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Our Logo: The orca is a symbol of balance, health, longevity and a wild, untamed spirit for some of the native people of BC.

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

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GRC NEWS
The Newsletter of the Gerontology Research Centre // AUG 2017

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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.

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This newsletter aims to provide accurate information. Although the information presented and the opinions expressed are gathered from sources thought to be reliable, their accuracy and correct interpretation cannot be guaranteed.
It has been a busy period for the Gerontology Research Centre, since our last GRC Newsletter published in December 2016. 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 in our unit. While it is impossible to capture all of our milestones in an exhaustive manner, I would like to showcase a few covered in this issue. The GRC hosted the highly successful 26th John K Friesen conference in partnership with the 20th BC Psychogeriatric Association Conference entitled: ‘Promoting mental health in later life: mobilizing knowledge into practice.’ This conference drew large numbers of individuals from service, policy and academic communities as well as many seniors, all of whom were keenly interested in expanding their knowledge of mental health issues for older adults. Several of the informative keynotes and major presentations are included in this issue, including links to the full set of recordings. We continue to house several major research hubs/networks, including the Canadian Longitudinal Study on Aging, the AgeWell technology and aging network. There are also numerous individual and collaborative research grants and contracts that are in progress or newly funded (see list). The GRC released several new publications, including: “Gaps in Facility Care for East Asian Cultural Groups in Select GVRD Communities,” among others listed. With respect to awards, I am particularly proud of Dr. Gloria Gutman’s receipt of the prestigious Order of Canada. In addition, the graduation of our first PhD student from the Gerontology Department, Dr. Glenyth Caragata, was particularly rewarding. The GRC continues to build a local, national and international reputation of excellence. This is evidenced in the extensive number of GRC and department faculty and researchers who delivered presentations (links are in this issue) at the recent 21st International Association of Gerontology and Geriatrics’ World Congress held in San Francisco, July 23-27, 2017.

I would also like to take this opportunity to introduce the newest member of the GRC team - Aman Chandi - who has assumed the role of Communication Officer. Please note that we have revamped our newsletter to make it more interactive with active links to news and publications.
The theme of this year’s annual John K. Friesen conference, co-hosted with the BC Psychogeriatric Association was “Promoting Mental Health in the Later Years: Mobilizing Knowledge into Practice”. The conference began with a keynote address by Dr. Kiran Rabheru, Professor of Psychiatry at the University of Ottawa and Co-chair of the Canadian Coalition for Seniors’ Mental Health who discussed emerging trends and described opportunities in geriatric mental health. Day 1 continued with a series of symposia that reflected the broad approach taken in addressing the conference theme. The first of these addressed housing challenges faced by seniors. Tish Lakes, Executive Director of the Okanagan Advocacy and Resources Society noted that in tight housing markets, such as in British Columbia currently, each set of living situations has an impact on another, resulting in some people ending up in inappropriate housing or in an inappropriate level of care. For example, health care providers may discharge people into poor or substandard housing when the only alternative is discharge to the street. She also noted that there are no standards for accommodation for mental health in public housing. Eric Bond from CMHC described the supply of assisted living units across Canada, their average capture rate (i.e. percent of seniors’ population occupying them), their annual vacancy rate, and their average cost to rent. Elizabeth Tang, also from CMHC, reported what they heard in consultations about the national housing strategy. She also spoke about criteria for developers wishing to access rental housing funding. The second symposium on Day 1 focused on the important role that companion animals can play in the lives of seniors including contributing to maintaining physical function; providing companionship and purpose; facilitating social interaction and leading to a sense of community among pet owners. At the same time, some contradictory, counter-intuitive findings exist. As Ann Toohey, a doctoral candidate in Community Health Services at the University of Calgary pointed out, there is research evidence indicating older community-dwelling adults with pets may be lonelier, or less satisfied with life, or show various other indications of poorer mental health. She argued that pets may serve as a buffer for people with limited social networks and social support. Kathy Enduwayo spoke about communal pets in residential care. While she was not there to make the point in person, the other speakers noted Martha Jane Lewis’s concerns about people being denied home care because some workers have allergies or fears that make them uncomfortable or unwilling to work in settings where animals are present.

Other symposia on Day 1 centred on: substance abuse in later life, providing support for family caregivers, and addressing loneliness and isolation. The former began with a brief history of specialized substance use services for older adults in BC presented by Louise Holland who highlighted the gains and losses of evolution to the services that currently exist in the province. Marilyn White-Campbell, a geriatric addictions specialist from Ontario, described the COPA College model, a novel approach to substance use disorder currently in operation in that province that involves taking groups of individuals to an art gallery and which, she stated, destigmatizes addiction and mental health, instills hope and pride, is psychoeducational, provides social support, and has a harm reduction focus. The caregiver support session described services offered by the Cowichan Family Caregiver Support Society that include one-on-one support, in person and over the phone, support groups, education, information and referral, advocacy, and Circles of Support a group of committed people who agree to be in relationship with the caregiving family and, potentially, with every other member of the circle as well. Each member offers support, companionship, and/or small services. A facilitator guides the caregiving family to assess their needs in different dimensions of health. Caregiving families develop a better understanding of what their needs are and how to get them met. This model is being implemented by Island Mental Health in collaboration with a number of partners including the CareGivers Association of BC. The combatting loneliness and social isolation symposium featured four diverse approaches: continuing education, digital games, the Java Group of Programs, which provide opportunities for residents of assisted living or care facilities to help other residents, and Winnipeg’s innovative Senior Centre Without Walls. A presentation on the Mental Health Commission of Canada’s Mental Health First Aid for Seniors Program and an evening public lecture by Dr. Rabheru rounded out the day.

While all of the sessions on Day 1 were plenary sessions, Day 2 offered conference attendees a choice of concurrent sessions. In the first session of the day, geriatric psychiatrist Dr. Sanjeet Pakrasi spoke about pharmacological and non-pharmacological treatment of depression in Room A; Glenn Landry, a post-doctoral fellow at the Aging Mobility and Cognitive Science lab at UBC spoke about improving sleep quality for older adults in Room B. Six symposia followed. Topics covered included health care consent, cultural intelligence, e-mental health care, recognizing and responding to self-neglect, and promoting aboriginal seniors’ mental health. Total attendance for the conference was 231 with 111 organizations represented. An additional 200 (mostly different people) attended Dr. Rabheru’s public lecture in the evening on May 18.

Public Lecture - The Fountain of Health

The Fountain of Health Initiative for Optimal Aging is one of the first educational initiatives of its kind in the world. The Fountain of Health (FOH) translates current science of healthy aging, wellness, and resilience and offers practical tools to improve health outcomes over the lifespan – for use by the public and by clinicians. In a public lecture, Dr Kiran Rabheru discussed the importance of raising public awareness about the science of healthy aging, and practical steps in promoting resilience, emotional wellbeing, and health over the lifespan. For more information on FOH.
We caught up with a few of our speakers from this year’s conference to get a brief overview of their work and their experience at Friesen.

This year’s conference program was excellent. I particularly enjoyed Dr. Heather D’Oyley and Amanda Brown’s session on BC’s Adult Guardianship Act and Mental Health Act and when they might offer an appropriate avenue for intervention in circumstances of self-neglect. The value for us lies in not only the theme of this year’s conference, but also in the collaboration with the BC Psychogeriatric Association. We are big fans of collaborative work. We love this approach because it extends your reach. Our work is very inter-disciplinary and inter-sectoral, because few of the law and policy issues impacting older adults are purely “legal” topics. Understanding law and policy issues in all their complexity requires engaging with practitioners from social work, justice, long term care, health, finance and community, and so a forum like the Friesen conference becomes an ideal site for us to connect with diverse stakeholders. This year’s Friesen collaboration allowed the conference to reach a broader audience. We saw a greater presence of social workers and nurses—groups we are really keen to connect with because they are at the front lines delivering care to seniors in BC and they are understandably struggling with the legal and ethical issues we research as part of our projects.

The Health Care Consent, Aging and Dementia project looks at law, policy and practice with respect to consent to medication and treatment in BC, with a focus on the experiences of people living with dementia and their caregivers. We are looking at whether there is a gap between law and practice. The law enshrines fairly robust rights. It is not clear that the structural and cultural environments in which care happens permit the comprehensive conversations that are required in order to ensure people understand why medication or treatment is being recommended. It is also not clear that people living with dementia and/or their substitute decision-makers are always being given the opportunity to give their consent. This is a fairly fundamental area of law: I think all of us care about what happens to our bodies. Loss of this control is a source of great fear for people, especially as we age. Consolation is a huge part of the Health Care Consent project because we cannot understand the practice without talking to the people engaged in the work. We want to hear from practitioners about what they think is working and what is not. What are the barriers to best practice? Our sense is that people are doing their best in challenging circumstances. One of my take-aways from people’s comments at our session is that many front staff have a great thirst for knowledge and they are not being provided with sufficient ongoing professional development on health care consent and mental capacity. You can find out more about this project here.

This was my first year attending the Friesen conference and opened my eyes to the diversity of research and breadth of care that encompasses gerontology practice. It was motivating and inspirational to see the passion others had in addressing the specific needs of this changing demographic. For example, understanding cultural competency in care and best practices for non-pharmacological treatments. It is important to share knowledge and find similar junctions where one another’s work may cross others for new knowledge. Friesen addressed the long length of time it takes research to be implemented into practice and how they are trying to shorten that. Disruptive interventions would be an interesting topic in gerontology.

As a recent Master of Design graduate in interdisciplinary design from Emily Carr University of Art + Design, my research interest in health design centres on residential care, relationship-centred care and active aging. My research based health design, Cards for Care, investigates one way to improve the relationship between staff and resident in residential care. Evidence based research shows that life history is an indicator of care and necessary for quality of life. Currently there is no standard practice to address how a resident’s life history is obtained at the front-line care level. Cards for Care explores a more empathetic system and looks beyond an artifact and the physical environment to address the complexity of the situation. Resident-centred care focuses on the emotional significance in creating autonomy. It requires a dedicated personal dialogue between the care provider and patient. The main emphasis behind Cards for Care is the creation of a sensitive reassurance that results from disarming interactions. Through research-led design, Cards for Care is an example of implementing knowledge into direct practice for the health care setting.

Emily Ellis is a multi-disciplinary Vancouver-based designer specialized in human-centred design, health design, evidence-based design, and public engagement in the arts.
"The Lived Experiences of Aging Immigrants" is a photovoice exhibit that explores the impact of immigration on aging within the context of the life stories of immigrant older adults. The exhibit combines life history narratives of immigrant seniors with photographs from their daily lives to reveal powerful stories of strength and resilience in the face of many life challenges.

The exhibit stems from a research project lead, in part, by Sharon Koehn, and a team of researchers from Quebec and British Columbia. Their project, "Intersectional identities and interlocking oppressions: Stories of the everyday among ethnocultural older adults in Canada" investigates the challenges and barriers seniors face, with an aim of lobbying for program and policy changes that affect immigrant older adults (like health and social services, immigration, work). As Koehn explains, "the process of immigration shapes one's experiences over the life course and into old age. This is true whether seniors immigrated in the past as young adults or more recently, and whether..."
they came to Canada as independent class immigrants, refugees, as temporary workers, through the live-in caregiver program or as sponsored members of families.

Unfortunately, as Koehn points out, most research on immigration and aging does not leave room for people to relate what is meaningful to them: “We know a lot about the structural barriers they may face, such as those related to access to services or language barriers, but not how these systemic challenges have shaped their lives in old age. As researchers we want to [affect policy change]; we also want to pay attention to how older people identify themselves and how they feel about such issues as family, community and belonging. All of these factors impact their health and access to health care.”

For the exhibit, Koehn and her co-investigators interviewed 19 older immigrants in Quebec and British Columbia who came from different communities, immigrated at different times, and under different programs. They spoke with them about their journeys and experiences and gave them cameras to take pictures of their daily lives. The exhibit summarizes each participant’s story and, Koehn says, extracts six dominant themes: Housing & Transportation, Traumas of the Past, Precarious Employment, Community Engagement, Family & Care, and Agency & Resilience. Koehn says their stories highlight how policies and services need to be more supportive, flexible, and accessible: “the problems and solutions alike require an intersectoral approach.”

“The stories and photographs in the exhibit provide insight into the complex ways in which structural discrimination across the lifecourse, particularly that associated with immigration, shapes older adults’ interactions with family, community and formal services. It is also a testimony to the resilience and resourcefulness of these seniors who have much to teach us.”

- Sharon Koehn
Achievements

Order of Canada honours Gloria Gutman

by Marianne Meadahl
retrieved from SFU News

Gloria Gutman is honoured for her research and leadership in the field of gerontology and for her advocacy addressing the issue of elder abuse. She served as the founding president of the Gerontology Association of B.C. from 1977-79. She established SFU’s Gerontology Research Centre in 1982, and a year later, the Department of Gerontology, serving as the centre’s first director and the department’s first chair.

As a longstanding leader in the field, she secured more than 100 grants and contracts totaling more than $16 million, most recently for her work on elder abuse and neglect in the LGBTQ (Lesbian, Gay, Bisexual, Trans and Queer) community. Among her continuing research is a study funded by a $2.1 million Social Science and Humanities Research Council (SSHRC) partnership grant evaluating knowledge mobilization for older adults (2012-2018).

Gutman co-led the BC Network for Aging Research (2004-2010) and was named an honorary member of the International Society for Gerontotechnology in 2014. She received the prestigious International Association of Gerontology and Geriatrics Presidential Award in 2009, and the Order of BC in 2007, for her lifetime of work in gerontology. Her latest honour is drawing accolades from colleagues across the country, including those at the Canadian Frailty Network (CFN), who call her contributions to older adults and their wellbeing “legendary.”

“It’s been very exciting both for me personally to have been honoured with such a prestigious award, but also because of the visibility that it brings to Canadian Gerontology, elder abuse, and Simon Fraser University. I have received a lot of awards in my life but this one is pinnacle because to be included in the club with individuals who have made substantial contribution to the country. I am grateful to the Simon Fraser University for the opportunity to do this important work and to fill gaps in training, research, and increasing Canada’s influence in international development. I am most proud for the development of the GRC, Department of Gerontology and putting the second “G” for Geriatrics in International Association of Gerontology and Geriatrics (IAGG).”

- Gloria Gutman
In Conversation with Glenyth Caragata
Student Feature

“We are delighted to see our first graduate from SFU’s Gerontology Doctoral Program - Glenyth Caragata - receive her PhD degree in full regalia. She has cleared the path for a long progression of doctoral students moving toward completion of their degrees. Well done!” - Andrew Wister

How does it feel to be the first student to complete SFU’s new gerontology doctoral program?

It is an honour to be the first Gero grad, mainly because this signifies the department’s success in their goal to deliver the highest-quality education. Establishing a successful doctoral program recognizes SFU as a leader in supporting knowledge on aging, and translating that into improved practices for the benefit of older citizens worldwide. I am excited that two other PhD students will soon be following me, validating the strength of the Gerontology department.

What are your research interests?

In a broad sense, I am interested in the role of mobility for healthy aging, and the impacts of reduced mobility on quality of life. My graduate studies research has focused on driving as one type of mobility. The benefits of driving are huge, in that it allows people to stay connected with others, participate in events, access services, feel independent, react spontaneously, etc. On the other hand, highly habitual driving can contribute to a sedentary lifestyle with reduced physical activity and earlier decline. Studying why older people drive, and under what conditions they choose not to drive, could help us understand how elders could strike a balance between staying connected versus ‘allowing’ physical decline as an unintended consequence of habitual driving.

What project are you most proud of?

I had the opportunity, while working at ICBC, to design and launch a pilot study to support older drivers in Vernon, BC. Based on feedback from the older residents themselves, the pilot included re-designing intersections and roadway markings to improve problem areas. We also designed a fitness program that targeted physical and cognitive skills specifically used in driving, and demonstrated that it had a positive effect on the participants’ self-reported driving skills. Feedback from the community was very positive, since the infrastructure changes benefited all drivers.

What are your career aspirations?

I believe that access to mobility should be recognized as one of the basic human needs, alongside the need for food, shelter, water, and clothing. Without access to mobility, people become isolated and decline. If I can have any impact on supporting mobility – be it driving, walking, cycling, specialized transport, or any other means – throughout aging, I will feel that I have been successful in my career.

What was the highlight of grad school?

I loved all parts of grad school, so I guess that makes me a true nerd! I loved learning new things, then trying to put all the pieces of information together to form a model of how things work. But the most memorable will always be the time I spent ‘conducting field work’, that is, spending time with the participants in my study. They were all very gracious and generous in sharing their thoughts, and it was truly enlightening to see how differently each person approached a single problem in the study.

What motivated you to pursue graduate school in general?

By nature, I am a person who tries to find solutions to problems, and a person who likes to speculate on why something is the way it is. Graduate school provided a terrific opportunity to be challenged by more complex questions, to develop a deeper approach to understanding problems, and to acquire better skills in proposing and testing solutions. When faced with a problem in the work environment, people often go immediately into ‘solution mode’, sometimes with poor outcomes. Some of the people I admired the most for their ability to see clearly through problems had advanced degrees. I guess I wanted to be more like them.

What differentiates Gerontology from other schools?

I consider Gerontology to be a great department, mainly for its broad scope and diversity of topics that can be examined. Students and professors/instructors come from many different backgrounds, and bring a wide range of perspectives that are enriching for others. The department allows considerable flexibility in designing research projects and analyzing data. The focus on older adults also allows us to evaluate the impacts of accumulated life experiences, adding richness to understanding humanity.

What is next for Glenyth?

A main focus over the next months will be to publish my findings – I feel strongly that the privilege of conducting research comes with the responsibility of sharing the knowledge for the benefit of others. Professionally, I plan to do some consulting work that will include further research aimed at improving the quality of life of others.

What are some things that most people don’t know about you?

Most people in Gerontology don’t know that my undergrad degree is in Environmental Studies. I spent 10 years as a fisheries biologist, tracking salmon by helicopter all over BC, as well as conducting extensive lab studies in plankton and parasites. There’s a reason I don’t eat raw sushi.
Canadian Frailty Network Transformative Grant Project: Improving Advance Care Planning for Frail Elderly Canadians

Research

by Gloria Gutman

Dr. Gloria Gutman is part of an experienced team of researchers and clinicians from across Canada awarded a $2.7 million grant by CFN for a project designed to increase access, uptake, and the impact of advance care planning (ACP) for frail older adults and their families. Advance care planning “is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals, and preferences regarding future medical care. The goal of advance care planning is to help ensure that people receive medical care that is consistent with their values, goals and preferences during serious and chronic illness.”

Dr. Gutman leads the Diversity Access Team (DAT) which includes Co-Investigators Dr. Brian de Vries (San Francisco State University), Dr. Jacqueline Gahagen (Dalhousie University), and SFU Gerontology Master’s student Marissa Stalman. The work of the DAT will cross-cut the three arms of the larger study: Primary Care, Long-Term Care, and Acute Care. Collaborating with other investigators and community partners across Canada, the DAT will tailor, implement, and evaluate a multi-faceted suite of ACP tools for use across the three healthcare settings. The unique aim of the DAT is to redress the limited attention given to ACP for frail elderly members of the LGBTQ community and ethno-cultural minorities.

ACP Researchers visit the GRC

Left to right: Elizabeth Beddard-Huber and Rachel Carter (BC Centre for Palliative Care), Marissa Stalman and Gloria Gutman (SFU GRC) and Sharon Kaasalainen and Marilyn Swinton (McMaster University).
The Stakeholders’ Walkability/Wheelability Audit in Neighbourhood (SWAN) is an easy-to-use neighbourhood environmental audit tool that is designed for use by neighbourhood residents to evaluate environmental features that affect mobility of adults, including those using assistive devices (e.g., manual and power wheelchairs, scooters, walkers, etc.). It allows neighbourhood residents to identify and document environmental features and resources in their neighbourhood that facilitate or hinder mobility and participation of people with different abilities. This tool is developed to be used as part of community-based participatory research (CPBR). The data collected by this tool can be used both for research and advocacy purposes. The data collection also includes photographic documentation of environmental features that are barriers or facilitators to mobility. The SWAN tool is divided into five domains: Functionality, Safety and Security, Appearance and Maintainance, Landuse and Supportive Features, and Social Aspects. Table 1 provides the number of items per domains with some examples. Our research team collected SWAN data as part of a larger study, Enabling Mobility And participation of adults using assistive devices in the Greater Vancouver area. The dEMAND project is part of multi-year national study, Canadian Disability Participation Project (CDPP). [PI: Kathleen Martin-Ginis, Project, funded by the Social Science and Humanities Research Council (SSHRC)]. For this study, the tool has the subtitle of SWAN-PWD (where PWD stands for People with Disabilities). SWAN-PWD data were collected in three municipalities of Greater Vancouver: Cities of Vancouver, North Vancouver, and New Westminster. Our study participants were between the ages of 22 and 85 and used one or more assistive devices, such as power wheelchairs and scooters, for their daily activities. We recruited eight participants from each municipality with a total of 24 participants and data were collected across 96 segments (one segment – section of a road or street between two intersections).

Data collection included three phases starting with participant training on tool use, followed by data collection by the participants, and ending with a community forum. The goal of the community forum was to start a discussion around preliminary findings from the data to facilitate a dialogue between participants and other community stakeholders to identify potential intervention to facilitate mobility. The tool as mentioned before is divided into 5 domains with multiple items in each domain. The participants observe the environment and record the presence or absence of each of these items in each segment they audit (these items are then added up to provide a Total Score). They also rate each domain using a five-point Likert scale with “1” being “poor” for a segment in the given domain and “5” being “excellent” for the segment (denoted here as ‘Participant Rating’). The Total Scores for each domain, summarized for all three sites are domain and “5” being “excellent” for the segment (denoted here as ‘Participant Rating’).

A common finding in all three sites was that the Participant’s Ratings were higher than the Total Score. For instance, participants may provide a high subjective rating for safety for a segment, even when their Total (objective) Score showed several safety features where not present. Discussion during community forums demonstrated that this type of discrepancy often arise due to participants’ familiarity with the neighbourhood and their perception of safety and traffic in the area. Another example of high rating for neighbourhood in terms support services even when several services where missing from the audited segment. Community forum discussion demonstrated that participants’ expectation around predominantly residential environments did not include presence of different types of amenities. Participants had simply become accustomed to going out of their immediate neighbourhoods in order access various amenities. We intentionally collected these two types of data to demonstrate the importance of collecting objective data (total score) as subjective ratings may be influenced by other factors in participant’s lives and may not accurately reflect the environmental features in the neighbourhood. Both types of data are needed to come to a consensus around what types of interventions are needed in neighbourhoods. The SWAN tool is a resource for diverse groups of adults to systematically document their neighbourhood environment with audits and photographs and engage other stakeholders to initiate environmental changes in their communities. The process can help them to be informed partners in neighbourhood physical planning and decision-making processes.

Table 1 - SWAN-PWD Domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Sub-Domains</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functionality</td>
<td>Function of Street Crossing</td>
<td>Walking, such as, stairs, etc.</td>
</tr>
<tr>
<td>Function of the Sidewalks</td>
<td>Condition of the sidewalk and obstacles</td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>Safety related to traffic</td>
<td>Traffic, street condition, speed, and cycling</td>
</tr>
<tr>
<td></td>
<td>Personal Safety</td>
<td>Lighting fixtures, personal safety, and presence of negative elements</td>
</tr>
<tr>
<td>Appearance &amp;</td>
<td>Aesthetics</td>
<td>Overall impression, aesthetic of the environment, condition of the stop,</td>
</tr>
<tr>
<td>Maintainance</td>
<td></td>
<td>furniture, and street art</td>
</tr>
<tr>
<td>Landuse &amp; Support</td>
<td>Obstructions</td>
<td>Businesses, parks, benches, trees, and other amenities</td>
</tr>
<tr>
<td>Social Aspects</td>
<td>Social Aspects</td>
<td>Intensity levels of people and availability of places to socialize</td>
</tr>
</tbody>
</table>

‘SWAN] allows neighbourhood residents to identify and document environmental features and resources in their neighbourhood that facilitate or hinder mobility and participation of people with different abilities.
The Gerontology Graduate Caucus hosted the 19th Annual Gerontology Careers Night on March 29th, 2017. Committee members Patrick Aubert (Chair), Marissa Stalman (Vice-Chair), Eireann O’Dea (Secretary), Bonita Nath (Treasurer & Alternate GSS Representative), LaDonna Miller (Social Coordinator), and Dele Atuyeji and Alexis Haig (Alternative GSS Representatives and Members-at-Large) were all thrilled with the turn-out.

Special guests, Gerontology Department Alumnae Margaret Steeghs (Capilano Care Centre) and Joanne Franko (North Shore Neighbourhood House), started the evening off by sharing their experiences with the Post-Baccalaureate Diploma and Master’s Programs. Both underlined their passion for the work they do and reflected on how their time as SFU Gerontology students benefited them academically, professionally, and personally.

Dr. Gloria Gutman shared stories with the audience about founding the SFU Gerontology Research Centre and Gerontology Department—during a time when gerontology was said to be “a passing fad.” The Gerontology Graduate Caucus presented Dr. Gutman with a beautiful bouquet of flowers in recognition of her countless contributions to gerontology and her recent induction to the Order of Canada.

Next, the guests, including Gero Department grads, current students, SFU faculty and staff, as well as professionals from the community, were treated to a lovely spread and served refreshing beverages. The evening ended with a networking session and students were encouraged by Department Chair Dr. Habib Chaudhury to leave with no less than three new business cards.

We want to congratulate Marissa Stalman for having her first first-authored publication accepted to the International Journal of Mental Health Nursing. The publication is based on a study which explored the daily experiences of middle-aged and older adults living with bipolar disorder who reported regular substance use.

We focused on the theme of “control” which emerged during the thematic data analysis and on the ways in which participants expressed “control” in relation to their use of alcohol and other substances. I was very lucky to be mentored through the data analysis, manuscript preparation, and journal submission processes by Dr. Sarah Canham. Drs. Mahmood, King, & O’Rourke were our co-authors.
Publications


Research Grants


Wister, A.V. (Pl). SCORE: Strengthening the Core: Fund for Innovation in Graduate Education in Gerontology at SFU.” SCORE Program, Graduate Studies, SFU, 1 year ($6,000).

Wister, A.V. (Pl), S. Canham (Co-Pl). “Research into Gaps in Facility Care for East Asian Cultural Groups.” Contract for SUCCESS. 6-month grant ($18,500).

Wister, A.V. (Pl); S. Canham (Co-Inv.); Bell, R. Evaluating the Housing First Approach in the Metro Vancouver Region, Homelessness Partnering Strategy, January 1, 2017 – December 31, 2019 ($53,147 CAD).

Wister, A.V. (Pl); S. Canham (Co-Inv.); Bell, R., Bosma, H. Supporting Partnerships between Health and Homelessness, Homelessness Partnering Strategy, April 1, 2017 – March 31, 2019 ($128,135 CAD).
All smiles from the SFU Gero / GRC staff and faculty at the CIHR Institute of Aging Canadian reception at IAGG 2017 in San Francisco!

SFU’s Gerontology Department and the Gerontology Research Centre were well represented at the 21st IAGG World Congress in San Francisco. Over 6,000 professional in gerontology and geriatrics presented their work and engaged with this year’s theme “Global Aging and Health: Bridging Science, Policy and Practice.” The conference brought together representatives from different realms such as medicine, nursing, social science, psychological science, finance, policy fields to address the latest approaches to improving the quality of the world’s older adults.
Raising the Profile Project

SHUP

Why Raise the Profile?

Community-based seniors’ services play a critical role in supporting seniors to age in place by providing a broad range of services that support seniors to remain physically active, socially engaged, and as healthy and independent as possible. There is strong evidence that shows that physical activity, good nutrition, and social support lead to positive health outcomes for seniors. There is also evidence suggesting that these services can help delay institutionalization, reduce hospitalization, and decrease healthcare costs. (See our report Raising the Profile of the Community-Based Seniors’ Services Sector in B.C.: A Review of the Literature for a review of this research).

Due to the aging population and government policies which promote aging in place, it is anticipated that increasing demands will be placed on community-based seniors’ services in the coming years. Yet, recent funding cuts and the lack of recognition of the vital role played by these services presents a challenge to the ability of the sector to meet the needs of our aging population. In order to begin to raise the profile of the community-based seniors’ services sector and make the case for investment into the sector, we first need information in order to fully understand the sector. There has been very little research conducted on community-based seniors’ services, with the majority of research focusing on senior centres in the U.S.

The purpose of the consultation was to conduct a dialogue on ways to effectively support and sustain the community-based seniors’ services sector in BC. We presented information about our project and research to the participants, and received feedback from participants on how this reflected their experiences with the sector. We also discussed key issues for the sector such as capacity building, the role of volunteering, funding, etc.

We define the community-based seniors’ services sector as municipal and non-profit community-based seniors’ services, which provide a range of low-barrier programs and services to seniors in the core areas of nutritional supports; health and wellness; physical activity; educational, cultural, and recreational programs; information, referral, and advocacy; transportation; and affordable housing. Stakeholders that were included at the consultation included seniors, community service providers, health authority representatives, municipal representatives, service providers, and other stakeholders. The Seniors Summit in November will bring together 200 delegates from across the province (seniors, service providers, municipalities, health authorities, provincial organizations, funders, and other key stakeholders) to share ideas and identify next steps forward for the sector. At the Summit, we will bring forward recommendations for the sector based on the feedback we have received at the regional consultations.

On May 4, the Raising the Profile Project (an independent project dedicated to raising the profile of community-based seniors’ services in B.C.) held a consultation with local stakeholders at SFU Vancouver. This consultation was supported by an SFU Community Engagement Initiative Grant received by Laura Kadowaki, a PhD Student in the Department of Gerontology and Researcher with the Raising the Profile Project. The consultation involved over 90 stakeholders, including Department of Gerontology faculty, students, and alumni. The Vancouver Consultation was one of seven regional consultations that were held across the province, and the City of Surrey will be hosting a provincial Seniors Summit in November 2017 to establish the next steps forward for the community-based seniors’ services sector.

The research activities of the Raising the Profile Project are being conducted with the aim of expanding our knowledge of the community-based seniors’ services sector in B.C. There is also the need to build the capacity of this sector, and this is another key component of the work of the Raising the Profile Project.

by Laura Kadowaki

Keep a lookout for the Senior Summit happening on November 2 & 3, 2017

Follow us on Twitter for daily updates!
Metro Vancouver has enormous cultural diversity, which contributes a great richness to the community. One cultural group that has been of interest to the research activities of the Gerontology Research Centre is East Asian seniors. Indeed, over the past decade, the highest numbers of immigrants to Metro Vancouver, many who are seniors, have come from China, South Asia, and the Philippines with immigrants from Mainland China comprising the largest newcomer group to the region.

To examine the care needs of East Asian seniors living in Metro Vancouver, we first conducted a scoping review of literature on our community partner, S.U.C.C.E.S.S. (http://www.successbc.ca/eng) last year. A large knowledge base has accumulated that establishes the importance of recognizing the unique health care, community care, and housing needs of certain cultural groups, especially those with diverse needs, such as East Asians. Our scoping report suggested that the care needs of East Asian seniors residing in Metro Vancouver are, at best, partially met. We found that agencies offering services in languages other than English are extremely limited and that government agencies lack cultural competence within essential senior services, such as home and community-based supports and residential care. While S.U.C.C.E.S.S. provides quality culturally-tailored adult day care, assisted living, and long-term care, including the Simon K.Y. Lee Seniors Care Home, these facilities are only meeting the needs of a small percentage of East Asian seniors. Though the amount, type, and urgency of seniors’ needs vary by region within Metro Vancouver, most services are located within the City of Vancouver. Nevertheless, East Asian seniors are similar to their non-East Asian counterparts in both the need and desire for independent and supportive housing and residential care.

In order to better estimate the need for residential care (RC) and assisted living (AL) facilities across the Metro Vancouver region, we recently completed a new report (released in early 2017) for S.U.C.C.E.S.S. (http://www.sfu.ca/content/dam/sfu/gerontology/pdfs/generaldocuments/SUCCESS.pdf). The primary purpose of this research project was to identify areas where supply-demand gaps are most prominent, based on analyses of patterns for older East Asians (EAs) as defined in Chinese, Japanese, Korean, and Filipino) and non-East Asians (non-EAs) in Burnaby, Coquitlam, Port Coquitlam, Port Moody, Richmond, Surrey, Vancouver, and White Rock. South Asians were not included in this ethnic grouping due to different cultural service needs.

The research findings are based on GIS (geographic information system) analyses of census data coupled with data on RC and AL facilities from several sources, including the Office of the Seniors Advocate of BC, the Assisted Living Registry, Health Authorities, and a GRC-conducted survey of 95% of all publicly funded facilities for seniors in the catchment area (66 RC and 45 AL facilities were surveyed). This mapping was complemented by qualitative findings from a series of four focus groups conducted in Cantonese with 52 adults aged 60 years and older.

We also examined proximity to facilities, given differential concentrations of ethnic older populations in the catchment area. This is important because individuals not only desire to remain close to familiar environments (age-in-place) when they transition into assisted living or residential care, but also, proximity to ethnic communities is associated with family visits and community connectedness. Although the older EA population is more concentrated in areas where there are more RC and AL facilities (compared with non-EAs), EAs have significantly lower occupancy rates in their local neighbourhoods (see Table 2), and are more likely to have to relocate beyond their local neighbourhood.

Of 111 RC and AL facilities included in our sample, 36% (n=40) reported offering programs culturally tailored to their EA residents, including physical and leisure activities (such as Tai Chi, Mahjong, or singing and/or religious programs in Mandarin or Cantonese), as well as regular EA food availability for residents. Culturally-tailored programs were more often reported by RC facilities (42% of RC facilities reported offering regular activities and programs tailored to EA resident preferences) compared to only 27% of AL facilities (see Figure 1). Approximately 28% of EA residents of RC and AL facilities do not live in facilities that offer culturally tailored programs, suggesting a cultural service gap in programs tailored to EAs.

While a larger proportion of the EA population aged 65+ live within 2 km of a facility compared to the non-EA population, it is useful to examine the proportion living within a 2 km proximity to those facilities with EA tailored programs. About 63% of EAs aged 65+ live within 2 km of a RC facility and 31% within 2 km of an AL facility offering EA programs compared to 68% and 55%, respectively, for non-EAs. Even though older EAs are more concentrated in particular areas, a slightly smaller percentage are within 2 km of a facility providing EA tailored programs compared to non-EAs. This indicates a need for new culturally relevant facilities or additions to current ones located in these high concentration areas.

Lastly, despite high concentrations of older EA residents in Richmond, South Burnaby, and the TriCities, there are very low RC or AL beds per capita in these municipalities in facilities with EA cultural programs (see Figure 2).

The informative GIS findings were supported by focus group participants who reported that more supportive housing and care facilities that target EA seniors are needed across the continuum of care. As well, there was a reported need for more EA-speaking care aids and nurses in RC and AL facilities so that EA- and English-speaking residents could cohabitate. Focus group participants also wanted an easily accessible information and communication system that could inform seniors about different services.
Overall, findings presented in our report reveal important gaps in RC, AL, and culturally relevant programs targeting older EAs living in the catchment area with high concentrations of EAs. As older ethnic populations continue to increase in Metro Vancouver over the next decades, coupled with population aging, there will be a growing need to address these cultural service gaps in the continuum of care for seniors. As Wong (2013) stated, “Meeting the need fully [for East Asian seniors] would take at least one more facility the size of the Simon Lee Home [home to approximately 110 care beds] opening every year for the next decade.”

GRC researchers have been funded for a new 2-year project (May 2017 to April 2019), entitled Supporting Partnerships between Health and Homelessness. In partnership with the Greater Vancouver Shelter Strategy and Providence Health Care, this project will seek to further understand the resources needed and to enhance the experience of homeless persons who are exiting hospitals to shelter and housing. Specific actions will include 1) participation in a project steering committee; 2) a scoping review of available literature on the health support needs for homeless persons transitioning from hospital to shelter and housing and how the connection between health and homelessness can be supported; 3) an evaluation of the health supports of two ongoing hospital-to-shelter programs that facilitate transition of homeless persons from hospital to shelter and housing; and 4) development of recommendations to improve transitions from hospital to shelters and housing.

We expect the scoping review to be completed this Fall 2017 and will then host a World Café workshop to report our review findings and seek consultation with hospital, shelter, and housing staff as to the completeness of our findings. Stay tuned to upcoming newsletters for updates or contact Dr. Sarah Canham scanham@sfu.ca for additional information.
In a continuation of our partnership with the Greater Vancouver Shelter Strategy (GVSS), we have recently completed a study entitled, Evaluating the Housing First Approach in the Metro Vancouver Region. Housing First is a housing service model which focuses on providing permanent independent housing to homeless individuals who have multiple barriers to housing, such as mental health problems and substance use disorders (Tsemberis & Eisenberg, 2000). Housing First clients are housed immediately and subsequently provided with various health and social service supports that prioritize consumer preferences and flexibility (Goering et al., 2014; Tsemberis & Eisenberg, 2000). Housing First has a strong evidence base for increased housing stability and improved quality of life for program participants (Chung et al., 2017; Patterson et al., 2013), and has been regarded by the Canadian and federal governments as an evidence-based strategy to ending homelessness (Government of Canada, 2014).

As part of our study, myself and two graduate students, Eireann O’Dea and Emily Lonsdale, conducted a literature review on best practices in Housing First, explored the strengths, weaknesses, opportunities, and threats (SWOT) to the delivery of Housing First in Metro Vancouver through interviews and focus groups with stakeholders, and made recommendations to enhance Housing First in Metro Vancouver. Data for the SWOT analysis were collected from 34 Housing First clients and providers aged 19 and older, from 10 organizations, between March and April 2017. The full report is available online.

Strengths, considered internal characteristics of the Housing First program that participants described as working well in Metro Vancouver, included the ability of the Housing First program to immediately provide people a home where they can stabilize and begin achieving their goals. Intensive case management and wrap-around support, as well as start-up funds for household goods, furniture, cleaning supplies, and food, were reported as significant strengths of the program. Additional strengths of the Housing First program were workers who can offer peer support to clients and be flexible in their case management; cross-sector collaboration and knowledge sharing; and the recent increase (from 4 to 12 months) in how long program participants can receive a subsidy for their rent costs.

Weaknesses, regarded as internal characteristics of Housing First that detract from its value, included the program’s eligibility criteria that persons be chronically or episodically homeless; the program’s funding model, which is based on a claims model with rigid definitions for purchasing; the limited quantity and duration of rent subsidies; service providers’ workload burden, including difficult caseloads and onerous reporting mandates; and limited provider capacity, among both Housing First and other community-based providers. Because of these weaknesses, participants suggested that how Housing First is currently delivered in Metro Vancouver does not align with the implementation and delivery of the evidence-based At Home/Chêz Soi project (see: Goering et al., 2014), which results in a compromised program.

Housing First and allow it to prosper, identified by participants were: building friendly landlord networks and streamlining the federal and provincial rent subsidy and reporting systems. Threats, on the other hand, which are external factors that could undermine Housing First in the region, were reported to be limited affordable housing, low vacancy rates, inadequate income assistance, and stigma and discrimination toward homeless persons and persons with addictions or mental health issues. In addition, the limited support and opportunity for cross-sector collaboration was identified as a possible threat to Housing First.

Finally, based on these data, we proposed the following program and funding recommendations so the strengths and opportunities of Housing First can be leveraged to overcome the weaknesses of and threats to the program. Program recommendations include: 1) modify Housing First eligibility criteria to include couch surfing; 2) build friendly landlord networks; 3) provide support for the Human Rights Act which prohibits tenancy discrimination; 4) incorporate client feedback into the Housing First program; 5) increase staffing levels; 6) provide more tools for workers; 7) provide educational training to workers; and 8) promote cross-sector provider collaboration. Funding recommendations include: 1) improve flexibility of funding to support client-centered work; 2) extend the rental subsidy timeframe beyond 12 months; 3) provide organizations with start-up funds at the outset of new Housing First contracts; and 4) build more affordable housing. Indeed, the provision of housing lies at the crux of being able to have a successful Housing First program in Metro Vancouver.

Figure 1. Infographic of SWOT analysis themes

References:
Developing a Social Engagement Strategy with Local Communities to Help Seniors Remain Healthy, Active, and Socially Connected

SHUP

by Mei Lan Fang

Since 2014, the Gerontology Research Centre in partnership with the Richmond Kiwanis Senior Citizens Housing Society and the City of Richmond, and with funding from the Vancouver Foundation, have been documenting the transitions and opportunities of a seniors’ affordable housing redevelopment project in Richmond, BC, Kiwanis Towers.

Through an extended engagement process with local service providers, civil servants, and seniors, a number of resources have been developed, including an implementation and sustainability plan to ensure active engagement and participation by seniors living in Kiwanis Towers. This resource, “Aging Well @ Home: An Implementation and Sustainability Plan,” was developed for Kiwanis Senior Citizens Housing Society to support the creation of a sustainable ‘in-house’ social engagement strategy for tenants of the new Kiwanis Towers. It outlines activities and services for the shared amenity spaces and indicates potential funding sources for implementation.

Created based on suggestions from tenants and service providers, it highlights key organizations and personnel that can offer services and support to Kiwanis Tower tenants, as well as possible income generation opportunities to help fund activities and events.

Since tenants have moved into Kiwanis Towers, GRC researchers have followed up with tenants at three time points (6 months, 12 months, and 2 years post-move). The Aging Well @ Home Implementation and Sustainability Plan integrates reported needs, desires, and expectations of activities, events and services by seniors living in Kiwanis Towers. In general, most tenants have been very happy since moving into the newly built rental suites that cater to the needs of low-income seniors.

Service providers in the Richmond community were also invited to share their ideas on how their organizations can contribute to the health and wellbeing of Kiwanis tenants through four deliberative dialogue workshops conducted with stakeholders (e.g., service providers, developers, and municipal government employees). Discussions with workshop participants captured understandings of: the types of services and activities their organizations can host at Kiwanis Towers; who they can contact at Kiwanis Towers; and the costs for tenants to participate. Detailed findings will be published in The Gerontologist.

The Heights at Mt. View – Research Demonstration Day

Hosted by Baptist Housing and the Gerontology Research Centre (GRC) a Research Demonstration Day took place on February 9, 2017 at The Heights at Mt. View in Victoria, BC to celebrate the completion of our Baptist Housing evaluation project and, more importantly, to disseminate findings to participants and key stakeholders. The project, led by Dr. Andrew Sixsmith and launched in early 2014, aimed to determine whether and how moving from an institutional long-term care facility (Mount Edwards Court Care Home or Central Care Home) to a purpose-built residence designed for home-like care (The Heights) contributed to positive outcomes for residents, their family members, and staff members. Over the course of two years, GRC researchers (Sarah Canham, Lupin Battersby, Mei Lan Fang, and Mineko Wada) conducted 210 interviews with 139 participants (35 residents, 23 family members, and 81 staff members) before and after the move. All the interviews were transcribed and analyzed, and the evaluation report was completed for Baptist Housing in November 2016.

The Research Demonstration Day was a half-day event that began with a short presentation of the project overview and findings. We displayed eight posters that captured key findings, such as the influence of transitions on morale and relationality among long-term care workers, and the effects of the built environment on creating and enhancing a sense of “home.” In addition, we developed a brochure that summarized the key messages from each poster and a resource developed in a related project spearheaded by Lupin Battersby: “Guidelines for en masse interinstitutional relocations of long-term care homes.”

We were gratified to have more than 70 attendees, including residents, their family members, and team members from The Heights, some of whom participated in the evaluation project, as well as long-term care housing administrators and a nurse’s union representative. The open house style of the event allowed people, particularly care staff on the concurrent shift at The Heights, to attend the event, look at the posters at their convenience, and engage in dialogue with GRC researchers about the findings. The discussions we had with attendees not only verified the key findings that we presented, but also expanded our perspectives on how the findings need to be translated into practice to further advance the quality of care in long-term care settings. While we received positive feedback on the event from the attendees, it was a great learning experience for the team as well. We thank project participants for their time and interest in the project. Currently, we are working on academic manuscripts to make the findings more widely available to the public. Stay tuned!

The Heights at Mt. View is a 7-storey, 260-suite residence located in Saanich, BC. As a complex care residence, The Heights at Mt. View offers 24/7 care. This innovative project is part of a regional plan and partnership with the Province of British Columbia, the Vancouver Island Health Authority, the Capital Regional Hospital District and Baptist Housing to replace obsolete residential care facilities in the Capital Region, and provide more care and housing options for the growing senior population.