GRC NEWS

The SFU Gerontology Research Centre (GRC) is committed to high quality research and knowledge transfer in the field of aging.
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**GERONTOLOGY RESEARCH CENTRE**

The Gerontology Research Centre (GRC) serves as a focal point for research, education and information on individual and population aging and maintains an active publications program to promote utilization of existing knowledge in the following areas: aging and the built environment, changing demography and lifestyles, health promotion/population health and aging, prevention of victimization and exploitation of older persons, and technology and aging.

We acknowledge the Coast Salish People on whose traditional territories we are privileged to live, work and play.
The Gerontology Research Centre continues to support a strong multi-pronged program of research. The GRC funds over twenty University Research Associates; Post-doctoral Fellows, Research Managers, Research Assistants, and Support Staff. In this issue, you will read about a number of academic and community-based research and training activities engaged in by the GRC staff, as well as students in the Gerontology Programs. One upcoming major event is the annual Scientific and Educational Meeting of the Canadian Association on Gerontology that is being hosted by the GRC in Vancouver (October 18–20) at the Sheraton Wall Centre and Co-Chaired by Andrew Wister & Gloria Gutman. We also want to thank one of the many benefactors who have provided gifts and other forms of support to the Gerontology Research Centre and Department of Gerontology -- The Silber Family’s Gerontology Lectureship Endowment. We personally thank the Silber family for their generous support.
What is Physical Resilience in Aging?

SUE PETERS

Resilience is the capacity to recuperate from adversity. In the past, resilience research focused on childhood mental health challenges. The psychology of the child, including personal traits like intellect, and social environmental factors like parenting styles, were shown to predict how well a child demonstrated resilience. Even though good mental health and academic success provided a certain level of resilience, some children struggled to overcome particular environmental factors such as family challenges. This showed how complex the phenomenon of resilience could be since social and psychological factors could interact.

Following this work, two key observations were made that facilitated resilience research beyond childhood. First, a lifespan approach was proposed to be essential for future research as positive adult experiences could be connected to the resilience seen in some children who experienced adversity. Second, biological or physiological processes (the branch of biology dealing with the functions and activities of humans, including all physical and chemical processes) were shown to influence resilience. Since then, resilience has been shown to be multidimensional spanning intelligence, relationships, environmental, genetics and biological realms.

To understand how resilience may manifest across the lifespan, a particular emphasis on studying resilience with an aging perspective has occurred. A relatively new concept stemming from this work is ‘physical resilience’, which is the ability to recover or optimize function in the face of diseases, injury, or age-related losses. To conceptualize this in older adults, it is “a characteristic which determines one’s ability to resist or recover from functional decline following health stressor(s).” Considering that more than 62% of adults over 65 years old have multiple chronic conditions, greater knowledge of how some individuals regain function despite disease may help identify protective factors and approaches that promote healthy aging.

Complicating our understanding of aging is that many older adults are diagnosed with multiple illnesses or diseases, termed multimorbidity. These multimorbidities can be long-term with a prolonged period of declining function. According to the lifecourse model of multimorbidity resilience, resilience can arise from multiple factors that together contribute to coping, and recovery from illness. The individual, social, and environmental resources that must be organized and integrated to reach recovery or a state of multimorbidity wellness are complex. Seeing as many older adults live with multimorbidities that affect the ability to physically interact with the environment, better understanding of how physical resilience may impact function associated with multimorbidity is important. Co-morbidities and the resulting physical limitations that affect ones’ ability to be mobile and independent in the community increase with age, such as a decline in walking ability after a stroke or hip fracture. Considering the challenges older adults face to maintain function with aging, a high level of physical resilience may increase the number of years of independent community mobility and reduce levels of injury and mortality. Complex interactions between sociological, psychological, and biological factors are likely to account for why some individuals may exhibit physical resilience and can recover independent levels of mobility in the face of an illness or multimorbidity.
Project Update: Supporting Partnerships between Health and Homelessness

SARAH CANHAM & SHELLY DAVIDSON

As reported in the last several editions of SHUP, Dr. Canham and colleagues have been engaged in a 2-year (May 2017 to April 2019) community-based participatory research project, entitled Supporting Partnerships between Health and Homelessness. This is a project being conducted in partnership with the Homelessness Services Agency of British Columbia (formerly known as the Greater Vancouver Shelter Strategy) and Providence Health Care.

Since the initiation of the project, our research team has completed a scoping review to identify the health supports needed for homeless persons transitioning from the hospital to shelter/housing. Findings from the review were validated during a community consultation workshop with 26 health and housing service providers who shared personal knowledge and experiences related to the data. A manuscript detailing findings from this scoping review has just been published in Health and Social Care in the Community.

As part of this needs assessment, we have also completed one-on-one interviews with 10 shelter/housing providers, 10 healthcare providers, and 20 persons with lived experience of homelessness. These semi-structured interviews, conducted between November 2017 and January 2018, assessed the health and social support needs of homeless persons as they transition from the hospital to shelter/housing. The rich qualitative data collected has been analyzed and a draft report is currently under review with the project team. Initial findings outline the significant health needs and challenges, the problems experienced when being discharged from the hospital, and potential solutions to improve the discharge experience of persons who are experiencing homelessness. Data specific to older adults suggests that older adults are often discharged to inappropriate locations given a lack of better options and that older adults experience unique vulnerabilities in shelter settings as a result of complex health issues.

In the third and final arm of this project, we have begun a second set of interviews that will focus on evaluating the experiences of professionals and persons with lived experience from two ongoing hospital-to-shelter programs in Metro Vancouver. These interviews will focus on the experience of cross-sector partnerships between healthcare and shelter/housing providers in delivering these programs, as well as program participants’ perceptions of their health and housing stability as a result of having been in the program.

Ultimately, data collected from all arms of this project will inform the development of a report outlining recommendations to support and improve partnerships between healthcare and shelter/housing. This report is expected to be available by early 2019. Stay up-to-date with project progress on our website or by contacting Dr. Sarah Canham scanham@sfu.ca for additional information.

You have a frail 70-year-old being discharged into a shelter with a lot of young people, where this 70-year-old can be rendered very socially and economically vulnerable.
- Healthcare participant
Medical journals, impact and social media: an ecological study of the Twittersphere

THEODORE D COSCO

Social media have a ubiquitous presence in our day-to-day existence, not only in our personal lives, but also within the research realm. However, the ways in which researchers interact with social media in professional settings is largely understudied. This dynamic interplay between the production, dissemination, and translation of information via social media is unexplored territory and an area by which I am fascinated. Do researchers experience the same sort of “famous for being famous” phenomenon demonstrated by celebrities of the Kardashian ilk? Respected genomics researcher and Director of the Earlham Institute in the UK, Neil Hall, first explored this concept in his immensely clever piece “The Kardashian index: a measure of discrepant social media profile for scientists”. Hall’s K-index examines the disparity between the number of citations researchers’ papers have accrued – an indication of the prominence of the researcher – as compared to the number of Twitter followers they have – an indicator of their public popularity. Researchers with many more Twitter followers than citations are, therefore, the “Kardashians” of the research world. This is not to say that these individuals’ work is not valuable, but that their social media following is disproportionately large compared to their research output. For example, Neil deGrasse Tyson (@neiltyson) has an astronomical K-index score of 28628, due to his 12.7 million Twitter followers and 1455 articles citations. I, however, manage a meagre 0.7 with my 309 followers (@tdcosco) and 1263 citations.

Continuing Hall’s line of thought, I wondered if these principles of “famous for being famous” transcended academic medical publication and whether there was a relationship between the social media followers and the impact factor of the journal. Impact factor is a metric widely used – for better or worse – to quantify the relative prominence of that journal, calculated by dividing the total number of citations accrued by the journal’s articles by the total number of articles published in the journal. The higher the impact factor, the more prominent the journal. To investigate this, I used a similar procedure to the development of the K-index in what I dubbed the (Fifty Shades of) Grey Scale: comparing journal impact factors with the Twitter following for that journal. However, expanding upon the K-index calculation where \( F(a) \) is the actual number of Twitter followers and \( C \) is the number of citations. I adjusted for the number of tweets (as more active accounts are likely to garner greater followings than inactive accounts), in the equation where \( F(a) \) is the actual number of Twitter followers, \( T \) the number of tweets and \( I \) the impact factor of the journal. What I found was that a relationship between impact factor and Twitter followers did exist: journals with higher impact factors generally had greater numbers of Twitter followers. This was an encouraging observation: journals with robust scientific reputations were having their papers disseminated to the most people.

Another observation of note was Twitter was a widely underutilized knowledge translation mechanism for general medical journals; just 28% had Twitter accounts. Although this article is playful in its orientation, both the K-index and Grey Scale highlight novel ways in which research and social media interact. Clearly, this message has resonated with readers, as the article has been cited 15 times to date and the Canadian Medical Association Journal put my article on the front cover! (The issue has subsequently been framed and now sits proudly in my office.) Moving forward, my hope is that we can leverage these platforms to disseminate and engage the public in ways not previously possible in the interest of promoting better health outcomes.

(New Podcast Series) #TEDDYTalks Episode 1 - Intro to research-related social media platforms: The Twittersphere and beyond Use think link to listen -> https://goo.gl/Tzc8WM
Informing the Canadian Dementia Strategy

SHARON KOEHN

The challenge of increasing prevalence of Alzheimer’s disease and other dementias in the context of Canada’s aging population resulted in an Act of Parliament. The National Strategy for Alzheimer’s Disease and Other Dementias Act has charged the federal Minister of Health with the task of producing a National Dementia Strategy. The Minister, in turn, mandated the Public Health Agency of Canada (PHAC) to prepare the strategy. To this end, they have contracted the Canadian Academy of Health Sciences (CAHS) to provide an evidence-informed and authoritative assessment on the state of knowledge. The CAHS Panel for the Assessment of Evidence and Best Practices for the development of a Canadian Dementia Strategy is chaired by Dr. Howard Bergman, Professor of Family Medicine at McGill University. The mandate of the panel is to provide PHAC with evidence based and emerging practices, actions, and programs in jurisdictions within Canada and internationally that improve the care and the lives of people living with dementia and their caregivers with the goal of helping inform the National Strategy for Alzheimer’s Disease and Other Dementias committed to by the Government of Canada (Dec 17 CAHS/PHAC document).

Panel member, Dr. Janice Keefe, and the PHAC team working with CAHS have engaged Dr. Sharon Koehn and Gerontology alumnus, Melissa Badger, to produce a five-page brief on issues relevant to the Canadian Dementia Strategy specific to immigrant older adults. Dr. Koehn currently holds a grant from the Alzheimer Society of Canada to explore how dementia service agencies such as health authorities and local Alzheimer Society chapters can partner with immigrant serving agencies to leverage their complimentary knowledge and resources needed to improve access to dementia supports for immigrant older adults. Publications are forthcoming on this work. She has previously published the following articles relevant to the objectives of the CAHS Panel.

References:


The Segal Centre at SFU’s downtown Vancouver campus was full on the evening of May 16, 2018 when the public lecture traditionally held as part of the John K. Friesen lecture series took place. With 200 seats set up for those who attended the day-time program, the same number were filled by the largely different audience who came to hear keynote speaker Angela Kitching’s talk “No One Should have No One: Tackling Loneliness Together”. The talk, video recorded and available for viewing on the GRC’s website (www.sfu.ca/grc/events), expanded on the keynote address given earlier in the day in which she provided the background and outlined the key elements of AgeUK’s Campaign to End Loneliness. Highly successful, this campaign originated with a commission established after the untimely death of Jo Cox, a British parliamentarian who recognized the mental and physical health toll that loneliness and social isolation takes on older persons.

For facts, such as that loneliness increases the likelihood of mortality by 26% (Holt-Lunstad et al., 2015) or has a comparable impact to smoking 15 cigarettes a day (Holt-Lunstad, Smith & Layton, 2010) visit the AgeUK website (http://www.campaigntoendloneliness.org). The website includes some promising approaches that have been tried in the UK to combat loneliness and social isolation of older adults. Our GRC Friesen conference webpage contains Power Points highlighting facts, figures, promising approaches and key points made by speakers in the 8 panels that comprised the Friesen day-time program. Titles of these panels are shown below together with a brief description of speakers and content that illustrate the broad range of topics and activities covered at Friesen 2018.

1. The Social Isolation and Loneliness Among Seniors (SILAS) Project: Final Report from the City of Vancouver Seniors’ Advisory Committee. This panel described the origins, findings and response to date to the SILAS project. Speakers included Eddy Elmer, a member of the Seniors’ Advisory Committee, graduate of SFU’s Masters Program in Gerontology and currently a Gerontology PhD candidate who authored the report, Carol Ann Young a senior planner with the City of Vancouver, Anthony Kupferschmidt who like Eddy is an MA Gero graduate and currently is Executive Director of the West End Seniors Network, and Dr. Andrew Wister former Chair of the National Seniors Council of Canada.
2. Allies in Aging: A Collective Impact Initiative to Reduce Seniors Isolation. This panel was organized by Mariam Nicholson, a founding member and Board Director of the New West Hospice Society, Heather Mohan founder and Executive Director of the Camp Kerry Society, and John Stark, a senior social planner from the City of New Westminster. The panel brings together nearly 30 partner organizations in Metro Vancouver who are working together to identify seniors who may be isolated and connect them with appropriate supports and services. Mariam described the theory of change underpinning the project, the conditions that support a collective impact, the evaluation methodology and preliminary findings—all positive. Other panel members provided details of the four programs that are central to the project: Welcoming Seniors’ Spaces—lead agency Burnaby Neighborhood House; Seniors Hubs—South Vancouver Neighborhood House; Seniors on the Move—Burnaby Community Services; Volunteer Impact—Family Services of the North Shore.

3. Housing and Living Arrangements in Later Life and Their Impact on Social Isolation. This panel featured presentations by Andrew Middleton, an Affordable Housing Consultant with CHMC and Elizabeth Tang, a CMHC Knowledge Transfer Consultant. Andrew presented an overview of the new National Housing Strategy and ways it supports development of seniors’ housing. Elizabeth’s focus was on resources available from CMHC that support inclusive design and development of age-friendly communities.

4. Retirement Communities: Abundant Opportunities that Help End Isolation. Organized by Sylvia Ceacero, CEO of the BC Seniors Living Association, this panel featured presentations by two administrators of retirement communities and assisted living projects (Marc Kinna—Baptist Housing; Marian Heemskerk—Elim Village) and a couple who have lived for the last two years in a retirement community.

5. Supporting Communities to Address Social Isolation and Increase Access to Community Support for BC Seniors. Organized by Kahir Lalji, an SFU Gero MA Program graduate now Provincial Director, Healthy Aging, United Way of the Lower Mainland (and including another of our MA Gero graduates Laura Kadowaki), described two of the United Way’s cornerstone provincial projects: Better at Home and its Active Aging program and how these programs are meeting needs and gaps in service delivery within local communities in B.C.

6. The Compassionate City: De-Isolating Dying, Death and Loss in New Westminster, B.C. This panel was organized by SFU Gerontology Diploma Program graduate Brock Nicholson, a founding member and Board Director of the New West Hospice Society. The panel, which included Dr. Eman Hassan from the BC Centre for Palliative Care, Laura Cherrille from the New West Hospice Society, Heather Mohan founder and Executive Director of the Camp Kerry Society, and John Stark, a senior social planner from the City of New Westminster described the foundations of the Compassionate Communities/Cities movement and the thinking that has led the City of New Westminster to adopt the Compassionate City Charter (Kellehear, 2015) as a vehicle for sustainable social action and change.

7. Building a Dementia-friendly Province: Inclusion Throughout the Journey. Organized by the Alzheimer Society of BC, this panel included its CEO Marie Howard, SFU Gero MA Program graduate Heather Cowie who is currently Provincial Coordinator of the society’s Dementia-Friendly Communities initiative and Mario Gregorio, a long-time dementia advocate and voice of a person living with dementia.

8. Diversity and Social Isolation. The final panel was organized by Friesen Conference Program Chair and Manager Gloria Gutman. Speakers included SFU Gerontology Department faculty member Sharon Koehn who spoke about the additional risk factors for loneliness and social isolation associated with coming to Canada as an older adult immigrant or refugee, Delphine Labbe a post-doctoral Fellow from UBC who spoke about risk factors associated with having a physical disability, Cass Elliott the Seniors’ Coordinator at QMUNITY who described resources their organization offers to older adult members of the LGBTQ community, and Paul Mick a practicing Otolaryngologist from Kelowna who is using data from the Canadian Longitudinal Study on Aging to investigate the links between sensory and cognitive health and social factors.

All-in-all it was full and stimulating 1.5 days, raising awareness of the need to consider the absence of meaningful social relationships among risk factors for poor quality of life. A quick glance at the technical literature makes it clear that while seniors are at risk this is a variable that has an impact at all points in the life course.

References:
The City of Vancouver Seniors’ Advisory Committee was delighted to have the opportunity to present our new Social Isolation and Loneliness Report at the 27th Annual John K. Friesen Conference in May. We were also delighted that the Honourable Jody Wilson-Raybould, MP for Vancouver Granville and the Minister of Justice for Canada, attended a second presentation of our report at the Seniors’ Isolation Forum co-hosted by the Quadra-Granville Seniors’ Group and the South Granville Seniors’ Centre. It is gratifying that our federal leaders are taking an interest in this important topic.

Our report presents findings of the Social Isolation and Loneliness Among Seniors (SILAS) Project—an initiative of the City of Vancouver Seniors’ Advisory Committee. The primary purpose of the project was to develop a plan to help reduce, and ideally prevent, chronic social isolation and loneliness among seniors in Vancouver. A secondary purpose was to fulfill a requirement of the City of Vancouver’s application to the World Health Organization for designation as a Global Age-Friendly City. Among the requirements for achieving this designation, Vancouver must implement policies to help ensure that seniors feel socially connected and integrated into their communities.

This year-long project, which was jointly funded by the City of Vancouver and Vancouver Coastal Health, comprised three parts: (1) an extensive literature review of the causes and consequences of social isolation and loneliness, along with possible strategies for prevention and reduction; (2) four community consultations throughout the City with over 200 local service providers; and (3) a set of recommendations that the City of Vancouver, service providers, and other interested parties can consider when trying to tackle social isolation and loneliness at the local level.

The literature review highlighted key distinctions between social isolation—having a small or non-existent social network—and loneliness—the painful, often stigmatized emotional response resulting from a mismatch between one’s actual and desired relationships in terms of quantity and, especially, quality. These two phenomena are related, but only modestly. The review also uncovered a large volume of literature linking both social isolation and loneliness—particularly in their chronic forms—to a high risk for physical and psychological health problems, as well as early mortality.

Contrary to common belief, social isolation and loneliness are not only “seniors’ issues;” they can occur at any point in the life course, given various combinations of biological, psychological, and social risk factors, and can negatively impact health and well-being at earlier ages. However, some risk factors are more common in later life (e.g., widowhood, physical disability). Moreover, the health effects of social isolation and loneliness can accumulate over time to hasten the aging process and are associated with increased healthcare utilization and healthcare spending by older adults. Isolation and loneliness also have a tendency to spread within social networks, which is among the reasons why researchers, service providers, and now governments have taken a keen interest in these issues.

Most instances of social isolation and loneliness are transient
and a normal part of the human condition. In some cases, however, they can evolve into chronic, self-perpetuating cycles. This is especially the case with chronic loneliness, which can contribute to distorted social perceptions and counterproductive behaviors, including social withdrawal. While the provision of social contact might be helpful to prevent this cycle from beginning, other approaches may be more appropriate if this cycle has taken root (e.g., cognitive-behavioral interventions).

Given the various emotional, social, and financial costs associated with both chronic isolation and loneliness, it is important that everyone take steps to reduce and, ideally, prevent them—as early in life as possible. To this end, our report offers 23 recommendations addressing six general areas: (1) identification of isolated and lonely people; (2) outreach; (3) improvement of service provision; (4) reduction of barriers to social participation; (5) improvement of basic and applied research; and (6) public education. The report, along with accompanying materials, can be found at www.seniorsloneliness.ca. We suggest that the recommendation be read within the context of the literature review, not separately. Although the review is lengthy, we feel it is important to have a thorough understanding of isolation and loneliness before attempting to remedy these problems. Not doing so can result in the indiscriminate application of well-meaning solutions with little or no lasting benefit and could carry costs in terms of time and limited resources.

Although we are optimistic, we emphasize that there is no easy solution, especially in chronic cases. These are complex issues that present in different ways and have different causes, which requires multidimensional, individually-tailored approaches. They also require a good deal of trial and error, as well as patience and realistic expectations for success. We hope the report will provide some useful information to you and your colleagues and inspire new ideas for tackling social isolation and loneliness.

Eddy Elmer, MA, is a graduate of the master’s program in gerontology at SFU and a member of the City of Vancouver Seniors’ Advisory Committee. He is currently completing his PhD in social gerontology from Vrije Universiteit Amsterdam, studying loneliness among older lesbian, gay, and bisexual adults. You can reach him at www.eddyelmer.com or on Twitter @Eddy_Elmer.
The idea of a ‘forced relocation’ is often assumed to be an unanticipated event and an absolute change in where one lives. Yet, forced relocation experiences for some people can happen over multiple times throughout the lifecourse. Typically requiring substantial uprooting, a forced relocation experience can lead to the loss of social networks and supports and significant challenges during the readjustment period, often resulting in overwhelming impacts on an individual’s physical and mental health. This Social Sciences and Humanities Research Council (SSHRC) funded PhD project undertaken by Mei Lan Fang, a former GRC Research Associate, explores the forced relocation experiences of older Canadian migrants as they move from country to country, province to province, city to city and home to home. Informed by an Intersectionality Framework, and a community-based participatory approach, findings from the project helped gain better understandings of older migrants’ past place histories and how these have shaped opportunities and oppressions leading up to their transition into affordable housing in Richmond, BC. The nuances of forced relocation events of older Chinese Canadians are captured and presented in a 2-minute video, revealing how place of residence and home are often influenced by socio-political constraints and decision-making that carry unique meaning and significance. This video was selected as one of the top 25 finalist for the SSHRC 2018 Storytelling Competition.

As a finalist, Mei Lan went to the University of Regina in Regina, Saskatchewan for the 2018 SSHRC Congress on May 26th, 2018 where she competed for top five placement. She was interviewed by CBC radio live onstage as a part of a series called “Ideas from the Trenches.”

You can view Mei Lan’s award winning video at https://bit.ly/2MkHraZ
Every year the Canadian Institutes of Health Research (CIHR) accept applications from up-and-coming Masters, PhD, and postdoctoral researchers eager to be a part of the Summer Program on Aging (SPA). The SPA is hosted by different institutions each year, with the Science and Technology for Aging Research (STAR) Institute at Simon Fraser University taking up the torch in 2018. SPA 2018 was held in scenic Harrison Hot Springs at the south end of Harrison Lake and although the acronym and locale would suggest a week of carefree relaxation, the program schedule suggested otherwise. From Sunday afternoon until Thursday evening, the days were packed with informative sessions speaking to the overarching theme for the event: eHealth: Technology and Innovation supporting the health of older adults.

I was bowled over by the breadth and depth of information provided in the sessions and practical utility of the group activities. Rather than sticking with traditional lecture formats for the sessions a broad range of speakers – from CIHR Institute of Aging Director, Yves Joanette, to the National Director of the Canadian Center for Elder Law, Krista James—engaged the participants in thought provoking and highly engaging seminars and practical tasks. Each of the sessions was directed at the overarching group project, in which groups of eight participants were tasked with developing an innovative grant pitch to address the challenges of aging.

Each group was assigned a mentor for their project and was expected to put together a 15-minute presentation for a panel of judges that would address the SPA 2018 question ‘What is your challenge?’ Thankfully, I was fortunate to be grouped with seven participants encompassing a variety of methodological and disciplinary approaches. One of the most productive additions to our group – in my mind – was the incorporation of older adults into the strategy and planning sessions. We were delighted to have two enthusiastic older adults from nearby Agassiz provide input into our project. It was a real eye-opener to take a step back from the technological innovation we wanted to include in the project and examine how our technology would really address the needs of older adults. Further, we also had the opportunity to work with Jim Mann, an advocate for persons with dementia who has been living with Alzheimer’s disease for the past ten years, who was able to provide some deep insights into how this technology might be practically taken up and used (or not used!). This first-hand perspective was vital to the shaping of our project into a technology that we thought would have the best chance of positively impacting older adults.

I was incredibly impressed by the dedication and hard work of both the facilitators and the participants throughout the event. Whether it was getting up for 07:00am runs with SPA 2018 architect and STAR Institute Director Andrew Sixsmith, or working through midnight with our groups preparing our projects, the enthusiasm throughout the event was palpable. This was particularly evident at the end-of-week presentations, where each of the five groups put forward insightful and thoughtful approaches to the “What is your challenge?” question. In a stroke of good luck and favorable reviews, my group was selected as the overall winners of the competition! As such, we are all very much looking forward to reconvening at the AGE-WELL conference to be held in Vancouver later this year as we received complimentary registration as part of the spoils of victory!

On the whole, SPA 2018 was an incredibly valuable – albeit exhausting! – experience and I would wholeheartedly encourage any trainees interested in aging to keep an eye on the CIHR webpage for when they can apply for SPA 2019!
New Funding from the Michael Smith Foundation Health Research

SARAH CANHAM

Drs. Sarah Canham and Andrew Wister, along with patient partner Ms. Chris Danielsen, have recently been awarded funds from the Michael Smith Foundation for Health Research (MSFHR) in the inaugural Pathway to Patient-Oriented Research (P2P) award program. This award program is a MSFHR and BC Support Unit collaboration to support BC-based patient-oriented research (POR) teams in piloting and testing the feasibility of their project, to make future POR grant applications stronger. The newly funded project is entitled, Determining the feasibility of a medical respite intervention study for older homeless patients in Vancouver, BC.

Medical respite is the provision of acute and post-acute medical care for homeless persons who are not ill enough to justify staying in a hospital bed, yet are too sick or frail to recover from a physical illness or injury on the streets or in a traditional shelter. In Canada, the first medical respite program was not developed until 1999 and only 3 programs have been formally recognized, all which are in Ontario. In light of the potential of medical respite in general homeless populations in other jurisdictions, the new study will aim to understand the feasibility of conducting a study to test the effectiveness of a medical respite program for older homeless persons in Vancouver, BC. The study will ask: “Does medical respite for older homeless persons in Vancouver lead to improved patient outcomes and reduced healthcare costs?”

To establish this study’s feasibility, we need to determine 1) access to patient participants; 2) data availability and collection; and 3) how the intervention will be designed. To ensure the acceptability and appropriateness of a subsequent study design, a patient partner has been engaged from the outset of the project and will be involved as a key decision maker in the project team and formation of a Medical Respite Task Force (MRTF). The MRTF will be consulted four times over the course of this one-year study. This study will utilize the expert knowledge of the project team and MRTF as one source of data, and the expert opinions of clinicians, health and service sector administrators, quantitative data experts, and patient participants as other data sources.

For more information about this research, please contact Dr. Sarah Canham scanham@sfu.ca.

Check out our new student blog on our department website featuring student op-ed pieces, achievements and much more! We are also recruiting blog writers – if you are passionate about writing engaging stories and gerontology, drop us a line at gerocom@sfu.ca
Katherine Willett, ‘A Good Gerontologist to Know’

TASHA LORENZEN-EWING, CHERI RAUSER AND BEVERLEY PITMAN

Katherine Willett was, as she put it herself, “a good gerontologist to know” – and anyone who knew and worked with Katherine would agree. As a graduate of SFU’s Gerontology program, Katherine specialized in supporting seniors, their families and friends through non-medical aging issues. Her mission was to improve the quality of life for family caregivers and the adults, including the frail elders, they care for. And she did that with humour, warmth and grace for over 20 years.

Katherine passed away on Friday, April 6, 2018 at St. Paul’s Hospital after a lengthy battle with cancer. Born in Montreal, she came to Vancouver in the 1990s, acquired her degree, and built a substantial career.

“Katherine was a force of nature,” Anthony Kupferschmidt says of his colleague and friend, “a force for good. She was one of the best-known faces of gerontology in Vancouver and BC.” Katherine ran Eldercare Consulting & Planning, served as the Co-Executive Director of the Caregivers Association of BC, led a caregivers’ education program in Burnaby, and worked for Family Caregivers of British Columbia.

As an information and referral specialist, Katherine’s encyclopedic knowledge of family and elder caregivers and their needs informed efforts to develop a provincial strategy for caregivers in BC, and the seven handbooks she wrote on community resources for caregivers. One of these, United Way of the Lower Mainland’s ‘Family & Friend Caregivers Information and Resource Handbook’ (2014 and 2016), was extremely popular.

Katherine was a well-known speaker, providing corporate and public talks on caregiving, navigating community services, and seniors housing options. She represented seniors’ and caregivers’ interests in many formal advisory capacities, including Patient Voices Network, Doctors of BC, and Vancouver Coastal Health’s Community Engagement Advisory Network.

She was an inveterate networker. “Katherine always had a joke, a smile, a hug and a kiss to share,” recalls Sharon Koehn (SFU Gerontology). “She created community wherever she went, pulling people together with her welcoming presence and words of encouragement. But her mission was deadly serious: to win you over, to motivate you to act, and to work with you to create a kinder, more caring place for people to grow old in. Her inclusive view of that mission meant she reached out to diverse cultural groups to make sure they didn’t get left out.

“Katherine never hesitated to speak up and draw on that immense knowledge to respectfully but firmly question or inform the levers of power. Katherine was unassuming, but never shy. She was a change-maker, and we are all the better for it. Katherine was indeed a VERY good gerontologist to know.”

Students remember “a phenomenal mentor.” Tasha Lorenzen-Ewing, another SFU Gerontology graduate, remembers
“Katherine taking gerontology students like myself under her wing and taking us to meetings and events, creating chances to network and grow. She was always eager to share her expansive knowledge.”

Katherine was also a cynophilist (someone who loves dogs). Her good friend, Cheri Rauser, explains and offers other insights, on children, mentoring, friendship and community:

“My toddler daughter and I met Katherine and her dog Internet in 1999 when she was completing her gerontology training and I was studying to be a librarian. After the death of Groovy, Katherine moved to the one place in Vancouver that had always called to her, The West End. It was here that Katherine truly found her home in Vancouver, creating a diverse and rich community for herself that pulled prior connections into her new ‘hood and always rich life.

“Through the 19 years of our friendship, Katherine, and her dogs went on long rambles through Vancouver, often with my daughter in tow. I credit Katherine for providing my daughter with an unmatched model of public service and community engagement. She loved children and there have been many such mentees tutored on the skills of shaking hands, meeting and greeting and conversing with anyone, anywhere, of any age. Katherine assumed competence on everyone’s part and encouraged them to grow what they didn’t already have. She was a networker of unparalleled aptitude and generosity who readily shared her knowledge and expertise with anyone.”

Katherine will be missed by a great many, and she will be remembered very fondly – for her important achievements, her tireless advocacy work, and her exceptional warmth and high spirits.

A Celebration of Life was held Sunday, May 27 from 5 to 8 pm in Stanley Park at the formal picnic site on Second Beach.

SFU has created a bursary for gerontology students in Katherine’s name. Please donate to it at the Giving Link: http://bit.ly/KatherineWillettBursary
Welcoming Sue Peters, Our New Post-Doctoral Fellow

AMAN CHANDI

Can you tell us a little bit about yourself?
I grew up near a small farming town in Ontario (Aylmer, near London). I spent my summers working in various harvests, or taking care of the family garden and chickens. While I loved rural life, I was interested to see what a city might have to offer. I moved to Vancouver in 2007 after competing my Master’s degree to work as a physiotherapist in various private and public practice settings before completing my PhD at UBC in 2017.

When I’m not thinking about ways to improve rehabilitation for people with mobility difficulties, I like to camp, bike, and hike, as well as go for walks in beautiful BC! In particular, I enjoy backcountry camping with friends, and at home, playing board games, or checking out the newest coffee shop or brewery.

What brought you to the GRC?
There are a few reasons why I wanted to work at the GRC. The GRC’s affiliations, such as the Canadian Longitudinal Study on Aging and AGE-WELL Networks of Centres of Excellence, provide excellent opportunities for collaboration. The breadth of work on aging, health care, and technology offers an exciting space for growth as a researcher and the potential for unique projects that can really impact the health of Canadians.

What are your research interests?
My overall career goal is to improve rehabilitation outcomes for people with mobility limitations. To achieve this, I partake in three streams of research: 1) learn how movement goals in the brain and muscles come together to generate actions like walking and standing balance, 2) how physical resilience can be measured clinically, 3) clinical research in health care and academic settings.

What project(s) are you most proud of?
At this stage in my career, I’m most proud of my PhD work: “Ready to move? The effect of stroke on attention and motor planning of voluntary leg movements.” Completing my PhD project involved integrating data collection tools from 3 different labs. As such, there were methodological challenges and opportunities within my thesis, such as performing neurophysiological measurements within a patient population (sub-acute to chronic stroke). The clinical challenge of data collection required ensuring patient safety by using a combination of physiotherapy hands-on support, and external supports like ceiling harnesses. To complete data analysis, I learned from engineers in San Diego, California and Gainesville, Florida to ensure that stepping and walking movement artifacts and signals were processed properly. My PhD project provided the opportunity to learn from two world-leaders: Dr. Lara Boyd (motor learning and neuroplasticity) and Dr. Jayne Garland (motor control and stroke). I found my PhD work extremely satisfying, as it is a foundation for future work characterizing mobility outcomes in the context of rehabilitation.

What are your hopes for the field gerontology/the world?
Considering the importance of physical activity for maintaining and improving mobility with aging, I hope to improve the rehabilitative process so that after injury, people are enabled and supported to achieve the highest level of functional outcomes possible. This way, they can continue or start being more physically active. If we succeed, Canadians will be able to live longer with a higher quality of life.

What are you currently reading?
The latest issue of Scientific American, and Samantha Bee’s “I know I am, but what are you?”
Re-emerging Trauma: Intersections of War Exposure, Migration, and Aging

LORI-PAIGE ATKINSON - MINOR STUDENT

The paper I wrote entitled “Re-emerging Trauma: Intersections of war exposure, migration, and aging”, examines trauma and resilience in relation to a sample of Canadian Immigrant older adults. This paper was the product of an assignment within a special topics Gerontology course authored by Dr. Sharon Koehn (Aging, Culture and Migration).

To serve as our primary data, we were asked to review Brotman, Koehn, and Ferrer’s 2017 photovoice exhibit, “The Lived Experiences of Aging Immigrants”, and critically discuss a major theme emerging from the life history narratives of the featured immigrant older adults. As a Psychology major, I am fascinated by the human spirit’s ability to thrive in the face of challenging circumstances. With this in mind, I selected trauma and resilience as the themes I would pursue. All of the featured immigrant older adults exhibit resilience in their stories. However, I specifically leaned towards those individuals who had experienced pre-migration war or political violence. I was moved by the (sometimes horrific) stories of their past, and by the invisible scars of trauma they have carried with them to Canada.

The crux of the paper’s thesis is that immigrant older adults are highly vulnerable to maladaptive outcomes in a new country and culture, should the symptoms of war-related trauma re-emerge in later life. Examining the literature, it became apparent that trauma symptoms may lie dormant for decades.

Through application of an intersectionality framework to the diverse narratives in the photovoice exhibit, the complex and individual nature of trauma and resilience rose to the surface. For an immigrant older adult, the experience of pre-migration trauma may be compounded by loss of social network, difficulties acculturating in a new host society, and the aging process itself. These converging factors may accumulate over the life course, leaving the immigrant older adult vulnerable to new sources of trauma, and to the re-emergence of prior traumatic symptoms.

Work on this paper has led to a research assistant position with the Building Trust team, led by Dr. Koehn. The formal project, entitled “Building Trust to Facilitate Access to Dementia Care for Immigrant Older Adults: The Role of the Multicultural Services Sector”, is an initiative aimed at improving access to dementia care services for Punjabi and Korean seniors in the Lower Mainland. Key partners include Fraser Health, the Alzheimer Society of B.C., and two immigrant serving agencies, PICS and MOSAIC. I am incredibly grateful to Dr. Koehn for affording me an opportunity to play a small role in this important initiative, and to see theory put into practice in a real world setting.

Meet Lori-Paige - follow this link [https://goo.gl/Diu9s6] to view a video profile on her!
The International Society for Gerontechnology held its 11th World Conference of Gerontechnology in St. Petersburg, Florida May 7-9, 2018. The conference was hosted and organized by the North American chapter of ISG which has its headquarters in the SFU GRC. North American Chapter President Gloria Gutman served as Conference Manager, a role she has perfected after many years of organizing the GRC’s Friesen conferences, 5 CAG annual meetings, the 2010 ISG World Conference, and biggest of them all the 2001 World Congress of the International Association of Gerontology and Geriatrics. While small by comparison to IAGG2001 and CAG events, the 2018 ISG conference was not easy to organize given that the venue was in the USA. Gloria remarked that she “learned more about cross-border financial transactions than she ever wanted to know”.

SFU Research Assistant Helen Kwan accompanied Dr. Gutman to St. Petersburg where she did a stellar job of overseeing the registration desk, volunteers, and liaising with the food and beverage staff of the Hilton Bayfront Hotel where the conference took place. This was a quite different role than the one she usually plays in her day job as Seniors’ Coordinator, Richmond City Centre or in assisting Dr. Gutman with the iCANACP project, designed to increase advance care planning, especially in the SFU portion of the study, among frail elders from marginalized groups or who are members of ethnic minorities. SFU Gerontology Diploma Program graduate Shaun Leong also played a key role in ISG2018, working long hours with the co-chair of the International Scientific Advisory Committee, Dr. Walter Boot, Florida State University, to edit the book of abstracts, published as a special issue of ISG’s official journal Gerontechnology (https://journal.gerntechnology.org).

Total attendance at ISG2018 was 180, with attendees coming from 19 countries. A post-conference survey yielded very positive responses with the only major complaint being that it was frustrating to have to decide between six parallel sessions!
On the Wall with Michelle

ANDREW WISTER

After Michelle LeBlanc’s successful defense of her project entitled “Exploring the Motivations and Experiences of Middle and Older Aged Adult Rock Climbers: SSHRC Grant Funding Proposal,” this avid rock climber and trainer invited Gerontology faculty Andrew Wister and Barbara Mitchell to experience first hand indoor rock climbing in Squamish as an introduction to this expanding leisure activity. As stated by Michelle, while teaching the basics to her novice rock climbing academic teachers, “I am getting you two to try something out of your comfort zone, just like I had to do in the MA Program!”

Michelle’s Masters project examined lifelong adherence and attachment to physical activity, recreation, and leisure among older adults with a focus on one growing type of ‘serious leisure activity’ --- rock climbing. Her project entailed the development of a mock SSHRC (Insight Development) research grant that proposed to compare and contrast the experiences and motivations of middle and older aged (50+) rock climbers with a matched sample of aquatic fitness participants. The proposed grant was supplemented by a completed qualitative study of 8 rock climbers in the Squamish area. Her thematic analyses of the pilot study resulted in the identification of four major themes. These included: 1) continued and increased participation over the life course; 2) unique lifestyle characteristics of older rock climbers; 3) experiential and intrinsic rewards of climbing; and 4) camaraderie and social contexts of rock climbing. The findings support the importance of promoting physical activity and well-being among aging adults through strong activity attachment, social network effects, and encouraging lifelong and engaged participation into meaningful modes of diverse forms of leisure activity. Michelle’s committee included Andrew Wister and Andrew Sixsmith.
In November 2017, the inaugural Provincial Summit on Aging was attended by over 200 delegates from across the province. Following the Summit a report was published, Provincial Summit on Aging: Report on Key Learnings and Next Steps, outlining the next steps forward for the Community-Based Seniors’ Services (CBSS) sector. One of the key priorities coming out of the Summit is the development of a provincial Knowledge Hub to serve as an online resource for the CBSS sector. The goal of the Knowledge Hub is to build capacity and cohesion within the CBSS sector, and to increase collaboration with larger institutional partners to support older adults with increasingly complex needs to live in their own homes and communities for as long as possible.

The Raising the Profile Project, in partnership with the United Way of Lower Mainland, have begun development of the Knowledge Hub which will be housed and operated out of the United Way of the Lower Mainland. To guide this work, a CBSS Leadership Council has been appointed to act as a consultative body for the United Way’s sector building strategic initiatives. Feedback to inform the development of the Knowledge Hub has also been collected from stakeholders via an online survey and through consultations that have been held by the United Way across the province. The Knowledge Hub will be launched in the Fall of 2018, and will be the go-to-place for information sharing, capacity-building, coordination, and collaboration within the CBSS sector.

Please stay tuned for an announcement in the fall on the launch of the Knowledge Hub!
Recap | The 20th Annual SFU Gerontology Careers Night & Networking Wine and Cheese

ALEXIS HAIG

On March 28th, the Gerontology Graduate Caucus hosted their 20th Annual Gerontology Careers Night and Networking Wine and Cheese. Careers Night has been a long-standing tradition of the GGC that began only a few years after the SFU Masters in Gerontology program was established. This year’s event was another huge success! We were thrilled to see so many students, SFU faculty and staff, professionals, and community members in attendance - both familiar and new faces.

The event began with a lecture series featuring three guest speakers including Heather Cowie (Provincial Coordinator for Dementia-Friendly Communities at the Alzheimer Society of B.C.), Mariam Larson (Gerontologist and Backbone Lead on Allies in Aging), and Stephanie Williams (General Manager at Better Environmentally Sound Transportation). Each speaker shared their education and career paths that led them to work in the field of gerontology well as their experiences and passion working with and for older adults. The evening ended with a networking session that gave professionals and students the opportunity to meet and discuss research and career interests and initiative within the field of gerontology.

The GGC would like to thank our guest speakers - Heather, Mariam, and Stephanie - for their inspiring speeches. We would like to thank the Department of Gerontology, the Gerontology Research Centre, the Graduate Student Society, the Dean of Arts and Social Sciences, and the Office of Graduate Studies and Postdoctoral Fellows for sponsoring this event. We would also like to thank our Department of Gerontology Faculty and Staff for all their help and support in making this evening such a success!

The Gerontology Graduate Caucus (GGC) is the graduate student organization of the Department of Gerontology at Simon Fraser University. The GGC represents Gerontology graduate students in discussion of academic and intellectual issues at both the departmental and university level.

Click here to learn more
Special Announcements

We are excited to pilot a very special project this fall – **SFU Gero Alumni Mentorship Program**!

Our Alumni Mentorship program connects SFU Gerontology Alumni with current students. It is an excellent opportunity for gerontology students to build a meaningful relationship with an experienced professional. As a student, your goals will include: to explore career options, build professional networks, develop relevant skills for seeking jobs and effective self-promotion, and prepare for other challenges for a successful launch of career after graduation from SFU. As an alumni, this is an opportunity for you to develop mentoring and leadership skills with your knowledge and experience. Also, this would be a way for the alumni to contribute to building gerontology professionals in Canada. Mentor-mentee matches are based on research interests and career goals. Once matched, alumni mentors and student mentees can decide on the goals and expectations of the relationship and the frequency and type of contact (in person, phone, email, skype, etc.). The Alumni Mentorship Program runs through the academic year (September to April).

To get involved as mentor or mentee, please fill out the survey → SFU Gerontology Alumni Mentorship Survey

If you have any general question, please contact us at gerocom@sfu.ca

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### Congratulations to the following students who successfully defended their theses:

- Laura Booi - PhD
- Oladele Atoyebi - MA
- Denise Beaton - MA
- Michelle LeBlanc - MA

### A warm welcome to our incoming students:

#### PhD
- Kishore Seetharaman - MA at Cornell University
- Eireann O’Dea, completing her MA and moving to PhD

#### MA
- Jennifer Conroy, Shelly Davidson, Lindsay Grasso, Joe Humphries, Kaitlin Murray & Muhammad Qureshi

### Upcoming Events

- **August 14, 2018**
  - Thesis Defence - Eireann O’Dea

- **August 23, 2018**
  - Project Defence – Mhairi Campbell

- **September 19, 2018**
  - Inclusive Cities – Community Forum

- **October 18-20, 2018**
  - CAG 2018 - Making It Matter: Mobilizing Aging Research, Practice & Policy

- **March 7, 2018**
  - #GeroHacks: Addressing Social Isolation and Ageism Among Older Adults

If you are interested in getting involved with the #gerohacks, please contact us at gerocom@sfu.ca

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Stay in touch!

**Follow us on Twitter, Facebook and Instagram [@sfugero](https://twitter.com/sfugero)**
Special thanks to the Silber family for their generous support with The Silber Family’s Gerontology Lectureship Endowment.

Register now for CAG 2018: Making It Matter: Mobilizing Aging Research, Practice & Policy, October 18-20 in Vancouver! With 600 presentations on the program, there is something for all interests in gerontology and geriatrics.

Link -> https://goo.gl/VCuVK2

RSVP for Inclusive Communities Forum hosted by the Canadian Disability Participation Project. "This event will be an opportunity to discuss barriers and facilitators for mobility and participation in the community with a focus on solutions and priorities.

Link -> https://goo.gl/3gtfWs
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