GRC News

The Newsletter of the Gerontology Research Centre

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

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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.
Message from the Director

On behalf of the Gerontology Research Centre staff, researchers, and faculty, I would like to take this opportunity to wish the gerontology community a healthy and happy holiday season. I would like to also personally thank all of our generous benefactors who have provided gifts and other forms of support to the Gerontology Research Centre and Department of Gerontology. It is with your support that we are able to reach our goals to significantly improve the lives of older adults, train young scholars in the field of gerontology, and shape programs, policies, and services for our constituents. We welcome others who wish to make contributions to our conferences, research and teaching personnel, and student/trainee awards. Finally, mark in your calendars the upcoming (October 18-20, 2018) Canadian Association on Gerontology conference to be held at the Sheraton Wall Centre in Vancouver. I wish you a terrific holiday and a Happy New Year!

~ Andrew Wister

“Making It Matter: Mobilizing Aging Research, Practice & Policy.”
CAG 2018 - 47th Annual Scientific and Educational Meeting

Call for abstracts in January!

October 18-20, 2018
Vancouver, British Columbia, Canada
Hosted by the Gerontology Research Centre at Simon Fraser University
The 15th Annual Ellen M. Gee Memorial Lecture Series in Gerontology
“Healthy aging: The interface of sensory, cognitive and social factors”

The 15th Annual Ellen M. Gee Memorial Lecture was held November 1, 2018 at SFU’s Harbour Centre. Dr. Kathy Pichora-Fuller, Professor of Psychology at the University of Toronto, delivered a lecture entitled, “Healthy aging: The interface of sensory, cognitive and social factors.” She described the importance of sensory factors for older adults, with a focus on auditory aging. In her review of the connections between our senses, cognition, and social relationships she highlighted how aging can be challenged by sensory loss and by other chronic health conditions, notably cognitive impairment or dementia, that can interact with sensory loss to compromise communication and social interaction. Dr. Pichora-Fuller suggests a need for future research to further explore the nature of these connections as well as translational research to determine if rehabilitative interventions for sensory loss could contribute to slowing down or staving off dementia.

Dr. Pichora-Fuller is a hearing expert for the Canadian Longitudinal Study of Aging Clinical and Psychology working groups and is on the sensory-cognitive team of the Canadian Consortium on Neurodegeneration in Aging. She translates her lab-based research on auditory and cognitive aging to address the needs of older adults who suffer from age-related hearing and cognitive impairments, with a new focus on social engagement and healthy aging.
Resilience in the Face of Multimorbidity: Why Some Individuals Adapt to Adversity Better than Others

Andrew Wister

Multimorbidity is present when an individual has been diagnosed with more than one concurrent chronic disease -- a condition that is slow in progression, long in duration, and typically limits function, productivity, and quality of life. Multimorbidity therefore compounds the deleterious effects of living with individual chronic conditions by a synergistic exacerbating effect on symptom burden, lowering quality of life indicators, such as self-rated health and well-being, and increasing complexity and cost of treatment. It increases with advanced age, for example in the US it has been estimated using clinical data that 62% of persons aged 65-74, 75.7% aged 75-84, and 81.5% aged 85+ have 2 or more of 15 prevalent chronic illnesses. Similar patterns have been observed in Canada and Australia. Although numerous studies exist on individual chronic diseases, individuals with multimorbidity -- who tend to be older adults -- are often excluded from studies due to their complex health situation. In particular, there remains a gap in knowledge as to why some older adults adapt to the adversity associated with the presence of multimorbidity better than others. This leaves a considerable void in prevention, care/management, and self-care/coping, especially for the large and growing population of older adults with multimorbidity who are aging during a period of escalating health care costs.

Most research has focused primarily on the pathogenic correlates, treatments, and disablement outcomes of multimorbidity. However, some individuals may possess important protective factors such as social resources, economic resources and social-psychological strengths that may enable them to live well with multiple chronic conditions. This is evidenced by research showing variability of symptoms, severity, and experience among individuals with the same constellation of chronic illnesses. Recently, there has been interest in model developments aimed at understanding how individuals respond to illness-related adversities and regain a sense of wellness in their lives, termed resilience -- the ability and resources needed to adapt and navigate stress-inducing experiences. A smaller subset of studies have focused specifically on older adults adapting and coping with multimorbidity, what we term multimorbidity resilience. However, there remains a significant gap in research that explicates the complexity of resilience types, processes, and determinants specific to the occurrence of chronic illness and disability in old age.

Several general types of resilience have been identified in the literature, including psychological, emotional, spiritual, physical/functional, economic, cultural, and social or ecological resilience. Most of the original work on resilience stemmed from developmental psychology and a focus on psychological resilience among children with mental health problems. In this presentation, three separate but interrelated domains of multimorbidity resilience are conceptualized and combined into an index -- functional resilience, social resilience, and psychological multimorbidity resilience. These coincide with a strong research literature supporting the health-related quality of life (HRQL) indicators of successful and healthy aging among persons with multimorbidity. A Lifecourse Model of Multimorbidity Resilience (LMMR) provides an overarching framework and rationale for these three domains. Functional resilience is deemed to be fundamental to aging well as it relates to the ability of a multimorbid individual to complete tasks of daily living, social roles, and remain physically active. Functional disability is a key aspect of the disablement process that can increase vulnerability and limit one's ability to maintain daily activities of living, healthy living, as well as remaining engaged in community. 2) Social resilience can be understood as a multimorbid individual's maintenance of positive social interaction, including community participation, as well as protecting against feelings of loneliness and experiencing social isolation that can result in negative adaptation. According to the LMMR, the successful activation of social resilience entails harnessing available resources, especially social support networks. An external activation of social resources may include support from a friend or family member, or the utilization of social capital derived from community participation. Social isolation, on the other hand, is expected to result in low levels of multimorbidity social resilience and integration. 3) Psychological resilience pertains to the ability to mentally cope with stressors associated with multimorbidity. The degree to which individuals perceive stress in the face of multimorbidity, experience degrees of depression, and maintain psychological well-being represent aspects of this domain. These domains are measured based on data from the Canadian Longitudinal Study on Aging (CLSA) and combined into an overall multimorbidity resilience index. Validation of the index shows that it is robust.

We then examine the relationships between several lifestyle behavioural factors and multimorbidity resilience among older adults with multimorbidity, as well as three morbidity clusters (vascular, osteo, and mental health), using the CLSA. Predictors of resilience include: smoking, alcohol consumption, physical activity, obesity, food security, and sleeping quality; well as demographic, SES, housing, and health context factors. The strongest and most consistent predictors of multimorbidity resilience included being Normal or Underweight BMI (compared to overweight or obese); Better Sleep; Better Appetite; Fewer Skipped Meals; Not Smoking; Less Inactivity; Being Female; Younger Senior; Married & More Friends; Housing Problems Higher Perceived Health, and Lower Pain. The findings are discussed with respect to health promotion efforts targeting multimorbid older adults.

Stay tuned for more updates on resilience by Dr. Wister in the next issue of the GRC News –
Ethnocultural minorities, most especially immigrant seniors, face considerable barriers in their efforts to access appropriate health care and social supports when a family member has Alzheimer’s Disease and similar dementias. Within the Fraser Health (FH) region, Punjabi is the second most commonly spoken home language after English, and Koreans are the third largest minority group. Our research thus explored these barriers in detail for the Korean and Punjabi populations living in the FH region. To learn about their experiences of dementia and accessing services we conducted six focus groups with Punjabi and Korean older adults and working age adults, 15 dyad interviews with Punjabi and Korean persons with dementia and their family caregivers, and 20 interviews with frontline and managerial staff who provide services to dementia patients and their caregivers. In the second year of the project, we aim to use this knowledge to inform strategies that facilitate greater access to the dementia knowledge, supports, and services of FH and the Alzheimer Society of B.C. (ASBC) by older immigrants and their families from these two ethnocultural groups. Some of these strategies will be implemented and assessed using empowerment evaluation techniques. We will summarize the outcomes in a manual to be distributed to appropriate service agencies.

On September 21, 2017, a team led by Dr. Sharon Koehn hosted a “data analysis retreat” for the project titled, “Building Trust to Facilitate Access to Dementia Care for Immigrant Older Adults: The Role of the Multicultural Services Sector.” Attendees included academics and research staff who collected data and conducted analyses, as well as community partners from Fraser Health (FH) and the Alzheimer Society of B.C. (ASBC), both of which serve persons with dementia (PWDs) and their family caregivers; and representatives from Progressive Intercultural Community Services (PICS) and MOSAIC, agencies that deliver settlement and other services to Punjabi and Korean immigrant older adults and their families. The goals of the retreat were to present research findings to the audience and to ensure that our interpretations resonated with the partners and spoke to their organizational priorities. During this meeting, we identified the key access barriers to dementia care and services amongst Punjabi and Korean older adults and their families. The 15th Annual Ellen M. Gee Memorial Lecture was held November 1, 2018 at SFU’s Harbour Centre. Dr. Kathy Pichora-Fuller, Professor of Psychology at the University of Toronto, delivered a lecture entitled, “Healthy aging: The interface of sensory, cognitive and social factors.” She described the importance of sensory factors for older adults, with a focus on auditory aging. In her review of the connections between our senses, cognition, and social relationships she highlighted how aging can be challenged by sensory loss and by other chronic health conditions, notably cognitive impairment or dementia, that can interact with sensory loss to compromise communication and social interaction. Dr. Pichora-Fuller suggests a need for future research to further explore the nature of these connections as well as translational research to determine if rehabilitative interventions for sensory loss could contribute to slowing down or staving off dementia.

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Korean senior immigrants in FH, and possible solutions as indicated by the data collected. These included: solutions as indicated by the data collected. These included: Barriers to dementia care for Punjabi and Korean immigrants:

**Language** – most seniors can find a GP who speaks their native language, but not specialists

**Mobility or transportation** – many seniors are dependent on family members to get to appointments

**Lack of public education** or information sessions about dementia for Punjabis

Many seniors have a low education level, some are illiterate, and many do not have access to or the skills to use the Internet (although more Korean older adults do)

**ASBC has limited services** and resources in Korean and Punjabi

Staff at immigrant serving agencies, such as PICS and MOSAIC, may not be trained to recognize dementia symptoms or know of referral resources

In order to translate the lessons learned in Year 1 into actionable strategies that could improve access and build capacity for partnerships between our community partners, we have committed to using the concepts of Empowerment Evaluation (EE). Consistent with the integrated knowledge translation framework within which this project was conceived, EE recommends collaboration of researchers with community partners from the onset of program development through evaluation.

To this end, the team hosted a Strategy Development Workshop on November 17, 2017. The 30 participants in the workshop included our research team, an expanded set of collaborators from FH, ASBC, PICS and MOSAIC, and community advisory members. Their inclusion ensured that strategy directions were inclusive and viable, built capacity across organizations, and promoted ongoing knowledge exchange in different contexts.

Dr. David Fetterman of Stanford University, was engaged to share his expertise in EE, which entails empowering people to develop evidence-based strategies derived from community knowledge promoting democratic and social justice principles. Dr. Fetterman engaged participants in activities that sought to identify the mission of the collective, to take stock of what they did and prioritize those activities where participants felt improvement was needed, and to plan for the future by identifying goals, the strategies to reach them and the evidence needed to track progress. These activities were informed by a visual representation of the data combining quotes with pictograms of key findings, presented by Dr. Koehn, followed by participation in the G.A.M.E. (Gain a Cultural Perspective, Accommodate Language, Maximize Partnerships, Educate Staff), designed by Shelly Davidson. This innovative engagement technique required participants to design strategies to address the deficits in access to dementia services and supports for Punjabi and Korean older adults that take into account increasing levels of complexity, as introduced by cards that served to remind them of key research findings. The process further encouraged participants to leverage existing infrastructure and opportunities and to maximize partnerships between dementia service and immigrant serving agencies.

For example, participants prioritized cultural sensitivity and community connections as important goals for future work. Suggested strategies to address these goals included hiring community liaisons, reframing conversations about Alzheimer’s Disease in less stigmatizing terms, and engaging community champions as peer educators. Benchmarks to document the success of these goals could include a targeted number of workshops per year in each of the two languages, and tracking the number of champions engaged as well as the number of people with whom they have made contact, etc.

The team will continue to work with our partners to design strategies that will be implemented as pilots in early 2018. EE provides a framework for ongoing evaluation and refinement of the implementations. Research team members will continue to work with the partners in the capacity of “Critical Friends” who “provide constructive feedback designed to promote improvement” and ensure that “the evaluation remains organized, rigorous and honest.”


Check out our official flickr account for current photos from our events and conferences
It is estimated that at least 235,000 Canadians experience homelessness each year, and 35,000 Canadians are homeless on any given night (Gaetz et al., 2016). In Metro Vancouver, the 2017 homeless count estimated that there were 3,605 homeless persons, an increase of 30% since the previous count in 2014 (BC Non-Profit Housing Association and M. Thomson Consulting, 2017). Indigenous/Aboriginal people were over-represented in this count, making up 34% of all respondents; and, compared to 2014, more older adults (aged 55+ years) were found, accounting for 21% of the homeless population (BC Non-Profit Housing Association and M. Thomson Consulting, 2017).

Homelessness has a direct negative impact on health and addressing the health needs of homeless individuals is especially complex and challenging (Frankish, Hwang, & Quantz, 2005; Hwang, 2001). As a result of limited access to, and use of, primary healthcare, the main point of entry into the healthcare system for homeless adults is often hospitals and emergency departments (Hwang et al., 2011; Saab, Nisenbaum, Dhalla, & Hwang, 2016). The improper discharge of homeless persons from hospital settings to the community is costly, both from an economic perspective for the healthcare system, and from an individual perspective for health and quality of life outcomes.

In order to improve the continuity of care and outcomes for homeless persons who are being discharged from the hospital, a more complete understanding of the health supports required for these events is needed. Yet, research on the specific health supports and services homeless persons require during transitions from hospital to shelter or alternate housing has been scarce. Thus, we conducted a scoping review of the existing literature to identify the health supports needed for homeless persons transitioning from the hospital to shelter/housing. On October 25th we hosted a community consultation workshop at Vancouver’s YWCA Program Centre where we shared our preliminary findings and built upon the themes that had emerged from our scoping review with the feedback, knowledge, and personal stories provided by 26 health and housing service providers.

Based on the literature, we identified 6 themes related to the health supports needed for homeless persons who are transitioning (i.e., discharging) from the hospital to shelter/housing: 1) a respectful and understanding approach to care, 2) housing assessments, 3) communication/needs begin (Theme 3). Once discharged, supports for patients’ after-care are crucial (Theme 4), including complex medical care and medication management (Theme 5), as well as basic needs and transportation (Theme 6). A more detailed description of these themes and supporting data from the community consultation is under review with a journal and will be available soon.

As we close out 2017, we are finishing up one-on-one interviews with 10 housing and shelter providers, 10 hospital and health staff, and 20 persons with lived experience of homelessness. These interviews are being conducted to assess the needs of homeless persons as they transition from the hospital to shelters and housing and will inform the development of recommendations and an implementation guide, which will be an output at the end of this project. We are eager to begin thematic analysis of the interview data in the New Year and to begin a second set of interviews that will focus on evaluating the experience of professionals and persons with lived experience from two ongoing hospital-to-shelter programs in Metro Vancouver. In the meantime, stay up-to-date with project progress on our website or contact Dr. Sarah Canham scanham@sfu.ca for additional information or references listed herein.
The video “On the Move: Wheeling the Walk” was created to showcase results from the research project “Enabling Mobility and Participation Among Those with Disability (dEMAND)”. This project, using a community-based participatory research (CBPR) approach, aimed to understand the experiences of mobility devices users as they move about in their community. Specifically, our team from UBC and SFU was interested in the daily activities of mobility assistive technology (MAT) users and the places they visited as well as the barriers and facilitators that they encounter in their daily life. We also wanted their input on the solutions they would like to see implemented in their communities. Data was collected in three municipalities of the greater Vancouver: Vancouver, North Vancouver, and New Westminster. Data collection included environmental audits, survey, qualitative interviews and photovoice, as well as GPS tracking. The participants were using a variety of MAT such as scooter, walker and wheelchairs. The participants were over 18 years old with the majority being in the 50+ category.

“On the Move: Wheeling the Walk” is the first video of a series of 3. It showcases chosen data findings by following two of our study participants in New Westminster in their journey to work and other meaningful daily activities. Our two participants highlight that MAT users, like any other person in the community, use their agency and experience to interact with their community environment. They showcase the different challenges they experience in their daily life, as well as the things that are being done to improve their inclusion in the community. The objective of the video was to make the general public and decision makers aware that even the smallest change made to create a barrier-free environment increase the community involvement and participation of those with mobility limitation. Following the CBPR approach, the two participants were involved in the creation of the video script and the identification of the key messages. In addition, of playing the star roles, they gave their input on the content along the filming days. They also provided their feedback on the different versions of the video.

Our team chose to create videos as knowledge mobilization (KM) tools, because it is a multimedia well suited to connect knowledge producers, such as researchers, and knowledge users such as people with disabilities, city planners and decision makers. A video makes it possible to convey a general idea faster, more easily and more clearly than just written scripts, favouring better intake of valuable knowledge (Bennet et Jasseni, 2011). Furthermore, having a visual complement helps to convey emotions and experiences more easily than other traditional methods of data presentation. There is an evaluation component included in this part of the project as part of the KM efforts. All viewers of the video have the opportunity to complete a brief questionnaire developed to evaluate the usefulness, understanding and satisfaction of the viewers with the content of the video. These responses helps our team to document the effectiveness of our KM efforts.

We are currently in the preproduction phase of the next videos in the series. With these videos, we are seeking to expose different experiences to highlights the heterogeneity and variety in the experience of mobility device users. Please contact: Delphine L. (delphine.labbe@ubc.ca) or Atiya M. (amahmood@sfu.ca) if you are interested to learn more about this project.

We are pleased to announce the newest edition of Dr. Barbara Mitchell’s (2018) book entitled, Family Matters: An Introduction to Family Sociology, 3rd ed. Toronto: Canadian Scholar’s Press. Of special interest to social gerontologists, policy makers, service providers, and professionals working with mid and later-life families, is the strong focus on various socio-cultural, economic, gendered, and health-related issues from a life course perspective. In addition, there are a number of chapters that are devoted to expanded coverage of varied family contexts and historical inequities (e.g., Indigenous peoples, LGBTQ2 communities) and on important family transitions and age-related social processes. Notably, Chapter 11 covers salient issues pertinent to parents and individuals in the middle generation, living arrangements, exchanges of support, the general and prolonged dependency of young adults on parents, and the home leaving (and returning home) behaviors of young people. In Chapter 12, a number of sub-topics centered on diverse aging families are critically evaluated and reviewed, including: ethno-cultural background, intimacy and sexuality, caregiving, the transition to retirement, grandparenthood, and institutionalization and end-of-life issues. The book concludes with a consideration of pressing and timely social and family policy issues, spanning the life course from childcare to eldercare. The need for policy advocacy, research, and program evaluation in these areas is also highlighted.

New Book! Family Matter: An Introduction to Family Sociology, 3rd ed

PUBLICATIONS

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Despite age-related declines in physical capability, some individuals demonstrate high wellbeing; we call these individuals “resilient.” In order to explore how social and economic factors are associated with individuals’ resilience, and how lifestyle influences this relationship, we analyzed data from the Medical Research Council National Survey of Health and Development. This study has followed 5362 people (who were all born during one week of 1946 in the UK) over the past 71 years.

To examine whether an individual was “resilient” or “vulnerable” we looked at whether the individual had a higher (or lower) level of wellbeing given the level of physical adversity they were experiencing. Individuals that had high wellbeing despite having high physical adversity demonstrated “resilience”, whilst those with lower wellbeing than would be expected given the level of adversity they experienced demonstrated “vulnerability”.

We then looked at whether father’s and an individual’s own social class, parental education, and intergenerational social mobility were related to resilience, and whether some of this could be explained by physical activity and/or social support. We found that individuals that were in higher social classes were more likely to be resilient when compared to those in lower social classes. We also found that some of this relationship was explained, in part, by physical activity.

These results suggest that individuals that have higher social class will be more likely to have higher levels of wellbeing in the face of declining physical functioning. However, some of the social inequalities observed in resilience could potentially be offset by engaging in greater physical activity. So, regardless of which social class you belong to you may be able to foster greater levels of resilience through exercise. For a full-text version of this manuscript, see:

Dr. Sarah Canham and colleagues recently published a manuscript in the Journal of Gerontological Social Work based on findings from their community-based participatory research project, “Mapping Metro Vancouver to Support Housing First Implementation.” This paper presents findings from one of 13 mapping workshops held in the summer of 2016 which focused on the services and resources available to support seniors in maintaining housing, as well as barriers to and facilitators for accessing senior services. Participants of this workshop, comprised of 16 service providers and 1 service recipient, highlighted seven themes: (1) housing; (2) home support; (3) transportation; (4) information availability, accessibility, and navigation; (5) cultural diversity; (6) discrimination; and (7) funding and financial support. Results suggest that affordable housing that adapts to changing health conditions, income supports, health services, homecare, transportation, and culturally appropriate and nondiscriminatory informational resources are among the supports most needed for persons as young as 50 years old to succeed under the Housing First model in Metro Vancouver. One barrier to Housing First service provision for older adults is the eligibility criteria that program participants be chronically or episodically homeless. “Chronically homeless” identifies those who are currently homeless and have spent more than 180 nights in a shelter or place unfit for human habitation in the past year, while “episodically homeless” identifies individuals who have experienced 3+ episodes of homelessness in the past year. However, as workshop participants reported, older adults are more likely to be newly entering or at-risk for homelessness, and thus do not qualify for support under the Housing First program. Thus, it is recommended that this eligibility criteria be revised to better support the growing number of older adults in Metro Vancouver. For a full-text version of this publication or more information about this research, please contact Dr. Sarah Canham scanham@sfu.ca.

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

There are only a handful of doctoral programs in gerontology in Canada. Every time I tell someone about my field of research, they invariably reply: “We need more of you!” or “You won’t run out of work anytime soon!” I am very proud to be part of this first cohort of SFU’s Ph.D. graduates in gerontology. This program really allowed me to develop skills and expertise to help Canadians embrace the opportunities of our aging population.

What motivated you to pursue graduate school in general?

I always say that I ended up doing a Ph.D. “by accident.” A happy accident, but still an accident. I never planned to stay in school that long (neither did my poor parents!) but there is a story behind this journey. When I was 16 years-old, I got my first summer job as a cook’s assistant in an assisted living facility. I truly enjoyed daily contact with older adults but I also witnessed troubling cases of neglect and abuses. I raised my concerns to the facility staff but was quickly told that I should mind my own business. I was shocked but more importantly I felt helpless. This experience left me full of questions. It led me on a quest to find a way to help these people and I ended up completing a masters degree in social work. Almost 10 years later, while I was completing my professional training, I found myself in another assisted living facility facing very similar cases of neglect. Although I now had the training and the “authority” to help residents, I was helpless once again. I realized that I was facing a much bigger issue related to how we take care of our oldest citizens and what type of institutions we create to address their needs. This is how I ended up applying for this doctoral program, knowing that the Department of Gerontology at SFU was the home of great researchers working on housing issues in later life. Long story short, what motivated me to pursue graduate school? Getting the skills and expertise to change the current seniors’ housing system in Canada and hopefully developing and implementing innovative solutions. Yes, I know, not an easy task.

What are your research interests? What are you currently working on?

My research interests include aging in place, innovative housing models and community support services for older adults, the role of the neighbourhood environment in aging, and age-friendly cities. I have a true fascination for the experience of place and meaning of home in later life. I am trained as a qualitative researcher with a passion for participatory research methodology and community building processes. My doctoral research, under the supervision of Dr. Habib Chaudhury, looked at the influence of the social and physical environments on aging in place processes among older adults living in cohousing and naturally occurring retirement communities in British Columbia.

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

Few people know that I was born in Gaspé, a small town of Québec right on the Atlantic Coast. Really, “gaspé” – or “gespeg” for the Mi’kmaq People – means “end of the land.” I spent the summers of my childhood with a bucket collecting seashells and learning to swim in salty water at 12 degrees Celsius. Do not ask me how I did not turn into an icicle. I do not know either. I like to think that my time at SFU provided me with a real Canadian “coast-to-coast” experience. Still, there is nothing that makes me feel more at home than walking on the beach on a cold and windy day during the great equinox tides and hearing the surge of breaking waves announcing the arrival of snow storms. Now, I can picture all of you, people of the West Coast, with the most horrified look on your faces while reading this. What can I say, you cannot remove an East Coast girl from the snow banks for too long....
At the 46th Annual Meeting of the Canadian Association on Gerontology, GRC Postdoctoral Fellow Dr. Theodore D. Cosco received the Recognition Award for Excellence in Longitudinal Research: In Honor of Betty Havens, Canada’s highest honor for longitudinal aging research. Given the caliber of previous awardees and the importance of longitudinal analysis to the field of aging, Theodore was delighted to become the award’s youngest recipient: “This has been an incredibly humbling experience and easily the highlight of my academic career to date. As an early-career researcher, I have been fortunate enough to have the opportunity to stand on the shoulders of longitudinal research giants, both in Canada and abroad, who I think deserve the real credit.” Dr. Cosco has worked with a range of longitudinal researchers, such as Dr. Roger Dixon (director of the Victoria Longitudinal Study on Ageing) at the University of Alberta, Professor Diana Kuh (director of the National Survey of Health and Development) at University College London, and Professor Carol Brayne (director of the Cognitive Function and Ageing Study) at the University of Cambridge. Longitudinal researchers and studies have made monumental leaps in the way we understand the processes of aging, particularly with respect to causal relationships between exposures and outcomes.

In contrast to cross-sectional studies, which are subject to reverse causality, longitudinal studies benefit from being able to draw more conclusive evidence as to the direction of causality. For example, if X is positively associated with Y in a cross-sectional study, it is impossible to tell if X is causing Y, or Y is causing X (or both). However, if we look at the relationship between X and Y over time (i.e., longitudinally), and X occurs before Y, we have stronger evidence for X causing Y than Y causing X.

Another advantage of longitudinal modelling is the ability to examine change over time, which is particularly useful within a gerontological context. The process of aging is characterized by notable differences in individuals’ trajectories of physical/psychological/cognitive/social functioning. By fitting longitudinal models to these functional trajectories, researchers can categorize individuals into groups that have aged more (or less) positively and identify what sorts of variables influence who belongs in these groups.

Given the relative advantages of longitudinal research, it is not surprising that this study design is receiving considerable attention. The Canadian government and Canadian Institutes of Health Research have recently made an unprecedented financial commitment to follow 50,000 Canadian men and women for 20 years, as part of the Canadian Longitudinal Study on Aging (CLSA). Dr. Cosco recently joined the Gerontology Research Centre to work with the CLSA, which will be an invaluable resource for investigating how to live happier and healthier for longer. To learn more about Dr. Cosco’s research, visit his GRC Profile page.

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GRC Postdoctoral Fellow Becomes the Youngest Recipient of Research Excellence Award

Theodore D Cosco

GRC welcomes Theodore D Cosco, our latest addition to the GRC Team. Dr. Cosco comes to the GRC with a CIHR post-doctoral fellowship in the area of mental health resilience and aging, and inflammatory markers and aging well.

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.
What brought you to SFU Gerontology?

During my Bachelor of Social Work (BSW) degree I had begun working with older adults in residential care and in the community. Through these experiences, I developed a passion for working with older adults and decided to continue my education with a focus on aging. In one of my last semesters before finishing my BSW, I met two graduate students from the gerontology program when we all took the same “healthcare team development” course. They told me about the program and their experiences with their internships and research opportunities; needless to say, I was intrigued. After completing my BSW, I took a few gerontology undergraduate courses in order to fulfill the prerequisite requirements to apply for the master’s program and to help me decide if this program was right for me. After completing these undergraduate courses and discussing the graduate program with professors and staff in the Department of Gerontology, I knew this was educational direction and field of study I wanted to pursue. The end result: I decided to apply to the Master’s in Gerontology (and I’m so glad I did!).

How was your first year as a graduate student?

Amazing! I have loved the courses I have taken. Whether it has been learning quantitative statistics or about health care issues for minority older adults, I have greatly appreciated being in courses that have challenged me and enriched my skills in critical analysis and research project development. I have also loved being in a multidisciplinary program - I have learned an enormous amount from the rich perspectives, experiences, and knowledge that each of my fellow graduate students and professors brings to class discussions and their research projects. This past summer I also completed my internship at the Nidus Personal Planning Resource Centre - a non-profit charitable organization that provides education, support, and assistance with personal planning for end-of-life, incapacity, and other support needs. This was a tremendous learning experience for me in further developing my skills and knowledge I had learned in my first year in the gerontology program. I felt very fortunate to have been placed with an internship supervisor that is an expert in her field and was willing to collaborate with me on several projects to better address the challenges older adults and their families face in planning for end-of-life, incapacity, and other support needs.

What are your research interests?

In British Columbia, there are several options available to help adults plan for and express their future healthcare wishes and decisions in case of a time that they become unable to make these decisions on their own. I am interested in how these various advance care planning options are applied in practice. These options promote self-determination and a person-centred approach towards respecting and honoring the values and wishes of older adults and their healthcare decisions. As such, it is important to evaluate what is working and what needs to be improved in practice, policy and legislation in order to better facilitate advance care planning for older adults. Within this broader interest, my main research interest is, specifically, examining the lived experiences of BC’s Representation Agreement decision makers (i.e. “representatives”) in making health care decisions for older adults. My other research interest is in assessing the quality of life of residents in residential care facilities and promoting and evaluating innovative ways to improve the quality of life of these residents.

What are you looking forward to next year?

I have the privilege of being this year’s President of the Gerontology Graduate Caucus (GGC). I am excited for the upcoming events the GGC will be hosting in the spring semester, such as our annual Gerontology Careers Night & Networking event. I will also be finishing my required coursework next semester and am eager to begin my thesis proposal!

The Gerontology Graduate Caucus (GGC) is the graduate student organization of the Department of Gerontology at Simon Fraser University. The GGC represents Gerontology graduate students in discussion of academic and intellectual issues at both the departmental and university level. The GGC also promotes career opportunities in gerontology and organizes social and recreational activities for gerontology graduate students. The GGC is a member of the Simon Fraser Student Society and maintains an active relationship with the Canadian Association on Gerontology Student Connection – Connection Étudiante.
Gerontology in the Community: Volunteering with the Ridge Meadows Hospice Society

Marissa Stalman

Recently named Board President, Marissa Stalman, a first-year Master's student with the Department of Gerontology, is looking forward to an ongoing symbiotic relationship with the Ridge Meadows Hospice Society (RMHS). In 2014, Marissa began volunteering with RMHS, which serves the communities of Maple Ridge and Pitt Meadows, as a visiting Hospice Volunteer. The RMHS Volunteer Training Program prepared her to support families and residents of the McKenney Creek Hospice Residence during the last moments of life. This work has contributed to Marissa’s research interests of end-of-life care and health care policy, which she will be pursuing for her Master’s Thesis. As both a former nurse and hospice volunteer, Marissa has had a number of opportunities to share her professional and volunteer experiences with the SFU community. For instance, she has served on the organizing committee for the John K. Friesen Conference in 2016 and 2017; works as a Research Assistant to Dr. Gloria Gutman on the Canadian Frailty Network Transformative Grant Project: “Improving Advanced Care Planning for Frail Elderly Canadians”; and has been invited to be a Guest Lecturer in three undergraduate gerontology classes on topics of “Death and Dying” and “Hospice-Palliative Care”.

RMHS relies heavily on the generosity of their volunteers, donors, and community supporters. RMHS provides compassion, support, and care to individuals and their families facing a life-limiting illness or coping with the loss of a loved one. As grief can be particularly painful at this time of the year, specific events are offered to support people during the Christmas season. In addition to providing year-round one-to-one and group bereavement support, the RMHS also hosts an annual “Celebrate a Life” campaign in local shopping centers giving community members the opportunity to place a special ornament, in memory of a loved one, on one of the beautiful RMHS Christmas trees. “A Time to Remember” is a non-de-nominational candlelit service for the community to get together and remember those they have lost (Dec 6th, 2017). Fundraising events include the annual St. Paddy’s Day Pub Night, Vistas Run, Runway Show, and their most recent Oktoberfest, which raised over $10,000 for the society which helps RMHS provide all support programs free of charge.

To learn more about the RMHS, please visit: http://ridgemeadowshospicesociety.com or email Marissa at m_stalman@sfu.ca

Pictured above - OKTOBERFEST 2017 - Lara L., RMHS Thrift Store Manager, Marissa S., President, RMHS Board of Directors, & Lindsey W., Coordinator of Palliative Support Services, RMHS

Find out more about graduate programs here ~

Three of our former grad students - Heather Cooke, Gloria Puurveen and Sarah Wu - have been awarded funding by the Alzheimer’s Society of Canada! Additional good news – both Gloria Puurveen and Heather Cooke have also received post-doc trainee awards from MSFHR this year. Sarah Wu is working on a CIHR funded project on mealtimes in care home project as part of her PhD at U of Waterloo. Several of our MA graduates have done extremely well in doing doctoral studies in reputable programs in Canada and US.

Join our mailing list to stay posted on all GRC activities
Follow us on twitter @SFUGERO

2017 ASRP funding recipients

ACHIEVEMENTS

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On October 31st, 2017, special expert guests, Dr. Sharon Koehn, Clinical Research Professor in the Department of Gerontology at SFU and Ms. Liza McGuinness, Research Manager from the BC Centre for Disease Control were invited as panelist speakers to share their expertise on the ‘ins’ and ‘outs’ of community-based participatory research in our AGE-WELL Network Seminar Series. Unlike traditional seminars, this session was an interactive Q & A session structured according to BBC’s Question Time - minus the politics and without the lovely David Dimbleby. Both Sharon and Liza shared very useful, practical information from their everyday work in response to audience members’ questions focusing on the following key transdisciplinary working elements:

1. Establishing who needs to be at the table
2. Partnership building and commitment to the community
3. Recruiting seldom heard groups
4. Identifying power differentials
5. Building rapport with diverse team members
6. Developing appropriate communication mechanisms
7. Reflexive, integrative and iterative team working
8. Integrating diverse knowledge
9. Co-creation of activities to engage with different stakeholder groups
10. Writing with diverse stakeholders
11. Disseminating in various other knowledge sharing formats

A key principle of transdisciplinary working is that research should be targeted at positive social change, such that new knowledge does not stay in the research world but is actioned in the ‘real world’ to improve quality of life. This requires the application of creative formats to engage different people in knowledge translation activities as was suggested by both Sharon and Liza from the get-go. The BBC’s Question Time format did the trick and through this session, we were able to unpack the strengths, limitations, and practicalities of doing community-based research.
Do you or your organization have a research question? Would you like to explore this question with one of our faculty members and graduate students? Are you able to contribute $7,500 toward this research that will be matched dollar-for-dollar for a research grant of $15,000? If so, we encourage you to contact the SFU Department of Gerontology gero@sfu.ca to explore this opportunity and develop a research plan.

The SFU Department of Gerontology is pleased to present this opportunity in partnership with Mitacs. Mitacs is a national, not-for-profit organization that designs and delivers research and training programs in Canada. Mitacs will match up to $7,500 for each four to six month research project to expand your organization’s research capacity. Masters students can complete up to eighteen months of research with your organization, while PhD students and Postdoctoral Fellows can work with you for up to three years. This opportunity allows SFU Gerontology students to apply their skills outside of an academic setting while contributing their expertise to the research needs of your organization.

46th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology

EVENTS

The 46th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology took place in Winnipeg, Manitoba, October 19–21, 2017. Many affiliates of the Department of Gerontology and Gerontology Research Centre presented their research. Our graduate students also had a chance to present their work at the conference. Oladele Atayobi, MA candidate reflects on his experience at the conference.

“I presented a poster at the 46th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology (CAG) in Winnipeg in October 2017. The presentation was an extract of my thesis, which is a reformulation of the Global AgeWatch Index (GAWI). The GAWI is a measure of wellbeing of older adults in 96 different countries originally created by HelpAge International in the United Kingdom. The aim of our research is to improve the GAWI by including a domain of gender inequality and assess how the country rankings change with the inclusion of this new domain. The indicators that we included in the gender inequality domain are female labour force participation, fertility rate, and age at first marriage. The findings, supported by gerontological literature, indicate that the countries that lost the most points and fell in the GAWI rankings are those in which women had poor scores on the indicators of the gender inequality domain, while countries that rose in rank generally did well on the indicators. The implication is that supporting gender equality and empowering women has a positive influence on the wellbeing of older adults. My presentation was a great experience for me as a student. I had the opportunity to share our results with other researchers in the field of Gerontology and discuss our findings with conference attendees. I received helpful feedback and improved on my presentation skills. I also had the opportunity to network with stakeholders in aging research.”

- Oladele Atayobi

46th Annual Scientific and Educational Meeting of the Canadian Association on Gerontology
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.