Gerontology Research Centre

The Gerontology Research Centre (GRC) serves as a focal point for research, education and information on individual and population aging and maintain an active publications program to promote utilization of existing knowledge in the following areas: Aging and the Built Environment, Changing Demography and Lifestyle, Health Promotion/Population Health and Aging, Prevention of Victimization, Exploitation of Older Persons and Technology and Aging.

GRC Director: Dr. Andrew Wister
Editor: Kevin R. Wagner

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Message from the Director

The GRC continues to be highly active in research, training, knowledge transfer and community outreach. In this issue of the GRC News, including the embedded Seniors Housing Update (SHUP), we highlight many of the activities, publications, research projects, conferences, faculty awards, and student accomplishments that have occurred since our last issue. I will mention a few of these starting with the upcoming 28th John K Friesen annual conference that is being held June 10–11, 2019 Segal Centre, SFU Vancouver Campus 515 West Hastings Street, Vancouver BC. The title of this year’s exciting conference “Understanding and Fostering Resilience in Older Adults” reflects this emerging field of study that we have showcased in prior issues of the GRC News. We are proud to have a large number of excellent international and local speakers at the conference (see inside this issue) who will address interlocking spheres of knowledge to help us understand how individuals, families and communities bounce back from age-related adversity — resilience. We also continue to house several major research hubs/networks, including the Canadian Longitudinal Study on Aging, the AGE-WELL technology and aging network, and several international collaborative developments. In addition, the Gerontology Graduate Caucus organized another highly successful Annual Gerontology Careers Night. Please read the GRC News for other articles on the activities of our faculty, staff and students.

Announcements

Completed Thesis/Capstone Project:

Andrea Sara — MA
• Supervisor: Mahmood
• Capstone Project: Community-Based Transportation and Outdoor Mobility for Older Adults: A Literature Synthesis and Case Study

Mhairi Campbell — MA
• Supervisor: Mitchell
• Capstone Project: Double and Triple Duty Caregiving and its Effect on Personal Health and Wellbeing: A Pilot Project and Sample Funding Proposal

Lorraine Kleinschroth — MA
• Supervisor: Mahmood
• Thesis: Mobility Scooter Use for Community Access: An Exploration of Individual and Environmental Factors on Use and Safety

Eireann O’Dea — MA (continuing on to PhD)
• Supervisor: Wister
• Thesis: An Exploration of Pathways, Motivations, and Experiences Among Older Jewish Volunteers in Vancouver
The GRC and associated Gerontology Department are pleased to invite you to the 28th John K. Friesen Conference. This year’s conference, organized and hosted in cooperation with the SFU Continuing Studies 55+ Program, focuses on understanding why some people are able to overcome aging-related adversity better than others and how to foster resilience in older adults. The program includes plenary speakers from the UK, USA and Canada who will share their experience and successes in addressing the issue, citizen panels and poster presentations. The objective of the conference is to provide information that will enable people aged 55+ to plan ahead and make informed choices. As well, it is designed to provide a forum for service providers, housing developers (private, public & non-profit), NGOs, and others to learn from each other.

It is well known that older aged adults face many adversities over the later life course. This conference will address the ways in which seniors bounce back from different types and combinations of adversity – termed resilience. Some of the challenges that will be addressed include: mental and physical health issues, especially multimorbidity; family change such as widowhood; socio-economic deprivation; social isolation and loneliness; ageism and discrimination; housing problems; and environmental disasters, to name a few.

The Friesen conference aims to extend our understanding of how resilience works at the individual, family and community level; identify vulnerable groups of older adults who often face several concurrent challenges; examine different forms of resilience and their measurement; and isolate risk and protective factors in an effort to elucidate promising innovative programs, policies and strategies.

During a period of the most rapid population aging in Canada and many other nations, coupled with heightened global socio-political change, extending our knowledge of resilience will help society to make important adjustments to maximize health and wellness of older individuals.

The event, which convenes on June 10 and 11 will feature three panels on the subject of resilience and aging as well as eight plenary addresses. Speakers include many of the world’s foremost experts on resilience and aging:

- Barbara Resnick (University of Maryland)
- Igor Linkov (Engineer Research And Development Centre — U.S. Army)
- Theodore D. Cosco (Simon Fraser University)
- Sue Peters (University of British Columbia)
- Sharon Koehn (Simon Fraser University)
- Deborah Carr (Boston University)
- Janine Wiles (University of Auckland)
- Gill Windle (University of Bangor)
- Sarah Canham (Simon Fraser University)
- Andrew Wister (Simon Fraser University)
- Gloria Gutman (Simon Fraser University)

To learn more about the 28th Annual Friesen Conference, see the full speakers list, and to buy your tickets, visit [https://www.sfu.ca/fc/2019.html](https://www.sfu.ca/fc/2019.html)
In the fall of 2018, I had the opportunity to attend two major North American Gerontology conferences. This first was the Canadian Association on Gerontology conference (conveniently held in Vancouver!) from October 18th-20th, and the second was the Gerontology Society of America Annual Scientific Meeting in Boston, Massachusetts from November 14th-18th. Both conferences were excellent opportunities to meet and interact with fellow graduate students, to consider groundbreaking gerontological research in “real-time”, and to gain confidence through presenting and discussing my work with others.

My CAG experience began with an afternoon networking workshop, presented by the CAG Student Connection and co-hosted by the SFU Gerontology Graduate Caucus. In addition to providing helpful tips on how to best greet and make small talk with others (outside of the typical realm of “so, tell me about your research!”), this session also served as a great ice-breaker for many of the graduate students attending the conference. I had the chance to meet individuals from universities all over Canada (Brock, McMaster, Dalhousie, etc.) and the world, many of whom were also present at the student poster session that took place the following morning. I was slightly nervous at first to be standing in front of a poster containing my life’s work (aka my Master’s thesis research), but it ended up being a very rewarding experience. I had a great time answering questions and explaining the motivation behind my research with others.

With my presentation duties complete, I was able to spend the rest of the conference meeting with colleagues and attending a wide variety of symposiums and lectures. One of my personal highlights included a Friday morning symposium on community engaged research with older adults. In this session, researchers (including Dr. Gloria Gutman and Dr. Sharon Koehn) described their participatory action research conducted with older adults, with topic areas including immigration, law reform, healthy aging in rural communities, and LGBT identity. I was also able to attend a symposium which focused on aging through an ethnocultural lens, including a presentation by a PhD student from the University of Ottawa on aging well from the perspective of Inuit older adults. As I travelled from session to session, it was really great to see
so many familiar faces from SFU Gerontology present at the conference as well.

Less than one month after CAG, I was off to Boston to attend the GSA conference. Boston has long been a city I have wanted to visit, and when I heard that the GSA conference would be held there in 2018, I promised myself that I would attend. On the first day of the conference, I spent the morning and early afternoon exploring some amazing city sights (including the Kennedy Library, Beacon Hill, the Boston Common...) before making my way to the Hynes Convention Centre, conveniently situated in downtown Boston. As I approached the extremely high-tech registration desk (there was even an app to manage your conference schedule!), the size of the venue and the amount of people attending (nearly 4,000!) felt quite overwhelming. However, after attending my first symposium, in which presenters hailed from the United States, the United Kingdom, Australia, and Israel, I realized the ability of such a large conference to attract a huge diversity of researchers, and I looked forward to the next few days. Thanks to the large scope of the conference, I was able to attend lectures on topics both recognized and obscure, and observe speakers whose research I had been citing for years. Some stand-out included a symposium on ageism around the globe, and an unexpectedly emotional lecture on grand-parenting. It was a highly engaging and fulfilling few days.

Up until this past year, academic conferences felt somewhat daunting and mysterious to me. I was never sure or confident if I had something worth presenting or not, and I had very little idea what to expect. After attending both CAG and GSA this past year, I now see them as wonderful opportunities for academic and personal growth. I am looking forward to next fall!
The Minister of Seniors, the Hon. Filomena Tassi included SFU Gerontology as one of her visits to the west coast to hear about priority areas and in seniors policy and strategic initiatives. Dr. Andrew Wister (right), Director of the Gerontology Research Centre led the discussion with Min. Tassi (centre), along with the warm welcome from Laurie Anderson, Executive Director of the Vancouver Campus (left).
Drinking alcohol is widely practiced in British Columbia, and is a part of Canadian culture. While there is a set of Low-Risk Alcohol Drinking Guidelines available that aim to mitigate the harms associated with moderate-risk drinking, occasional binge drinking, and drinking in hazardous circumstances (Butt, Beirness, Gliksman, Paradis, & Stockwell, 2011), because these guidelines have been developed for the general population, they may be unsuitable for older adults, who have unique physiological and psychosocial changes associated with age (Substance Abuse and Mental Health Services Administration, 1998).

To address this knowledge gap, The Canadian Coalition for Seniors’ Mental Health (ccsmh) has been funded by Health Canada to develop National Best Practice Guidelines for Alcohol Use Disorders among Older Adults. ccsmh has convened a working group of clinicians, practitioners, pharmacists, researchers, and persons with lived experience of alcohol use disorders that have recently drafted a set of older adult-specific guidelines that highlight the unique risks of alcohol consumption in later life.

Dr. Sarah Canham, who has been part of the ccsmh alcohol working group since June 2017, secured funding from the Community Action Initiative in partnership with West End Seniors’ Network in August 2018 to conduct community-based dialogue workshops focused on Low-Risk Drinking Guidelines for Older Adults. The purpose of these knowledge-sharing and knowledge-generating events was to educate community members, including older adults and service providers, about the draft recommendations and to get feedback to on further knowledge dissemination activities, including how and where community members would like to learn about these guidelines.

Three dialogue workshops were held at three different seniors’ centres: 411 Seniors Centre Society, South Granville Seniors Centre, and West End Seniors’ Network at Barclay Manor between October and November 2018. Organized as Knowledge Cafés, older adults and service providers gathered in small groups around a table in a lively, safe, and informal café-inspired setting. The set up of the Cafés gave participants the freedom to converse with one another, to openly share ideas and opinions, and to be creative.

Overall, the workshops were a roaring success, due to the help of dedicated volunteers (several Masters and PBD students from the Department of Gerontology) and staff from the seniors’ centres. There was such a significant interest in the workshops, that two were attended at maximum capacity—in total, we hosted 66 participants at the three workshops.

The workshops were lively and offered opportunities for older adults in Vancouver to engage with meaningful re-search. The feedback we received from participants suggests that the workshops were not only informative and educational, but also fun opportunities for community engagement. One participant commented: “I really enjoyed the opportunity to be a part of research!” Another commented: “This is a perfect knowledge session. I hope we get more of [these] sessions to teach seniors how to take care of this issue.”

The insights provided by participants will be invaluable for informing upcoming knowledge mobilization efforts by ccsmh. In addition, data generated from the workshops are being collated and drafted into a final report, a conference presentation, and a manuscript. To stay up-to-date with this project, visit the GRC website or contact Dr. Sarah Canham at scanham@sfu.ca for additional information.
Zheng Wu, PhD joins the Department of Gerontology as a Tier 1 Canada Research Chair and Professor. He is also affiliated with University of Victoria’s Institute on Aging & Lifelong Health, University of Washington’s Centre for Studies in Demography and Ecology, and Xi’an Jiaotong University’s Institute Population and Development Studies. His research interests reach across numerous aging-demographic topics, with long-standing interest in family demography. His current research program is concerned with trends and patterns of aging population in Canada, focusing on union formation and dissolution in later life, and physical and psychological well-being of older adults.

Theodore D Cosco, PhD moves from postdoctoral fellow with the GRC to Assistant Professor of Mental Health & Aging at the Department of Gerontology. He is concurrently a Research Fellow at the Oxford Institute of Population Ageing, University of Oxford.

Dr. Cosco is a Chartered Psychologist (British Psychological Society) trained in applied social research methods (MSc 2011, Trinity College Dublin), and epidemiology (PhD 2015, University of Cambridge). For his contributions to pedagogy, he has been elected to Associate Fellowship of the Higher Education Academy and for contributions to psychology Associate Fellowship of the British Psychological Society. Recently, he received the Early Career Achievement Award from the American Psychological Association and European Health Psychology Society, the Young Investigator Colloquium Scholarship from the American Psychosomatic Society, as well as becoming the youngest recipient of the Canadian Association on Gerontology’s Recognition Award for Excellence in Longitudinal Research in Honour of Betty Havens.
Florian Herbolsheimer, PhD joins the Department of Gerontology as a visiting postdoctoral fellow. He is also a research associate at the German Cancer Research Centre in the division of Physical Activity, Prevention, and Cancer in Heidelberg. His research is multi-disciplinary and covers Public Health, Sociology and Gerontology. Dr. Herbolsheimer did his Ph.D. at Ulm University and has a Diploma in Social Sciences from the University of Mannheim. His research focuses on the relation between physical activity, social relations, and built environment.

Lillian Hung, PhD returns to SFU (she is a Gerontology MA alumnus) as a postdoctoral fellow. Dr. Hung’s research mainly focuses on examining how technology and environment impact the care experiences of persons with dementia. Her postdoctoral research is funded by the Alzheimer Society of Canada. Lillian uses participatory approaches to co-research with patients, families, staff, and leaders to answer questions that matter to older people and aims to improve healthcare in micro and macro systems. Her research is practice-based and patient-oriented. She is committed to facilitating connectivity between academia and practice to find practical solutions to address pressing problems in care settings.
Recent Events

*Scenes from the lecture series at this year's GGC Careers Night.*

*The three lecturers (Eddie Elmer, Lillian Hung, Stephen D'Souza) fielding questions from the audience.*
Jennifer Conroy (MA Student) receiving an award at our annual ceremony from a representative from North Shore ElderCollege.

Florian Herbolsheimer hosting his free public lecture on aging and physical activity.

Emily Lonsdale (MA Student) receiving awards at our annual ceremony from representatives from the Legion BC/Yukon and BC Old Age Pensioners Organization.

Guests mingling during the networking portion of the GGC Careers Night.
Awards/Funding

Theodore D. Cosco

Early Career Award – European Health Psychology Society (2018)

Canadian Institute of Health Research – Community Support Award x 2 (2018)


Andrew Wister


Lillian Hung

Hung, L.: PI. Innovating together: WORKing with technologies in dementia (IT WORKs). Alzheimer Society of Canada Quality of Life Postdoctoral Award. $83,000

Hung, L.: PI. Using social robot to improve dementia care. Woodward Foundation and Richmond Hospital Foundation. $30,000.

Sharon Koehn


Habib Chaudhury


Chaudhury, H. Innovations and best practices in person-centred care practices in long-term care. David Lam Centre for Communication Collaborative Research Grant. $5,000.

Chaudhury, H. Innovations and best practices in person-centred care practices in long-term care. Office of the Vice President, SFU International Collaboration Grant. $8,500
Seniors Housing Update (SHUp)
Ascribing meaning to one’s home has been considered integral to the development of a sense of self and personhood. Developing a positive sense of home is particularly important in later life (Rubinstein, 1989; Rubinstein & de Medeiros, 2005). The home has been described as a place of freedom, where we can be ourselves, where we have some control over our belongings and our time. Consider this: When you’re sick and not feeling well, where do you want to be while you recover? My guess would be your home, in your bed, or on your couch—somewhere where you’re comfortable with maybe a loved one nearby making soup.

In residential care, there has been a slow, yet vocal movement to augment the sense of ‘home’ that residents feel in these settings. There are initiatives to make residential care home-like by allowing residents to bring in personal belongings, hang photos and artwork that is familiar, and giving residents more control over how their meals and activities are structured throughout the day (Cooney, 2012). The importance of relationships in creating a home-like environment within institutional settings was emphasized in interviews with residential care staff that my colleagues and I conducted (Canham et al., 2017). A sense of home was felt when interpersonal relationships developed between residents and staff who cared for them day-in and day-out. However, against the backdrop of a highly regulated managed care paradigm, attempts to make residential settings more home-like have not been without challenge.

While there are challenges in creating home-like residential care settings, it is being acknowledged—which is light years ahead of discussions surrounding older adults experiencing homelessness. What, can we estimate, is the meaning of home for older persons who are living in precarious housing situations or who are experiencing homelessness? What sense of freedom and control do older adults living in vulnerable situations experience? Burns (2016) has rightly asked the question of what ‘place’ means to older adults who are staying in shelters and, similar to research in residential care and elsewhere, has found that control, comfort, privacy, and security are key to a sense of place. These data beg the question of how different the experience of staying in homeless shelters from the experience of living in residential care is; can either setting truly fulfil an older adult’s needs for meaning and personhood? How can these disparate settings and bodies of work lean on one another to better serve our most vulnerable older adults?

In partnership with the Homelessness Services Association of British Columbia and Providence Health Care, I am involved in research that is examining the health and psychosocial support needs of older adults who are experiencing homelessness. We’re finding that there are unique vulnerabilities for older people experiencing homelessness; that general population shelters are inappropriate for older adults following hospital discharge; that there is limited availability of shelter or housing settings for older adults who have complex health and social needs; that shelters and housing need to be tailored to older adults experiencing both...
first-time and chronic homelessness; and that community supports are needed for older adults upon discharge from hospital (Canham et al., 2018). These findings, again, point to the importance of relationships in meeting the needs of older adults, though described in homelessness sector jargon as ‘case managers.’

Arguably, relationships are key to both a sense of home (Sixsmith, 1986) and to successful service engagement; therefore, should we not be advocating for increased supports (e.g., appropriate education and pay) for a workforce—of both case managers and care staff—who can walk alongside our elders as they navigate their later years? Have we asked what role case management could have for older adults in residential care? Or, conversely, what role healthcare staff could have for older adults in homeless shelters?

At the crux of what all older adults need is a place to call home—a place where they feel safe and comfortable, where they can express their true identity, where they can rest and recover from illness, where they can attach meaning and build a sense of place. This freedom has largely been stripped from older adults who are living in precarious housing situations, who are experiencing homelessness, and those who have moved into residential care settings that are not focused on person-centred care. As we continue to build person-centred ideologies into our institutional settings, we should also be promoting culture change in the treatment of older persons experiencing homelessness. One avenue for moving forward could be in the building of a workforce that respects and dignifies the lived experience of older adults regardless of their housing status.

This piece was originally published in The International Network for Critical Gerontology based at McMaster University.
Gerontologists Give Back with Friendship and Flowers

Sarah Canham

At this year’s Gerontological Society of America Conference in Boston, eight conference attendees representing Israel, Sweden, and the United States joined me to volunteer for the “Gerontologists Giving Back” service event. This is an annual event I have been coordinating for the Society in collaboration with Dr. Leanne Clark-Shirley since 2008.

On Thursday, November 14, 2018, our group of volunteers hopped aboard “The T” to head to Rogerson House in Jamaica Plain, MA. Rogerson House is a dementia care facility providing 66 units of assisted living, a day program, and respite care for people with memory loss.

When we arrived, we met the local coordinator of the Boston chapter of Little Brothers – Friends of the Elderly who organized a “Friendship and Flowers” event for our group. Armed with bouquets of flowers, we toured three floors of Rogerson House, where we met with residents as they ate lunch, engaged in holiday card making activities, and sang together during music therapy. We enjoyed an hour and a half of friendly visitation and engagement. Upon seeing, smelling, and feeling the flowers, many of the residents lit up with joy. As staff from the Rogerson House reminded us: “Any experience we can bring them is great because they can’t get out like you and I can.”

While not all residents wanted to engage or fancied flowers, a number of highlights from the event stand out in my mind.

Judy came to life when I first sat beside her and gave her a bouquet. Making a delighted whooping sound, she twirled the flowers around, clearly delighted.

Another resident, Marie, who did not speak English, was able to engage with one of our volunteers who was able to communicate in her native Russian. Staff of Rogerson House, who don’t speak Russian, have been challenged in understanding Marie’s needs, so this opportunity to engage with Marie was especially touching.

José, a Spanish resident, was particularly delighted by our visit. When our Spanish-speaking volunteer asked him to dance, he jumped at the request and did not want to stop. This clearly connected him to his roots and passion for dancing.

Though our visit was only a few short hours, the event gave volunteers an opportunity to get out into the local community, observe the lives of older adults, and supplement their academic learnings and conference experience. Several volunteers reflected on their experience:

“I have dedicated my research career to studying older adults with dementia. Spending some hours out of the GSA Conference to visit and show care for these people felt right. It was an extremely rewarding experience for me.” – Marianne Chanti-Ketterl

“It was wonderful to step away from the GSA conference to share time with the residents of Rogerson House. With them, I baked sweet potato and raisin muffins; talked about art, traveling, hockey, and the fun of being a big sister; and enjoyed beautiful harmonica music played by one of the residents. Being in, learning from, and laughing with the people in the community gives me the most joy as a researcher. This service event enriched our gerontological imaginations.” – Jarmin Yeh

It has always been the vision behind our event to link Gerontologists to the local communities that we descend upon when we travel to present our emerging research at the annual conference. Getting our “hands dirty” in the community enables us to stay grounded in why we research and teach: to improve the lives of older adults.
Gerontologist Giving Back 2018 volunteers (from left to right): Dorota Religa, Ksenya Shulyaeva, Leanne Clark-Shirley, Sarah Canham, Orly Tonkikh, Jarmin Yeh, Skye Leedahl, Marianne Chanti-Ketterl, Ebon Beal
Canada’s demographic trends reveal a society that is rapidly growing older. As it stands, 16% of our population are older adults (citizens aged 65 and over) and Statistics Canada expects that proportion to rise to up to 25% by the year 2036. As this older population increases, the need for professional caregiving for frail and cognitively-declined older adults follows suit. In our most recent data from 2011, over 350,000 older Canadians were living in residential care facilities. We can expect that that number has grown alongside the total percentage of older Canadians. In these residences the diagnosis of dementia is a near constant. In residential care homes, for example, nearly three out of every five residents have a diagnosis of dementia.

It was with these facts combined with the knowledge that Hong Kong faces similar demographic changes (older adults increased from 12% of the population in 2006 to 16% in 2016) that Dr. Habib Chaudhury (Chair, Department of Gerontology, SFU) and Dr. Daniel Lai (Head, Department of Applied Social Sciences, PolyU) identified an opportunity to collaborate. They established the goal of mobilizing evidence-based research related to dementia care, which materialized in the form of the upcoming Knowledge Mobilization Symposium on the theme of Person-Centred Care (PCC) for Older Adults With Dementia.

In developing the topics to be covered at this conference, it was important to Dr. Chaudhury and the other organizers that healthcare professionals for people with dementia have access to the best practices, innovations, and research in this area. PCC fits those categories. It is a philosophy that aims to consider the desires, values, family situations, social circumstances, and lifestyles of people residing in care settings. It urges caregivers to see a person with dementia as a whole individual and to work and interact with them in ways that honour their psychological, social, emotional, and spiritual preferences and needs. In a systematic review, researchers Li and Porock (2014) found that people with dementia who were cared for using PCC-based principles experienced decreased behavioural symptoms, showed positive affect, and reduced their psychotropic medication use. New and exciting research like this led the Alzheimer’s Association to make PCC the basis of their updated Dementia Care Practice Recommendations.

Even with evidence showing its efficacy, though, PCC in its current state exists largely as a philosophical concept. Traditional medical-oriented care with its emphasis on processes, schedules, and staff and organizational needs continues to dominate the long-term care sector. There are small outposts where PCC is being implemented, but the medical approach continues to be the primary paradigm. In order for meaningful and sustaining change to happen, there need to be cultural and organizational changes. Dr. Chaudhury believes that this conference is an important step toward those changes in BC and Hong Kong. The Symposium brings together stakeholders from both regions—including speakers from the three sectors of policy, practice, and academia—and aims to showcase the best practices and innovations. In the words of Dr. Chaudhury, “[His] hope is that bringing in policy and practice will create constructive dialogue and initiate change.”

On May 6 and 7, the Symposium will convene in the Segal Centre at SFU Vancouver. Speakers include policymakers, healthcare providers and researchers from BC and Hong Kong, SFU, PolyU, and UBC. A full program for the conference, which includes a list of speakers, can be viewed here: [http://www.sfu.ca/gerontology/about/news-events/knowledge-mobilization-symposium/home.html](http://www.sfu.ca/gerontology/about/news-events/knowledge-mobilization-symposium/home.html)

The event is open to the public and tickets can be purchased here: [http://sfudementia.eventbrite.ca](http://sfudementia.eventbrite.ca)
On December 3rd, 2018, Dr. Sharon Koehn and her ‘Lived Experiences’ research team, in partnership with the Canadian Centre for Elder Law (CCEL), hosted the first of three forums to be held in Vancouver over the next three months. These forums invite diverse stakeholders to hear a respected speaker, view the photovoice exhibit—The Lived Experience of Aging Immigrants—and engage in the ensuing World Café discussions on three interrelated topics: Disability, Housing and Transportation were identified as important and interconnected within the exhibit that show cases the findings of a study of 19 immigrant older adults in Greater Vancouver and Montreal. Participants engaged in a three-part interview process employing life story and photovoice techniques to reveal how intersections of identity evolve over the life course and are ultimately expressed in their every day experiences of later life. The study uncovered significant heterogeneity among immigrant older adults as well as common structural stressors that disproportionately affect this subpopulation of older adults and warrant further attention from policy makers and health care providers.

In her introduction to the forum, Dr. Koehn illustrated the connections between the three themes with the example of ‘Divine’ (a pseudonym). Now in her sixties, Divine came to Canada from the Philippines in mid-life and after several years here became disabled after she was hit by a car on a pedestrian crossing. She had no family in Canada, but relied on a close network of friends for support as well as a very helpful family doctor. Having used up her savings while waiting for disability payments, Divine needed to find financially and physically accessible housing.

However, the only barrier-free options that BC Housing could provide were too far away from her social network and physician, and transportation between the two was insufficient to make this option viable, so Divine declined the offer and found instead affordable housing run by a religious organization in close proximity to these supports. While it is currently affordable, there is no guarantee that it will remain so and there is no elevator in her apartment building. Divine’s apartment is a short flight of stairs up from ground level and the laundry room is another floor down. Divine accesses it by bumping down the stairs on her bottom and has already injured herself a couple of times while doing so.

Forum participants were carefully selected from each of the three sectors and were encouraged in a compelling presentation by CCEL Executive Director, Krista James, LLB, to consider the need to reach across the policy and practice silos of disability, housing and transportation to arrive at viable solutions to challenges faced by all older adults, including immigrants. Participants circulated between each of three theme tables where they commented on their impressions about the theme in relation to immigrant older adults based on viewing the exhibit, and identified actions needed to remove barriers and/or build on strengths. Brief summations of each table’s notes preceded a full group discussion of the connections between each of the themes and their solutions, and the gaps in understanding that preclude immediate ac-
tion, as well as identification of who needs to take responsibility for which actions.

Participants remarked on the prevalence of disability that arises from both injury and chronic illness among the older immigrants featured in the exhibit. They recognized the additional challenges to older immigrants in connecting to services and the cumulative effect of a disability on the access challenges that they faced. They maintained that these challenges are poorly understood by those providing services and underscored the importance of storytelling to address such deficits. The importance of meaningful inclusion of immigrant and other marginalized older adults in planning for services intended to benefit them is critical, as is an understanding of intersections of identity such as ‘older adult’ and ‘person with a disability’; it is possible to be both, but policies position them as mutually exclusive.

Immigrants to Vancouver encounter a severe shortage of affordable housing and are additionally challenged by language barriers, family or organizational dependency, low income and lack of familiarity with the system. They may encounter bureaucratic challenges if there are discrepancies (e.g. reported age) between documents from the home country compared to Canadian documents. Language challenges in particular make affordable housing harder to find and secure, and immigrants are more likely to face unexpected evictions due to miscommunication. Participants cited cases in which older immigrants prioritized the needs of their children or grandchildren over their own housing needs. Homeless shelters are not equipped to deal with the distinct needs of older adults, never mind the newcomers among them.

Transportation is related to disability and housing as a cause (e.g., car accidents, informing decisions on where one can feasibly live) and as a barrier (e.g., lack of access to HandyDART). Older immigrants rely more on transit since they do not have Canadian drivers’ licences. However, there is a structural lag for older adults who are transitioning to retirement and beginning to receive OAS and GIS wherein the responsibility for public transit shifts to the federal government. This is complicated for older immigrants who are technically eligible for the pass after ten years in the country but experience a gap period between year 9 and 10 due to a lack of integration of federal, provincial, and municipal transportation services: this process needs to be streamlined.

Recognizing the interrelated nature of the topics of housing, transportation, and disability requires solutions that dynamically address all three domains and further intersect with the immigrant services sector. Overall, participants bemoaned the lack of information sharing mechanisms and considerable gaps in service provision between agencies. These are reinforced at the policy level by government silos. System navigators with both systemic health literacy and cultural competence who can help older immigrants to surmount language and cultural barriers were proposed as one solution.

In Vancouver, we have partnered with the United Way of the Lower Mainland to host two additional forums. These will focus on Caregiving, Family & Homecare (speaker: Kahir Lalji), and Resilience, Social Connection & Community Organization (speaker: Eddy Elmer). Our partners in Calgary, Montreal, and Quebec City will be hosting additional forums on similar themes over the next 8-12 months. A consolidated project report will be released following their completion.

Please contact Dr. Sharon Koehn (skoehn@sfu.ca) if you would like a copy of the report.

SFU postdoctoral researcher Mineko Wada pictured in front of the photovoice exhibit
What do we need to know when constructing and/or adapting facilities for people with dementia?

We need to create small-scale homelike environments that are familiar for persons with dementia. In existing care facilities, we should divide large spaces by partitions or furniture groups to create smaller areas that can reduce stimulation of large spaces and large social groups.

What are the more usual modifications you feel needed when visiting facilities for people with dementia worldwide? And which are the basic similarities and differences?

Reducing negative stimulation coming from noise, lighting, glare etc. are big problems in most care homes. We need to reduce negative stimulation and bring in sources of positive stimulation that can provide a comforting environment that connects with their past homes and communities.

Which are the main sensory changes in old age and dementia and what are the environment solutions to convene them?

Vision and hearing are the most significant changes. Loss of vision is very common in old age and is compounded in dementia because of visual-spatial perception challenges. For example, people with dementia have problem in depth perceptions in an environment which increases the risk for falls or use of furniture. In general, the lighting in the environment needs to higher due to thickening and yellowing of the lens in the eyes and decrease of pupil size. Older people need more contrast (object-background distinction) in the compared due to reduction in ability to distinguish the gray scales in objects. Glare (reflected or unshielded light source) from shiny floor or direct sunlight on a window can be disorienting.

Are there solutions to avoid excess of stimulation of the environment and improve the quality of the setting?

Fundamentally, smaller spaces generate less stimulation compared to large spaces. Apart from the size of a room, the noise level should be reduced by use of sound-absorptive materials (e.g., table cloth, carpeting or resilient flooring, fabric wall hanging, fabric-based upholstery). Smaller groups generate less stimulation than large groups. Overhead fluorescent lighting creates visual over stimulation.

What cues can the environment bring in terms of temporal and spatial orientation for people with cognitive impairment?

The environment can have easily noticeable objects and furniture items based on size and/or prominent feature. Objects such as grandfather clock, large painting, fish tank, aviary can serve as landmarks for spatial orientation. Also, there is evidence that memory boxes containing personally meaningful objects near the residents’ doors can help them find their own rooms. Bright coloured walls are also helpful in helping people to move in certain directions or find their way to certain locations.

How can we improve the role of memory and self in care facilities for people with dementia?

It is critically important to collect biographical information of the residents and use that information for activity and care planning, and behavioral management. Objects and environments that are reminiscent of their past can help them connect with their past places and provide comfort as well as prompt familiar activities.

Are there any designs and architectural solutions for patient’s wandering?

Long hallways or corridors with dead ends are highly problematic in care home environments. The home should not have any hallway or if there is a hallway that should be short and linked with social spaces on both ends. Walking paths should have place to sit and opportunities for positive engagement.

In what ways can physical environment lead to responsive behavior versus improve engagement and well-being?

The environment can reduce challenging behavior, support functioning and engage in positive behaviours. We need to pay attention to all three aspects of the environment’s role. Environment should not be considered only for reducing stimulation, but it can help activities of daily living (e.g., independent toileting, dressing) or self-directed positive engagement (e.g. watering a plant, sweeping the floor).

How does the facilities’ staff usually respond to the environment modifications?

In general, staff respond positively as they intuitively know that environmental changes can be helpful. When staff are properly education, they understand that environment can be modified at multiple levels. We don’t have to make major changes in the environment, but make small changes by bringing in the objects and features that are helpful in meaningful walking, social interaction, functioning, orientation, supporting identity, etc. However staff need to be creative and try new things and adopt what works based on trial and error.

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