receive your choice of gift card from Publix or Target

To complete the online survey by secure internet access, click on the link provided:

<http://ahs.uwaterloo.ca/~kmairs>

We welcome you to share the online survey link with eligible friends.

If you have any questions please call our interviewer Julia Schlossberg at (954) 515-8802.

Thank you again for your interest and we hope you will join in!

Appendix B Continued:

Script for Direct Florida Recruitment

This script was used by the study investigator to introduce herself and the questionnaire to potential participants and provide an overview of the study. The study investigator approached single individuals and groups of individuals who looked approximately 50 years of age and older and used the script below to direct her conversation. She deviated from the script to address questions as they are asked of her.

Hello, my name is Julia/Katie and I am an interviewer working for Dr. Sandra Bullock at the University of Waterloo, Department of Health Studies and Gerontology in Ontario, Canada.

Dr. Bullock is doing a small-scale exploratory study that examines the Canadian snowbird phenomenon. Its purpose is to help us clarify questions and research methods to be used in a future large-scale study of Canadian snowbirds. The results of both of these studies will lead to a better understanding of how we can improve senior-physician communication around the following health issues:

- ★ how the purchase and use of travel health insurance may be associated with access to American health care services, follow-up of new health symptoms, monitoring of health status and access to prescription medications; and
- ★ how issues of social support, physical activity, and sexual protection and intimacy are associated with living in Florida for the winter.

There are three ways you can participate in this study. The first is by a face-to-face interview that we could hold in private here [*point to an area where two chairs could be set up out of earshot of others or that is isolated from other individuals*], or if you prefer you could complete a questionnaire on your own here [*again, point to an area where the participant could complete the questionnaire, that is isolated from other individuals*]. The third way you could take part is using an online, internet version of the survey. You would do this later using your own computer or a public one, like those at the library. If you choose this last method, I would need to give you the internet web address for the survey.

The survey would only take about 30 minutes to complete and to compensate for your time you would receive a \$10 gift card. If you do the interview or a paper-and-pencil questionnaire you would have a choice of \$10 gift card to either Target or Publix; if you do the online version you would have a choice of \$10 gift card to either Tim Horton's or Shoppers Drug Mart back in Canada.

I would like to assure you that this study has been reviewed and received ethics clearance through the Office of Research Ethics at the University of Waterloo. If you have any comments or questions about the ethics procedure or about this study in particular you can contact Dr. Susan Sykes at the Office of Research Ethics at the university. [*if someone had questions or wanted contact information they were provided with Dr. Susan Sykes telephone number and email*]

Appendix B Continued:

Script for Direct Florida Recruitment Continued

Would you be interested in learning more about the study, including whether you are eligible to participate?

- *if yes* : check eligibility using eligibility questionnaire
- *if no*: thank the person for their time and say goodbye

If eligible:

Are you available to participate now in an interview that will take about 30 minutes to complete?

- *if yes*: go through consent form
- *if no, not at this moment or would prefer another method*: can we book a time and a location for an interview another day? Or would you prefer to complete the survey on your own either by paper or online? [*if paper and pencil and can do it now, take person aside and go through consent form; if the participant wants to complete an online questionnaire give them a pamphlet with the website*]

- *if another day*: I would like to give you the private study cell phone number and e-mail address where you can contact me to set up an appointment for an interview or paper and pencil questionnaire. Would you like to take a pamphlet with the full information about the study or would you prefer to have something like this business card that is a little more private and discrete? *Make arrangements and hand potential participant pamphlet or card as they prefer.*

Appendix B Continued:

Canadian Recruitment Pamphlet (Older Adult Recreation Centres)



Department of Health Studies & Gerontology, Waterloo, Ontario, Canada

CANADIAN SNOWBIRDS NEEDED

To take part in a study on Lifestyle and Healthcare while living in Florida for the winter

- ★ Complete a confidential **online survey**. All answers are anonymous.
- ★ It will take about 30 minutes of your time
- ★ You are eligible to participate if you :
 - are over the age of 50,
 - live in Canada for six months or longer each year,
 - have visited Florida in the past 12 months,
 - stayed in Florida for at least 1 month on your last trip, and
 - are able to read, write and comprehend English
- ★ Questions will be asked about travel health insurance and access and use of healthcare in Florida as well as about social interactions (and if applicable, sexually intimate experiences) with fellow snowbirds and Floridians.
- ★ Gift card for participation: **\$10 for either Tim Hortons or Shoppers Drug Mart**

To access the online survey, go to: <http://ahs.uwaterloo.ca/~kmairs/>

For more information about this study contact: (519)-888-4567 ext. 32378 or
snowbird@uwaterloo.ca

This study has been reviewed by, and received ethics clearance through, the Office of Research Ethics, University of Waterloo.

Appendix B Continued:

Canadian Recruitment Poster (Older Adult Recreation Centres)



Department of Health Studies & Gerontology, Waterloo, Ontario, Canada

CANADIAN SNOWBIRDS NEEDED

To take part in a study on Lifestyle and Health Care while living in Florida for the winter

- ★ Complete a confidential **online survey**. All answers are anonymous.
- ★ It will take about 30 minutes of your time
- ★ You are eligible to participate if you :
 - are over the age of 50,
 - live in Canada for six months or longer each year,
 - have visited Florida in the past 12 months,
 - stayed in Florida for at least 1 month on your last trip, and
 - are able to read, write and comprehend English
- ★ Questions will be asked about travel health insurance and access and use of healthcare in Florida as well as about social interactions (and if applicable, sexually intimate experiences) with fellow snowbirds and Floridians.
- ★ Gift card for participation:
 - \$10 for either **Tim Hortons** or **Shoppers Drug Mart**

To access the online survey, go to: <http://ahs.uwaterloo.ca/~kmairs>

For more information about this study contact:

Phone: (519)-888-4567 ext.32378 or Email: snowbird@uwaterloo.ca

This study has been reviewed by, and received ethics clearance through, the Office of Research Ethics, University of Waterloo.

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Department of Health
Studies and Gerontology
Waterloo, ON, Canada

CANADIAN SNOWBIRDS NEEDED

**To take part in a study
on Lifestyle and
Healthcare
while living in Florida
for the winter**

For more information about this study, please contact:

Phone: (519)-888-4567 ext.32378 or email snowbird@uwaterloo.ca

Online survey: <http://ahs.uwaterloo.ca/~kmairs/>

**To access the online
survey, go to:**

**[http://ahs.uwaterloo.ca/
~kmairs/](http://ahs.uwaterloo.ca/~kmairs/)**



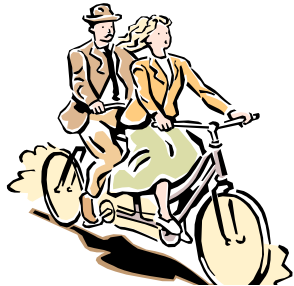
This study has been reviewed
by, and received ethics
clearance through, the Office of
Research Ethics, University of
Waterloo.

Study Participation

Thank you for your interest in this study.

You are being invited to participate in a research study that involves completing a confidential **online survey**. All answers you provide are anonymous.

The online survey will take 30 minutes of your time.



You are eligible to participate if you:

- are over the age of 50,
- live in Canada for six months or longer each year,
- have visited Florida in the past 12 months,
- stayed in Florida for at least 1 month on your last trip, and
- are able to read, write and comprehend English

Questions will be asked about: travel health insurance and access and use of healthcare in Florida as well as about social interactions (and if applicable, sexually intimate experiences) with fellow snowbirds and Floridians.

Gift card for participation:
\$10 for either
Tim Hortons or Shoppers
Drug Mart



Appendix B Continued:

Canadian Recruitment Pamphlet (Elliot Lake, Ontario, Canada)



Department of Health Studies & Gerontology, Waterloo, Ontario, Canada

CANADIAN SNOWBIRDS NEEDED

To take part in a study on Lifestyle and Healthcare while living in Florida for the winter

- ★ Complete a confidential **online or telephone survey**. All answers are anonymous.
- ★ It will take about 30 minutes of your time
- ★ You are eligible to participate if you :
 - are over the age of 50,
 - live in Canada for six months or longer each year,
 - have visited Florida in the past 12 months,
 - stayed in Florida for at least 1 month on your last trip, and
 - are able to read, write and comprehend English
- ★ Questions will be asked about travel health insurance and access and use of healthcare in Florida as well as about social interactions (and if applicable, sexually intimate experiences) with fellow snowbirds and Floridians.
- ★ Gift card for participation: **\$10 for either Tim Hortons or Shoppers Drug Mart**

To access the online survey, go to: <http://ahs.uwaterloo.ca/~kmairs/>

To complete a telephone interview contact: (519)-888-4567 ext. 32378

For more information about this study contact: (519)-888-4567 ext. 32378 or
snowbird@uwaterloo.ca

This study has been reviewed by, and received ethics clearance through, the Office of Research Ethics, University of Waterloo.

Appendix B Continued:

Canadian Recruitment Poster (Elliot Lake, Ontario, Canada)



Department of Health Studies & Gerontology, Waterloo, Ontario, Canada

CANADIAN SNOWBIRDS NEEDED

To take part in a study on Lifestyle and Health Care while living in Florida for the winter

- ★ Complete a confidential **online or telephone survey**. All answers are anonymous.
- ★ It will take about 30 minutes of your time
- ★ You are eligible to participate if you :
 - are over the age of 50,
 - live in Canada for six months or longer each year,
 - have visited Florida in the past 12 months,
 - stayed in Florida for at least 1 month on your last trip, and
 - are able to read, write and comprehend English
- ★ Questions will be asked about travel health insurance and access and use of healthcare in Florida as well as about social interactions (and if applicable, sexually intimate experiences) with fellow snowbirds and Floridians.
- ★ Gift card for participation:
 - \$10 for either Tim Hortons or Shoppers Drug Mart

**To access the online survey, go to: <http://ahs.uwaterloo.ca/~kmairs>
To complete a telephone interview contact: (519)-888-4567 ext. 32378**

For more information about this study contact: (519)-888-4567 ext. 32378 or snowbird@uwaterloo.ca

This study has been reviewed by, and received ethics clearance through, the Office of Research Ethics, University of Waterloo.

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Department of Health
Studies and Gerontology
Waterloo, ON, Canada

**CANADIAN
SNOWBIRDS
NEEDED**

**To take part in a
study on Lifestyle and
Healthcare
while living in Florida
for the winter**

**For more information about this study or to complete a telephone
interview, please contact:**

(519)-888-4567 ext.32378 or snowbird@uwaterloo.ca

Online Survey: <http://ahs.uwaterloo.ca/~kmairs/>

**To access the online
survey, go to:**

**[http://ahs.uwaterloo.ca/
~kmairs/](http://ahs.uwaterloo.ca/~kmairs/)**

**To complete a telephone
interview contact:**

**(519)-888-4567
ext. 32378**



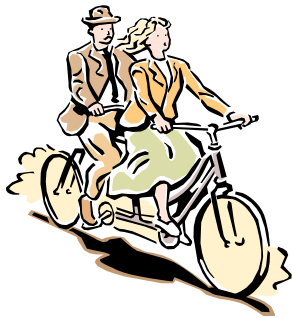
This study has been reviewed
by, and received ethics
clearance through, the Office of
Research Ethics, University of
Waterloo.

Study Participation

Thank you for your interest in this study.

You are being invited to participate in a research study that involves completing a confidential **online or telephone survey**. All answers you provide are anonymous.

The survey will take 30 minutes of your time.



You are eligible to participate if you:

- are over the age of 50,
- live in Canada for six months or longer each year,
- have visited Florida in the past 12 months,
- stayed in Florida for at least 1 month on your last trip, and
- are able to read, write and comprehend English

Questions will be asked about: travel health insurance and access and use of healthcare in Florida as well as about social interactions (and if applicable, sexually intimate experiences) with fellow snowbirds and Floridians.

Gift card for participation:
\$10 for either
Tim Hortons or Shoppers
Drug Mart



Appendix B Continued:

OACAO List Serve Email Announcement

Hello.

My name is Katie Mairs and I am a Master's student in the Health Sciences and Gerontology program at the University of Waterloo.

For my Master's thesis study I am looking at the lifestyles and health of Canadian snowbirds wintering in Florida. Specifically, I am addressing the topics of travel health insurance, access and use of health care and social and intimate interactions with fellow snowbirds and Floridians.

I am currently looking for older adults to assist me with my thesis study. I am hoping to recruit snowbird participants in Canada to complete an online survey by displaying posters in older adult recreation centres across Ontario. I have attached a copy of the recruitment poster to this message. Your assistance in placing this poster in your facility would be greatly appreciated. If you have any questions about this project, please feel free to contact myself or Dr. Sandra Bullock:

Ms. Katie Mairs, BSc., Study Coordinator, Department of Health Studies & Gerontology, University of Waterloo, Waterloo, ON, kmairs@ahsmail.uwaterloo.ca

Dr. Sandra L. Bullock, PhD., Principal Investigator, Department of Health Studies & Gerontology, University of Waterloo, sbullock@uwaterloo.ca, (519) 888-4567 Ext. 32378

Thank you very much for your time and assistance.
Sincerely, Katie Mairs

[A copy of the Canadian Recruitment Poster was attached to this email announcement]

Appendix B Continued:

Follow-Up Email to OACAO Announcement (Local Older Adult Recreation Centres)

Hello.

My name is Katie Mairs and I am a Master's student in the Health Sciences and Gerontology program at the University of Waterloo in Waterloo, ON.

I am currently looking for older adults to assist me with my thesis study which focuses on the lifestyles and health of Canadian snowbirds wintering in Florida. I am hoping to recruit snowbird participants in Canada to complete an online survey by displaying posters in older adult recreation centres across Ontario.

I recently sent your recreation facility a copy of the study poster through the OACAO list serve. I have also attached a copy of the poster to this email message. As I live locally, I was hoping it would be possible to come to your facility to provide you with copies of the recruitment poster. I also have small flyers that can be directly distributed within the facility. If this is possible, please let me know when it would be most convenient to visit.

To provide you with a detailed description of my Master's thesis study, I am looking at the lifestyles and health of Canadian snowbirds wintering in Florida. In particular, this study addresses travel health insurance, access and use of health care, and social and intimate interactions with fellow snowbirds and Floridians. Additionally, this study will collect information about who snowbirds are and their travel preferences in order to gain an up to date, detailed profile of Canadian snowbirds who winter in Florida.

This small-scale study will help us to clarify questions and research methods to be used in a future large-scale study of Canadian snowbirds. The results of both of these studies will lead to a better understanding of how we can improve senior-physician communication around the following health issues:

- how the purchase and use of travel health insurance may be associated with access to American health care services, follow-up of new health symptoms, monitoring of health status and access to prescription medications; and
- how issues of social support, physical activity, and social and sexually intimate interactions are associated with living in Florida for the winter.

We are interested in Canadian snowbirds from across Canada. As well, we are interested in contacting a wide variety of Canadian snowbirds in terms of their personal characteristics, including males and females, single or married.

If it is possible to come to your facility to drop off posters, please contact myself directly:

Appendix B Continued:

Follow-Up Email to OACAO Announcement Continued

Ms. Katie Mairs, BSc., Study Coordinator, Department of Health Studies & Gerontology, University of Waterloo, Waterloo, ON, kmairs@ahsmaail.uwaterloo.ca, (519) 240-0488

Should you have any additional questions regarding this study, please contact myself or Dr. Sandra L. Bullock:

Dr. Sandra L. Bullock, PhD., Principal Investigator, Department of Health Studies & Gerontology, University of Waterloo, sbullock@uwaterloo.ca, (519) 888-4567 Ext. 32378

Thank you very much for your time and assistance.
Sincerely, Katie Mairs.

[A copy of the Canadian Recruitment Poster was attached to this follow-up email]

Appendix B Continued:

Canadian Online Advertisements (CARP)

A square advertisement with a black background and a red border. In the top left corner is the University of Waterloo logo. The main text is in yellow and white. The headline asks if the viewer is a Canadian who winters in Florida. Below this, it states the purpose of the survey and lists two incentives: 20 minutes and a \$10 gift card. A white button at the bottom says 'Click to learn more'.

University of Waterloo

Are you a Canadian who winters in Florida?

We want to know about your lifestyle and healthcare while in Florida

- 20 minutes
- \$10 gift card for participating

Click to learn more

Big Box Online Advertisement

Skyscraper Online Advertisement

A vertical rectangular advertisement with a black background and a red border. It features the University of Waterloo logo at the top. The headline is 'Florida Snowbird Study'. The text explains the survey's purpose and lists incentives: 20 minutes and a \$10 gift card. At the bottom, a white button says 'CLICK HERE TO LEARN MORE'.

University of Waterloo

Florida Snowbird Study

We want to know about your lifestyle and healthcare while wintering in Florida

- 20 minutes
- \$10 Gift Card for participating

CLICK HERE TO LEARN MORE

A horizontal rectangular advertisement with a black background and a red border. It features the University of Waterloo logo on the left. The headline asks if the viewer is a Canadian who winters in Florida. Below this, it states the purpose of the research. On the right side, there is a white button that says 'LEARN MORE'.

University of Waterloo

Are you a Canadian who winters in Florida?

We need you to help us with our research about your lifestyle and healthcare while in Florida

LEARN MORE

Leaderboard Online Advertisement

Appendix B Continued:

Canadian Online Advertorial

Study of Canadian Snowbirds Wintering in Florida



We need snowbirds to help us with a University of Waterloo research study on their lifestyles and healthcare while wintering in Florida.

Each winter thousands of Canadian snowbirds flock south to escape long harsh winters. Florida is a destination of choice for many Canadian seniors, with over a million seasonal visitors each winter. For many, the annual trip to Florida is a time for rest and relaxation. While for others, it provides the opportunity to engage in a social life that thrives in Floridian communities. And the warm climate allows you to get your exercise by golfing and swimming, which may be much preferred to shovelling snow.

Little is known about the lives of snowbirds while in Florida. Who are these snowbirds? Just how active are they? Who do they spend their time with? Do they meet new people, and do new relationships blossom? Are they taking out travel health insurance, and seeking medical care in the US when they need it?

At the University of Waterloo, we are doing a research study to answer these questions! Participation involves completing a **confidential online survey** that takes about 20 minutes to finish.

This small-scale study will help us to clarify questions and research methods to be used in a future large-scale study of all Canadian snowbirds, wintering in a variety of destinations. The results of both of these studies will lead to a better understanding of how we can improve the health of snowbirds; in particular, how seniors and doctors talk about health issues such as:

- how the purchase and use of travel health insurance may be associated with access to American health care services, follow-up of new health symptoms, monitoring of health status and access to prescription medications; and
- how social support, physical activity, and social and sexually intimate interactions are associated with healthy living in Florida for the winter.

Appendix B Continued:

Canadian Online Advertorial Continued

We are interested in snowbirds from across Canada , both males and females, single or married.

**You will receive a \$10 gift card to your choice of
Tim Hortons or Shoppers Drug Mart for your participation**

Your involvement in this study will allow health professionals and researchers to recognize and actively address the important health issues and concerns that Canadian snowbirds may encounter while living in Florida for the winter.

In order to be eligible for participation in this study, you must:

- be 50 years of age or older;
- reside in Canada for six months or longer within a given year;
- have visited Florida in the past 12 months,
- have stayed in Florida for one month or longer on your latest trip; and
- be able to read, write, and comprehend English.

Participation in this study is voluntary. All answers that you provide are anonymous and you will not be contacted regarding your responses. As well, you will not be asked to leave your name or any other identifying information on the survey.



**To access the online survey,
click [HERE](#)**

If you have any questions regarding the study, please feel free to contact:

Ms. Katie Mairs, BSc., Study Coordinator, Department of Health Studies and Gerontology, University of Waterloo, Waterloo, ON, snowbird@uwaterloo.ca

Dr. Sandra L. Bullock, PhD., Principal Investigator, Department of Health Studies and Gerontology, University of Waterloo, sbullock@uwaterloo.ca, (519) 888-4567 Ext. 32378

This project has been reviewed by, and received ethics clearance through, the Office of Research Ethics at the University of Waterloo . Should you have any comments or concerns resulting from your participation in this study, please contact Dr. Susan Sykes, Director, Office of Research Ethics at (519) 888-4567 Ext. 36005, ssykes@uwaterloo.ca

Appendix C: Eligibility Questionnaires



Florida Eligibility Questionnaire

Lifestyles and Healthcare of Canadian Snowbirds in Florida Study Eligibility Questions – Florida Version

The following five questions address personal information. Without answers to these questions we will not be able to make decisions about your eligibility for this study. Remember, your involvement in this study is confidential and your answers will remain anonymous.

Elig1. How did you hear about this study?

- ₁ Poster
 - ₂ Pamphlet
 - ₃ Word of Mouth
 - ₄ Advertisement in newspaper
 - ₅ Advertisement on internet
 - ₆ Contact with interviewer
 - ₇ Poster or pamphlet at Florida doctor's office/clinic
 - ₈ Other, How?
-

Elig2. What is your current age?

→ If you are younger than 50 years of age, we are sorry you are not eligible for this study, it focuses on individuals aged 50 years or older. Thank you for your interest.

Elig3. Do you live in Canada for six months or longer within a given year?

- ₁ Yes
- ₀ No → We are sorry, you are not eligible for this study, it focuses only on individuals who live in Canada for six months or longer within a given year. Thank you for your interest.

Elig4. Have you currently been in Florida for one month or longer?

- ₁ Yes
- ₀ No → We are sorry, you are not eligible for this study, it focuses only on individuals who have currently been in Florida for one month or longer. Thank you for your interest.

Elig5. Are you able to read, write and comprehend English?

- ₁ Yes
- ₀ No → We are sorry, you are not eligible for this study, you need to be able to read, write and comprehend English to participate in this study.

Elig 6. **For Office Use:**

- ₁ **Eligible**, and chooses **TO** participate
- ₂ **Eligible**, and chooses **NOT** to participate
Why? _____
- ₃ **NOT Eligible**

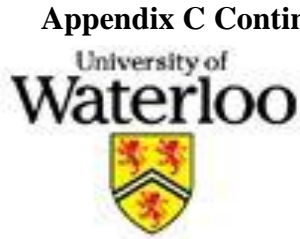
For Office Use:

Elig7. Gender

- ₁ Female
- ₂ Male

Elig8. Province: _____

Elig9. Additional Information:



Canadian Eligibility Questionnaire

Lifestyles and Healthcare of Canadian Snowbirds in Florida Study Eligibility Questions – Canadian Version

The following six questions address personal information. Without answers to these questions we will not be able to make decisions about your eligibility for this study. Remember, your involvement in this study is confidential and your answers will remain anonymous.

Elig1. How did you hear about this study?

- ₁ Poster
 - ₂ Pamphlet
 - ₃ Word of Mouth
 - ₄ Advertisement in newspaper
 - ₅ Advertisement on internet
 - ₆ Contact with interviewer
 - ₇ Poster or pamphlet at Florida doctor's office/clinic
 - ₈ Other, How?
-

Elig2. What is your current age?

→ If you are younger than 50 years of age, we are sorry you are not eligible for this study, it focuses on individuals aged 50 years or older. Thank you for your interest.

Elig3. Do you live in Canada for six months or longer within a given year?

- ₁ Yes
- ₀ No → We are sorry, you are not eligible for this study, it focuses only on individuals who live in Canada for six months or longer within a given year. Thank you for your interest.

Elig4. Have you visited Florida in the last 12 months?

- ₁ Yes
- ₀ No → We are sorry, you are not eligible for this study, it focuses only on individuals who have been in Florida within the past year. Thank you for your interest.

Elig5. Did you stay in Florida for one month or longer on your latest trip?

- ₁ Yes
- ₀ No → We are sorry, you are not eligible for this study, it focuses only on individuals who stayed in Florida for one month or longer on their latest trip. Thank you for your interest.

Elig6. Are you able to read, write and comprehend English?

- ₁ Yes
- ₀ No → We are sorry, you are not eligible for this study, you need to be able to read, write and comprehend English to participate in this study. Thank you for your interest.

Elig 7. For Office use:

- ₁ **Eligible**, and chooses **TO** participate
- ₂ **Eligible**, and chooses **NOT** to participate
Why? _____
- ₃ **NOT Eligible**

Appendix D: Consent Form²⁸



Study Title: Lifestyles and Healthcare of Canadian Snowbirds in Florida

Study Investigators: Dr. Sandra Bullock
Dr. Nancy Pearce
Dr. Linda Jessup
Research Staff: Ms. Katie Mairs
Ms. Julia Schlossberg

Thank you for your interest in this study. You are being invited to participate in a research study that is being conducted by a research team lead by Dr. Sandra Bullock from the Department of Health Studies and Gerontology at the University of Waterloo in Waterloo, Ontario. I would like to provide you with more information about this project and what your involvement would entail if you decide to take part.

In order to be eligible for participation in this study, you must:

- Be 50 years of age or older;
- Reside in Canada for six months or longer within a given year;
- Have visited Florida in the past 12 months,
- Have stayed in Florida for one month or longer on your latest trip; and
- Be able to read, write, and comprehend English.

This study is an exploratory study that examines the Canadian snowbird phenomenon. Within this study, emphasis will be placed on examining the health of Canadian snowbirds while living in Florida. In particular, the study will address travel health insurance, access and use of health care, and social and intimate interaction with fellow snowbirds and Floridians. Additionally, this study will collect information about who you are and your travel preferences in order to gain an up to date, detailed profile of Canadian snowbirds who winter in Florida.

²⁸ The consent form included in this appendix is the Florida version. The only difference between the Florida consent form and the Canadian consent form is the choice of gift cards offered to participants. A Canadian participant was offered their choice of \$10 gift card to either Tim Hortons or Shoppers Drug Mart for study participation. For the online questionnaire, an additional statement regarding study remuneration was added to the consent form. Specifically, if an online participant wanted to receive a \$10 gift card to either Tim Hortons or Shoppers Drug Mart, they were required to send their name and Canadian mailing address to the study email address, snowbird@uwaterloo.ca.

Appendix D Continued:

Consent Form Continued

This small-scale study will help us to clarify questions and research methods to be used in a future large-scale study of Canadian snowbirds. The results of both of these studies will lead to a better understanding of how we can improve senior-physician communication around the following health issues:

- how the purchase and use of travel health insurance may be associated with access to American health care services, follow-up of new health symptoms, monitoring of health status and access to prescription medications; and
- how issues of social support, physical activity, and social and sexually intimate interactions are associated with living in Florida for the winter. For example, you will be asked questions about your dating behaviour, sexual behaviour, and high-risk sexual practices including the number of sexual partners you have had in the past year.

Participation in this study is voluntary. It will involve completing a survey of approximately 30 minutes in length. If you feel embarrassment or discomfort answering some questions please be assured that this discomfort will be short-lived. You may decline to answer any of the questions, if you wish. Further, you may decide to withdraw from this study at any time without any negative consequences. Should participation in this study raise any personal issues or concerns, a resource information sheet will be provided to you following completion of the survey. This sheet provides you with contact information for local Florida health professionals as well as links to online health organizations and services that can be contacted directly should you require assistance.

All answers that you provide are anonymous and you will not be contacted regarding your responses to the survey. As well, all information you provide is considered completely confidential. You will not be asked to leave your name or any other identifying information on this survey. All information collected during this study will be held for seven years in a locked cabinet in the principal investigator's office at the University of Waterloo. Only researchers associated with this project will have access to this information. Survey information will also be entered into a password-protected computer and backed-up onto password-protected CDs which will be locked in a secure location for seven years. After seven years, all paper information will be destroyed through University confidential shredding, computer information will be erased, and the CDs will be destroyed.

Appendix D Continued:

Consent Form Continued

Following completion of the interview you will be offered the choice of a \$10 gift card from Target or Publix. If you choose to receive a gift card you will be asked to sign a receipt. To ensure anonymity, these receipts will be stored with your consent form and separate from your completed survey.

Study results can be obtained in the summer at a University of Waterloo website <http://www.ahs.uwaterloo.ca/hsg/research/sbullock.html> or by calling the Principal Investigator. Neither your name nor any other identifying information will be used in reports or publications. Published reports will refer to grouped information and no one will be able to identify your answer or any other participants.

If you have any questions regarding the study, please feel free to ask:

Ms. Katie Mairs, BSc., Study Coordinator, Department of Health Studies & Gerontology, University of Waterloo, Waterloo, ON, snowbird@uwaterloo.ca

Dr. Sandra L. Bullock, PhD., Principal Investigator, Department of Health Studies & Gerontology, University of Waterloo, sbullock@uwaterloo.ca, (519) 888-4567 Ext. 32378

This project has been reviewed by, and received ethics clearance through, the Office of Research Ethics at the University of Waterloo. I was informed that if I have any comments or concerns resulting from my participation in this study, I may contact Dr. Susan Sykes, Director, Office of Research Ethics at (519) 888-4567 Ext. 36005, ssykes@uwaterloo.ca

By signing this consent form I indicate that I have read the information presented in this letter, had an opportunity to ask questions and agree of my own free will to participate in this study.

Participant Signature: _____

Date: _____

Appendix E: Thank-You Letter²⁹



Lifestyles and Healthcare of Canadian Snowbirds in Florida

Thank you for participating in the study! This research is important as it will help us to clarify questions and research methods to be used in a future large-scale study of Canadian snowbirds. The results of both of these studies will lead to a better understanding of how we can improve senior-physician communication around the following health issues:

- how the purchase and use of travel health insurance may be associated with access to American health care services, follow-up of new health symptoms, monitoring of health status and access to prescription medications; and
- how issues of social support, physical activity, and sexual protection and intimacy are associated with living in Florida for the winter.

At the bottom of this letter you will find a resource information sheet. This resource list provides you with contact information for local Florida health professionals as well as links to online health organizations and services in Canada and the United States, which can be contacted directly should you require assistance.

By mid-August, study results can be obtained via two University of Waterloo websites, <http://www.ahs.uwaterloo.ca/hsg/research/sbullock.html> and <http://ahs.uwaterloo.ca/~kmairs/> or by calling the principal investigator directly. Neither your name nor any other identifying information will be used in reports or publications. Published reports will refer to grouped information and no one will be able to identify your answer, or any other participants.

You are now eligible to receive your choice of \$10 gift card to Target or Publix. If you choose to receive a gift card you will be asked to sign a receipt. To ensure anonymity, these receipts will be stored with your consent form and separate from your completed survey.

Thank you once again for your participation and time! If you have any questions regarding the study, please contact:

Ms. Katie Mairs, BSc., Project Coordinator, Department of Health Studies & Gerontology, University of Waterloo, Waterloo, ON, snowbird@uwaterloo.ca

²⁹ The thank-you letter included in this appendix is the Florida version. As well, this thank-you letter contains the revised version of the resource information sheet. The only difference between the Florida thank-you letter and the Canadian thank-you letter is the choice of gift cards offered to participants. A Canadian participant was offered their choice of \$10 gift card to either Tim Hortons or Shoppers Drug Mart for study participation. For the online questionnaire, an additional statement regarding study remuneration was added to the thank-you letter. Specifically, if an online participant wanted to receive a \$10 gift card to either Tim Hortons or Shoppers Drug Mart, they were required to send their name and Canadian mailing address to the study email address, snowbird@uwaterloo.ca.

Appendix E Continued:

Thank-You Letter Continued

Dr. Sandra L. Bullock, PhD., Principal Investigator, Department of Health Studies & Gerontology, University of Waterloo, sbullock@uwaterloo.ca, (519) 888-4567 Ext. 32378

This project has been reviewed by, and received ethics clearance through, the Office of Research Ethics at the University of Waterloo. If you have any comments or concerns resulting from your participation in this study, you may contact Dr. Susan Sykes, Director, Office of Research Ethics at (519) 888-4567 Ext. 36005, ssykes@uwaterloo.ca

Resources

This resource information sheet provides you with contact information for local Florida health professionals as well as links to online health organizations and services in Canada and the United States, which can be contacted directly should you require assistance.

The contact information for local Florida health professionals is provided below:

- **Bradenton, Florida**
[First Care Medical Walk-In Clinics](#) 3649 Cortez Road West Bradenton, FL 34210,
Phone: 941-753-7585
[Lake Ranch Medical Center](#) 8330 Lake Ranch Blvd Bradenton, FL 34202,
Phone: 941-782-2100
- **Boca Raton, Florida**
[West Boca Medical Center](#) 21644 State Road 7 Boca Raton, FL 33428, Phone: 1-866-904-9262
- **Ft. Lauderdale, Florida**
[Stat Medical Clinic](#) 2535 East Sunrise Blvd., Phone: 954-735-6000
- **Hallandale Beach, Florida**
[Stat Medical Clinic](#) 800 E Hallandale Beach Blvd., Phone: 954-456-1212
- **Hollywood, Florida**
[La Clinique Soleil Urgent Care Center](#) 750 S. Federal Highway (US1),
Phone: 954-342-8800
- **Margate, Florida**
[Florida Medical Center](#) 175 State Rd. 7, Phone: 954-974-2155
- **Naples, Florida**
[Physicians Regional Medical Center](#) 6101 Pine Ridge Road Naples, FL 34119,
Phone: 239-348-4000

Appendix E Continued:

Thank-You Letter Continued

- ***Panama City, Florida***
Bay Medical Center 615 North Bonita Ave. Panama City, FL 32401,
Phone: 850-769-1511
- ***Port Charlotte, Florida***
Peace River Regional Medical Center 2500 Harbor Blvd. Port Charlotte, FL 33952,
Phone: 941-766-4122
The Gulf Coast Medical Group 1619 Tamiami Trail Suite 2 Port Charlotte, FL 33948,
Phone: 941-255-3499
- ***St. Petersburg, Florida***
Palms of Pasadena Hospital 1501 Pasadena Avenue South St. Petersburg, FL 33707,
Phone: 727-381-1000
Bayfront Medical Center 701 Sixth Street, St. Petersburg, FL 33701,
Phone: 727-893-6116

Contact information for the Florida Department of Public Health is provided below:

- The Department of Public Health identifies health risks in the community, and acts to promote and protect a healthy lifestyle. Some of their main roles include health protection, health promotion and disease prevention, and health treatment. They provide information on sexually transmitted infections and HIV, sexual-health testing sites, public health events to promote health, and the provision of health information and statistics on a wide range of chronic and infectious diseases.
The main location provides contact information for all county public health departments.
205 NW 6th Ave, Pompano Beach, Florida
Phone: (954) 788 6140
<http://www.doh.state.fl.us/>

To find information regarding where and how to obtain supplemental health insurance, you can follow the links provided below:

- <http://www.snowbirds.org/>
- <http://www.carp.ca/benefits/index.cfm?categoryID=175&libraryID=56>

For some tips about how to increase physical activity in your life

- Canada's Physical Activity Guide to Healthy Active Living for Older Adults promotes physical activity in an aging society
<http://www.phac-aspc.gc.ca/pau-uap/paguide/older/index.html>
- 29 Physical Fitness Tips for Senior Citizens to Start the New Year Right. This resource is a bit old, but the tips are still relevant today
<http://seniorjournal.com/NEWS/Fitness/2-12-20Tips42003.htm>

Appendix E Continued:

Thank-You Letter Continued

Why social activity matters

- This article explains the benefits of keeping socially active as you age. It places emphasis on how socializing promotes good mental health, memory and cognition.
http://bulletin.aarp.org/yourhealth/diseases/articles/make_new_friends_get_involved_socializing_is_good_for_your_brain.html

To find information regarding sexuality and older adults, you can follow the link provided to Health Canada below:

- http://www.hc-sc.gc.ca/hl-vs/alt_formats/pacrb-dgapcr/pdf/iyh-vsv/life-vie/seniors-aines-eng.pdf

To find general information regarding HIV/AIDS you can follow the links provided below:

- The center for disease control and prevention gives general information about HIV/AIDS. Basic questions such as what HIV is are presented in an easy to understand format. It also identifies risk situations and how HIV/AIDS can be transmitted from person to person. Common myths and misconceptions about the disease are also addressed.
<http://www.cdc.gov/hiv/resources/brochures/at-risk.htm>
- Canadian AIDS treatment information exchange (CATIE), informs readers how to prevent, treat and live with HIV/AIDS. This site is known as Canada's gateway to information about HIV/AIDS. If reading small text is a concern, this site provides friendly colorful booklets and animated videos on what you need to know about HIV/AIDS and what can be done.
<http://www.catie.ca/eng/Home.shtml>

To find information regarding HIV/AIDS and older adults, you can follow the links provided below:

- For information specifically on seniors and HIV-risk in Canada. This article helps seniors identify their level of risk, information about symptoms, and how to speak to a physician.
<http://cpha.ca/en/portals/hiv/article03.aspx>
- For fact sheets and additional resources for seniors regarding HIV the CDC website is helpful <http://www.cdc.gov/hiv/topics/over50/resources/factsheets/pdf/over50.pdf>
- http://www.aarpmagazine.org/lifestyle/relationships/hiv_over_50.html

Appendix E Continued:

Thank-You Letter Continued

To find information regarding HIV/AIDS counselling and testing in Canada, you can phone the HIV hotline number located in your province.

Province/Region	Hotline Number
Alberta	1-800-772-2437
British Columbia	1-800-661-4337
Eastern Arctic	1-800-661-0795
Manitoba	1-800-782-2437
Newfoundland and Labrador	1-800-563-1575
New Brunswick	1-800-561-4009
Northwest Territories	1-800-661-0844
Nunavut	1-800-661-0795
Nova Scotia	1-800-566-2437
Ontario	1-800-668-2437
Prince Edward Island	1-800-314-2437
Quebec	1-888-855-7432 (Women: 1-866-240-0090)
Saskatchewan	1-800-667-6876
Yukon	1-800-661-0408, x 8323

To obtain assistance, support and counselling regarding sexual assault and personal violence:

In Florida:

- **Florida Crisis Centers**

- The Crisis Center of Tampa Bay offers free crisis counselling as well as a 24-hour referral hotline that provides contact information for counselling services located throughout Florida. To contact the crisis center telephone 2-1-1.
- The Crisis Center website provides contact information for a number of support and counselling services that can be found throughout Florida. Such services include: sexual abuse and assault counselling, personal violence assistance, sexually transmitted infection testing, and senior focused education and counselling programs.

<http://www.211atyourfingertips.org>

Appendix E Continued:

Thank-You Letter Continued


- **Palm Beach County Victim Services**
3228 Gun Club Road, West Palm Beach, FL 33406
24 Hour Hotline: (561) 833-7273, Office: (561) 712-6428
www.pbcgov.com/pubsafety/victim.htm
 - In addition to operating a 24-hour Rape Hotline, Palm Beach County Victim Services offers crisis intervention, supportive counselling, and victim advocacy; conducts educational programs; and provides 24-hour emergency crisis intervention for survivors of violent crimes. All services are free and confidential.

In Canada

- Canadian Association of Sexual Assault Centres
- 1-800 counselling hotline numbers and the location of in-person centres for antiviolenace centres (sexual abuse and other forms of personal violence counselling) across Canada:
- <http://www.casac.ca/english/avcentres/avcentres.htm>

Appendix F: Gift Card Receipts

Florida Gift Card Receipt

<p>Florida Participant Gift Card Receipt</p>	<p>University of Waterloo</p> 
<p>Date: _____</p>	
<p>Payment via: \$10 gift card Target ____ \$10 gift card Publix ____</p>	
<p>Participant signature or initials: _____</p>	
<p>Interviewer signature for payment: _____</p>	
<p>-----</p>	
<p><i>If you would like to receive the results of the study by mail, please provide your name and mailing address below:</i></p>	
<p>Name _____</p>	
<p>Mailing Address _____</p>	
<p>_____</p>	
<p>_____</p>	

Appendix F Continued:

Canadian Gift Card Receipt

Canadian Participant Gift Card Receipt



Date: _____

Payment via: \$10 gift card Shoppers Drug Mart _____
\$10 gift card Tim Hortons _____

Participant signature or initials: _____

Interviewer signature for payment: _____

If you would like to receive the results of the study by mail, please print your name and mailing address below:

Name _____

Mailing Address _____

Appendix G: Online Questionnaire Webpage



[Website: <http://ahs.uwaterloo.ca/~kmairs>]

**Thank you for your interest in our study,
"Lifestyles and Health Care of Canadian Snowbirds in Florida".**

If you are currently in ***Florida***
and would like to participate,

[Click Here](#)

If you are currently in ***Canada***
and would like to participate,

[Click Here](#)

Thank you for your interest in this study. You are being invited to participate in a research study that is being conducted by a research team lead by Dr. Sandra Bullock from the Department of Health Studies and Gerontology at the University of Waterloo in Waterloo, Ontario. I would like to provide you with more information about this project and what your involvement would entail if you decide to take part.

At the present time, **Canadian snowbirds are needed** to take part in a research study that examines the Canadian snowbird phenomenon. Participation in this study involves completing a **confidential online survey** of approximately 30 minutes in length. All answers you provide are anonymous. This study will address the topics of travel health insurance, access and use of health care, as well as social and intimate interactions with fellow snowbirds and Floridians. We will collect additional information to give us a detailed profile of Canadian snowbirds who winter in Florida.

This small-scale study will help us to clarify questions and research methods to be used in a future large-scale study of all Canadian snowbirds, wintering in a variety of destinations. The results of both of these studies will lead to a better understanding of how we can improve senior-physician communication around the following health issues:

- how the purchase and use of travel health insurance may be associated with access to American health care services, follow-up of new health symptoms, monitoring of health status and access to prescription medications; and
- how issues of social support, physical activity, and social and sexually intimate interactions are associated with living in Florida for the winter.

We are interested in Canadian snowbirds from across Canada, both males and females, single or married.

Appendix G Continued:

Online Questionnaire Webpage Continued

Your involvement in this study will allow health professionals and researchers to recognize and actively address the important health issues and concerns that Canadian snowbirds may encounter while living in Florida for the winter.

**You will receive a \$10 gift card to your choice of
Tim Hortons or Shoppers Drug Mart for your participation.**

In order to be eligible for participation in this study, you must:

- Be 50 years of age or older;
- Reside in Canada for six months or longer within a given year;
- Have visited Florida in the past 12 months,
- Have stayed in Florida for one month or longer on your latest trip; and
- Be able to read, write, and comprehend English.

If you have any questions regarding the study, please feel free to contact:

Ms. Katie Mairs, BSc., Study Coordinator, Department of Health Studies & Gerontology,
University of Waterloo, Waterloo, ON, snowbird@uwaterloo.ca

Dr. Sandra L. Bullock, PhD., Principal Investigator, Department of Health Studies &
Gerontology, University of Waterloo, sbullock@uwaterloo.ca, (519) 888-4567 Ext. 32378

This project has been reviewed by, and received ethics clearance through, the Office of Research Ethics at the University of Waterloo. Should you have any comments or concerns resulting from your participation in this study, please contact Dr. Susan Sykes, Director, Office of Research Ethics at (519) 888-4567 Ext. 36005, ssykes@uwaterloo.ca