



GRC NEWS

THE NEWSLETTER OF THE GERONTOLOGY RESEARCH CENTRE

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SENIORS' HOUSING UPDATE

Age-friendly communities in North America and East Asia: Sidney on Vancouver Island, British Columbia

The Department of Gerontology is proud to announce its new PhD Program

GRADUATE AND UNDERGRADUATE COURSES IN GERONTOLOGY

For information about enrolling in the PHD, Masters, Diploma, or Minor in Gerontology contact:
Anne Marie Barrett
778.782.5056

For a list of upcoming courses see our webpage at: www.sfu.ca/gerontology



A NEW LOOK FOR GRC!

Sister Madonna Buder –
Triathlete at 79 p. 5

FRIESEN CONFERENCE
Staying active, staying healthy:
Aging well in contemporary society

Sister Madonna Buder

RECENT CENTRE ACTIVITIES

AWARDS & HONOURS

Congratulations to: Habib and Barb for making the SFU author's list: **Habib Chaudhury** (Associate Professor, Department of Gerontology).

Chaudhury, H. *Remembering Home*. Baltimore: John Hopkins University Press, 2008.

Barbara A. Mitchell (Associate Professor, Department of Gerontology and Department of Sociology and Anthropology). Mitchell, B.A. *Family Matters: An Introduction to Family Sociology in Canada*. Toronto: Canadian Scholars' Press, 2009.

COMINGS & GOINGS

The GRC welcomes **Amy Claxton**, a predoctoral fellow working with **Dr. Norm O'Rourke** R.Psych. and clinical colleagues. Having worked with many leading marriage and family researchers (UMass, clinical psychology), Amy has embraced the opportunity to enhance her expertise to include gerontological research over the next year (Marriage and Health Study data). Amy comes with considerable statistical expertise and will be working with Dr. O'Rourke and leading SFU (Burnaby) and UBC (Psychology) authorities in marriage and family research.

GERONTOLOGY STUDENTS

Please see the list of recipients at our **8th Annual Spring Awards Ceremony on page 8**.

ALUMNI NEWS

In January, 2009 Gerontology alumnus **Judith Fisher** (Balfour) will commence a post-doctoral fellowship at Dalhousie where she will be working jointly with the Network for End of Life Care, Emerging Team and the College of Pharmacy. Judith completed her MA in Gerontology at SFU in 2002 and PhD in Pharmacy at the University of Toronto in 2008.



MESSAGE FROM THE DIRECTOR

by Andrew Sixsmith, Director, SFU Gerontology Research Centre

Welcome to the new-look GRC News. We have tried to make an already excellent publication even better with an updated layout, new ideas for content and articles and new colour scheme and logo. Our logo – the Orca – is an important symbol of longevity, balance and health for indigenous people on the Pacific coast of North America. This is part of a whole range of media and publication initiatives that are part of the GRC's mission to promote high quality research and knowledge transfer in the field of aging. Highlights in this issue include an article by Fabio Feldman on the research he has been doing at SFU on the biomechanics of falls. He draws attention to the poor recall people have about fall occurrences and talks about exciting new research using video analysis of falls to move from lab-based studies to "real-life" situations, such as nursing homes. There is also an interview I conducted with 79-year old triathlete Sister Madonna Buder, about her great achievements as a sportsperson in her later years. Also look out for the announcements of two major conferences to be hosted by the GRC and the Department of Gerontology: the ISG 7th World Conference on Gerontechnology in May 2010 and the annual JK Friesen Conference on "Staying Healthy, Staying Active" on April 23rd and 24th (please see the official announcement in this issue). As well, we at the Centre and the Department are looking forward to attending the 19th IAGG World Congress in Paris! These are exciting times to be a gerontologist at SFU.

save the date

International Society for Gerontechnology
7TH WORLD CONFERENCE

May 27-30, 2010
Vancouver, Canada
Marriott Pinnacle Hotel

ISG 2010
vancouver

for more information: email: isg2010@sfu.ca | url: www.sfu.ca/grc/isg2010

Hosted by: SFU Gerontology Research Centre

This conference brings together people who design, develop, prescribe, research and use technology to enhance the functional capacity and quality of life of older adults. It's the perfect venue for dialogue between engineers, ICT experts, health and social care professionals, architects, social science researchers and educators and others working in this multi-disciplinary field.

Topics to be discussed include cutting-edge innovations in: smart homes and smart materials, robotics, mobile and wireless communication systems, online goods and services, computer games, and applications of new technologies in health and social care. The latter include management of chronic illness in the community and supporting people with dementia living at home or in congregate settings. The conference will also address markets and business issues including: understanding the older consumer, developing effective markets for care technology, connectedness and the digital divide, and knowledge transfer from research into commercial products.

For further information: Email: isg2010@sfu.ca



NEUROMUSCULAR AND BEHAVIOURAL INFLUENCES ON BALANCE AND FALLS

by Fabio Feldman, PhD Kinesiology

Falls and fall-related injuries are a major health problem in the elderly population. It is estimated that over 30% of community dwelling individuals and 50% of nursing home residents over age 65 fall each year. Consequences of falls include fracture of the hip, spine, arm, pelvis, and wrist, head concussions, bruises, and lacerations. Fall-related injuries bring not only suffering to the individuals, but also represent a huge cost to society. Injuries associated with falls in the elderly account for more than \$3.2 billion dollars in annual health care costs in Canada. This is three times the cost of injuries related to motor vehicle accidents in this age group. Approximately 90% of hip fractures are due to falls, and in 2003 alone, there were over 28,000 cases in Canada. By 2014, these numbers are projected to increase nearly four times, given the aging of the population and the fact that fracture risk increases exponentially with age. Furthermore, approximately 20% of older adults hospitalized for a hip fracture die within a year, and only 50% are able to return to their homes or live independently again.

SAFE LANDING RESPONSES

Unlike fall-related wrist fractures (which are common throughout the lifespan), hip fracture is a relatively rare event in young adults, even among athletes who regularly experience sideways falls. This is surprising, since the energy available during a fall ranges from 100 - 300 joules, while only about 25 J are required to fracture the proximal femur of young adults (J = The International System unit of electrical, mechanical, and thermal energy). Then why is hip fracture from a

standing-height fall a rare occurrence in the young population?

One possible factor that may explain the low occurrence of hip fractures in the young relates to the mechanics of the fall. Risk for hip fracture in the elderly is six times greater during sideways than forward or backward falls, and 30 times greater if the fall results in direct impact to the hip region. Conversely, impacting one or both hands decreases fracture risk 3-fold. Therefore, young adults might be protected against hip fracture during a sideways fall by the tendency to avoid impact to the hip, or the tendency to impact the hands and/or knees. In contrast, a single standard deviation decrease in femoral bone density increases fracture risk by 2- to 3-fold. Thus, in contrast to the traditional view of hip fractures as a consequence of osteoporosis, these data suggest that fracture risk is dominated by the direction of the fall, the configuration of the body at impact, the intactness of specific fall protective responses (such as braking the fall with the outstretched hand), and the neuromuscular status of the faller.

Therefore, we hypothesized that unexpected sideways falls in young adults would elicit a common sequence of protective responses that are known to protect against hip fracture such as a tendency to avoid impact to the hip, or a tendency to impact the hands and/or knees. To test this hypothesis, we used a novel experimental paradigm, which challenged participants to try to maintain balance after experiencing a sudden unpredictable perturbation, and in the vast majority of cases elicited a sideways fall.

The participants in our falling experiments consisted of 44 young individuals (31 women and 13 men) who volunteered to participate in an experimental “balance competition.” During the balance test, the participant stood barefoot on top of a rubber sheet that, without warning, was made to translate horizontally to the participant’s right by means of a linear motor. In order to focus on naive responses, each participant performed only one trial, and no practice trials were allowed. Furthermore, all testing was completed in a single afternoon, and participants who were waiting to be tested were prevented from having contact with those who completed the testing.

The large majority of trials (88%) caused sideways falls that produced direct impact to the lateral aspect of the hip (see Figure 1 for an example of a typical fall). Impact to the hands and knees was common and in almost all cases preceding the impact to the hip. Impact to the head was avoided in all cases, primarily by laterally flexing the trunk and impacting the outstretched hand(s). Thirty percent of participants executed one or more complete steps in an attempt to recover balance. Participants who were able to complete a step before their fall had a lower impact velocity.

Results from this laboratory study suggest that sideways falls in young adults commonly produce direct impact to the hip region, and that the severity of hip impact is reduced by initial impact to the hand and by stepping, both of which were common. These protective responses may help to explain why, in contrast to the elderly, fall-related

FIGURE 1

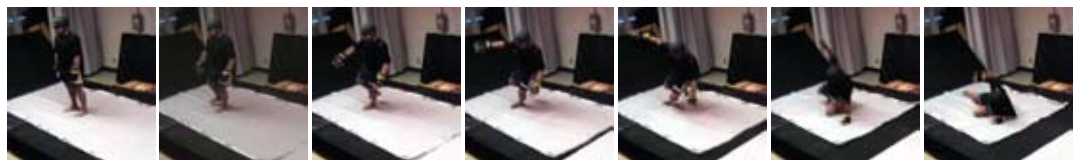


FIGURE 2



hip fractures are relatively rare in young adults. An important goal for future studies is to determine how fall movements are affected by aging and specific neurological or musculoskeletal impairments.

ACCURACY OF SELF REPORTED FALL CHARACTERISTICS

An important goal for researchers is to understand the relative importance of fall mechanics versus bone strength in the etiology of hip fracture. To address this, investigators have utilized interviewed-administered questionnaires to acquire self-reported information on fall characteristics in individuals who fall and fracture, versus those who fall and did not fracture. However, since most falls are unwitnessed, the validity of the studies relying on self-reported information is based on the assumption that study participants can accurately recall the mechanics of their falls days or even weeks after the incident had occurred.

Understanding the accuracy of self-reported falls data is critical, since inaccurate or biased responses can lead to erroneous conclusions and can fail to detect important associations (and effective preventive measures). Also, it is important to understand the percent of hip fractures caused by direct impact to the hip region in order to understand the potential benefit of hip protectors, which are designed to protect only the lateral side of the thigh. Furthermore, it may be possible to train individuals to fall in a manner that is more protective to the hip, wrist, or shoulder, but only if we can identify the characteristics of safe versus injurious falls.

The goal of this study was to determine whether young individuals are able to accurately recall specific characteristics of their fall during a structured questionnaire conducted immediately after the individual experienced an unexpected fall during their participation in the “balance

competition.” For each fall, we inspected motion data from the motion measurement system and digital camcorder and then compared to the corresponding self-reported information provided in the questionnaires.

We found that the majority of participants (98%) were able to accurately describe the direction of the fall. Furthermore, 51% of the participants were able to accurately describe if they took a step before impacting the floor. Of the remaining 49%, 27% reported not remembering and 22% demonstrated incorrect recall. In regards to body parts, 71% of participants answered correctly on whether the left hip impacted the ground or not, 51% were correct on whether the left hand impacted the ground or not, and 39% were correct on whether the left knee impacted the ground or not. Furthermore, 9% of participants reported impacting the head when in fact none of the participants experienced a head impact during the trials.

When asked “How well do you remember the details of your fall,” 26% of participants claimed to remember the details of their fall “very well,” 56% “well (some details hazy),” and 17% “not much.” However, we found that recall accuracy from participants claiming to remember the details of their fall “very well” appeared similar in accuracy to those who claimed to remember “well” or “not much.”

The results of this study indicate that while fallers were able to recall the direction of their fall, the task of visualizing and recalling balance recovery attempts and body parts that impacted the floor is difficult and prone to error. Researchers and healthcare professionals should be aware of the limitations of self-reported characteristics of falls specially related to impact at different body parts. Therefore, physical exam findings (regarding bruising, abrasion, or tenderness) should be favoured over self reports as

an indicator of fall impact sites.

FUTURE RESEARCH

A major impediment to the development of improved strategies for preventing falls and fall-related injuries is the lack of objective, real-time data on the cause and circumstances of falls. Instead, our current understanding is based on the post-hoc recollection of the faller (or witness, if any), which is often inaccurate, and from laboratory experiments, which may lack external validity. To overcome this barrier, we are partnering with long-term care facilities in the Vancouver area to obtain measures of body movements before, during, and after a fall, through networks of digital video surveillance cameras in common areas. Over the past year, we have capture over 100 falls (see Figure 2 for a sample). Video recordings will be analyzed through questionnaires and computer vision algorithms to reveal the activities at the time of the fall, the reason for loss-of-balance (e.g., slip, trip, weight shifting), the role of environmental supports and hazards, any attempts made to recover balance (e.g., by grasping or stepping), and the configuration and velocity of body segments at impact. This approach is unique because it shifts the research focus from university-based laboratory studies to in-situ “real life laboratories” where the acquisition of objective, accurate data from high-risk older adults will generate essential new knowledge on the causes and characteristics of falls.

Editor’s Note: This article is based upon Fabio Feldman’s PhD thesis: Feldman, F. (2008). Neuromuscular and behavioural influences on balance and falls. School of Kinesiology, Simon Fraser University (Supervisor: Stephen Robinovitch). The accompanying photos are stills adapted from a digital camcorder which accounts for them being of low-quality resolution.)

TRIATHLON FOR ALL AGES

Interview with Sister Madonna Buder

by Andrew Sixsmith, Director, SFU Gerontology Research Center

In 2008 I had the honour to represent Great Britain in the International Triathlon Union's world championships which were held at English Bay, Vancouver in June. In November I also competed in the Ironman 70.3 world championships in Clearwater, Florida. The really great thing about triathlon, and what makes it interesting from a gerontological point of view, is that while all competitors race head to head in the same race, they also compete within five-year age/sex groups. This kind of format is typical within endurance running races such as marathons and half-marathons. The benefit is that participation in sport and competition is opened up and encouraged for all ages and is not the sole domain of the young. My own participation in triathlon is not untypical. I hated track and field when I was young, although I liked to ride my bike. As I got a little older I liked to swim and run, although this was not competitive until I decided in my 40s to take on a new challenge and train for a triathlon. My inspiration was a BBC documentary of a woman in England who had decided in her 60s to take up the sport- a clear case of "well, if she can do it...". Since these tentative steps, I have represented GB as an age-grouper on six occasions finishing 5th in Vancouver 2008 and overall 3rd in the GB national rankings in 2004 in the 45-age category, as well as racing in five ironman and numerous half-iron races. Triathlon provides a meaningful focus for exercising and being active, i.e. it is not just a matter of doing exercise for the sake of it. I also have to admit to secretly (and not-so-secretly) enjoying beating athletes who are 20 years younger. Challenging oneself is a major part of the sport and seeing your own personal records and race times improving over the years runs counter to the common sense notion that you slow down as you age.

This edition of *GRC News* includes an interview I did with Sister Madonna Buder of Spokane, Washington. At 79 years, she is the most well-known senior on the triathlon scene, regularly appearing at Clearwater and the full Ironman world championships in Kona, Hawaii, as well as at Ironman Canada,



GRC Director, bicycle, palm trees – at Clearwater, Florida

held every August in the beautiful Okanagan Valley, BC. Sister Madonna has been competing in triathlons for nearly 30 years and has been world champion in her age group on many occasions and is a pioneer for seniors, pushing boundaries, extending horizons. While she is exceptional and what she has achieved will be impossible for many people (whatever their age), her example clearly shows what is possible for someone in their 70s and 80s to achieve.

Andrew: Sister Madonna. It is very nice to chat with you. How many triathlons have you done?

Sister Madonna: I started running when I was 48 or 49 and then when I was 52 in 1982 I was introduced to my first triathlon. From there I've done over 315 triathlons, 35 of which were Ironman distances and I don't know how many halves. This year of the 12 triathlons I did, there was one Ironman distance and 4 half-Ironman distances as well as the Boston Marathon

Andrew: That's a very punishing schedule.

Sister Madonna: Well actually, the grueling

Triathlon is a relatively new sport, starting in 1978 in Hawaii and becoming an Olympic event in Sydney in 2000. It combines the three disciplines of swimming, cycling and running (in that order) into a single sport, with competitors moving seamlessly from one to the other. Triathlons can be over various distances. An "Olympic" distance event is a 1500m swim, 40k bike ride and a 10k run, while an Ironman race covers a mammoth 3.8k swim, 180k bike ride and full 42k marathon (140.6 miles total). Ironman 70.3 refers to the total mileage and is exactly half the distance of a full ironman race. Triathlon has been one of the world's fastest-growing sports, with over 20 Ironman and over 30 Ironman 70.3 branded races each year and literally thousands of shorter distance events worldwide.



GRC NEWS

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

part is the travel and I don't get a chance to train in between travel. In October I had 3 major trips including my 60th high school class reunion in St. Louis, Missouri and how often does that happen? It just never stopped and then the last of the twelve triathlons was the World 70.3 Championships in Clearwater, Florida. And this year I was injured 2 days before the event and it was nip and tuck whether I would even be able to handle the event. But I did and actually had a better time than the year before.

Andrew: I think people would think that was quite amazing that you're actually able to improve your times.

Sister Madonna: Well that's what's fun about this. You know after a certain number of years, you're already competing with yourself because if you live long enough, everybody else falls by the way side. So you either have to choose men to beat because there are no women or beat up on yourself instead.

Andrew: Do you see yourself as being out of the ordinary to be competing in triathlons at your age?

Sister Madonna: Well I can't speak for anybody else. I can only speak for myself and to me I probably do the least amount of training of any triathlete I know but I've been at it for so many years, it's just become, you know part of my nature so I don't see anything unusual about it at all. I really enjoy the camaraderie of the triathletes. They're a wonderful bunch, although some can be a little cantankerous.

Andrew: What made you start racing marathons and triathlons when you were 50 years old?

Sister Madonna: I was introduced to running by a priest at a workshop on the Oregon coast. He was expounding on the benefits of running and I thought it was ridiculous because I said I can't see getting out there and running for no good reason. He said that it harmonizes mind, body and soul and so anyway I went out and tried running on the beach. He said "Well you know you've

got to keep this up because you won't know what the *runner's high* is until you have been doing this at least a couple of months." You know it's been more than just a couple of months. Do I know what a *runner's high* is? I sure know what the *lows* are.

Andrew: Do you see yourself as a role model for seniors?

Sister Madonna: I don't, but if other people do that's fine. I can only account for the gifts that God has given me and if I don't use them then I am not honoring my Creator. God gives different gifts to everybody and they might not always be the same thing. I know I couldn't do some of the simplest thing like standing all day in a shop. It would kill me.

Andrew: Do you think training and racing triathlons helps you to stay young?

Sister Madonna: Well apparently it has. I don't consider myself old but sometimes, when I see older people, I am a little curious about how old they really are in comparison to myself, because a lot of people seem to be struggling with their poor little bodies long before I am. It makes me almost feel guilty sometimes but otherwise I feel very blessed and very grateful.

Andrew: Do you have any triathlon goals that you still want to achieve?

Sister Madonna: Well I'm really trying very hard to open a new age group for women when I reach 80. I opened the age group for women 75 to 79. No one



A 70.3 triathlon comprises 1.9k swim, 90k bike ride and 21k run.

had ever done that until I came along. So since a man already did that, I would like to at least get that on par with the men so the women can feel free and do the same distances as men at 80. But after that it will probably fall apart. I decided to do the Boston Marathon this year. I realized it was 25 years since I had done my last Boston Marathon and since I've never been able to do a marathon for the last 10 years when it's been part of an Ironman race without getting nauseous, I thought I'd want to find out if just doing the marathon on its own makes a difference and I had no problems. So I'm thinking, see that's another goal, trying to beat this indisposition of mine.



REGISTER NOW

for the 19th Annual John K. Friesen Conference,
Staying Active, Staying Healthy:
Aging Well in Contemporary Society
April 23-24, 2009

Segal Centre, SFU Vancouver Campus
515 West Hastings Street

For further information please consult the GRC
website: www.sfu.ca/grc/Friesen/index.html

2009 “Elder Abuse Awareness to Action” Awards Nomination

Between 4% and 10% of older adults in British Columbia experience emotional, physical or financial harm from someone they know and trust. With understanding, help and support from a caring community, they do not have to feel alone.

To mark World Elder Abuse Awareness Day (WEAAD is being held on 15 June, 2009), the SFU Gerontology Research Centre established an annual awards program to recognize outstanding contributions made by individuals or groups in British Columbia towards advancing senior abuse awareness, prevention, and support.

Nominate an individual or organization that you feel has made an important contribution to this area. Deadline for nominations is May 15th, 2009. There are 3 categories of award recognition:

- a) For individual, community group or agency contributions;
- b) For innovative programs and those who fund them;
- c) For media reporting (print, radio, TV) and marketing.

To submit a nomination for 2009, indicate:

- 1) Individual/Group name, address, e-mail, telephone and fax;
- 2) Category of award (see above);
- 3) Nature and scope of nominee's contribution to this area;
- 4) How long and in what context you have known the nominee;
- 5) Your full contact information.

Award winners will be recognized in one or more of the WEAAD events in BC

Send your nomination to:
Charmaine Spencer, WEAAD Committee,
c/o SFU Gerontology Research Centre,
2800 – 515 West Hastings St.,
Vancouver, BC, V6B 5K3.
or fax: 778-782-5066.



GERONTOLOGY GRADUATE CAUCUS UPDATE

by Melissa McVie (MA Candidate, Gerontology), on behalf of the GGC

The GGC hosted a pair of successful events: the 10th Annual Gerontology Careers Night and the 4th Annual Networking Wine and Cheese. Held at Simon Fraser University's Harbour Centre, this year's Careers Night featured 3 diverse speakers who addressed the group about career opportunities: **Dr. Irving Rootman, Christine Flegal, and Colleen Koch.**

The excitement of the evening did not stop after the lecture series—our group made its way up to the Top of Vancouver Revolving Restaurant for our annual networking event. The event was well-attended by students (past and present), faculty, and professionals from the Vancouver area working in the field of Gerontology, and proved to be a successful forum for students and professionals to network and forge professional working relationships.

The GGC and the Department of Gerontology would also like to congratulate and welcome 3 new graduate students as of January 2009: **Karina Hackett, Ian Fyffe and Jennifer O'Hagan.**

[EDITOR'S NOTE: Please see the GGC webpage for full-text and photos: http://www.sfu.ca/gerontology/program_info_more_info/students/index.html]



Gerontology students at the 4th Annual Networking Wine and Cheese

RECENT CENTRE ACTIVITIES

VISITORS TO THE CENTRE

October 31, 2008 – Drs. Lorne Lovegreen (left) and Eunju Hwang (right) welcomed visitor Dr. Ann Ziebarth (centre) (Associate Professor-Housing Studies, College of Human Ecology, University of Minnesota).



March 2, 2009 – Prof. Ronald M. Baecker, (PhD) from the Computer Science Department, University of Toronto visited the GRC and talked about his work in technology for people with dementia at the joint BCNAR, GRC seminar on Technology and Aging.

IN THE NEWS

Gutman, G. “Something for everyone: Homeowners, environment, social spending on budget list.” *The Province*, January 28, 2009.

Mitchell, B. “Barbie the iconic doll turns 50.” *CanWest News*, M. Harris, interviewer, February 6, 2009.

Sixsmith, A. “Los mayors no son mas tecnofobicos’ que los demas.” *EL PAIS*, p.6, K.A. Bilbao, interviewer, December 11, 2008.

Sixsmith, A. “Smart houses’ keep seniors at home longer.” *CanWest News*, Shannon Proudfoot, interviewer, March 4, 2009.

Wister, A.V. “Study of aging expanding in university programs.” *The Vancouver Sun*, B2, M. Fitzpatrick, interviewer, January 6, 2009.

8TH ANNUAL SPRING AWARDS CEREMONY

14, 2009 at Simon Fraser University, Harbour Centre, featured the presentation of the Royal Canadian Legion Geriatric Nursing Bursary of \$2000 to MA candidate **Ravin Sandhu** by **Joan Holland** (Command Executive Officer and Chair of Veterans & Seniors Services – British Columbia/Yukon Command) and an award of \$1000 to MA candidate, **Robert Savage** by (President, Old Age Pensioners of BC Scholarship). Congratulations to recipients of other gerontology awards in 2008/2009:

Michael Smith Foundation – \$22,500: **Krista Frazee, Danielle Sinden, Kristine Theurer**
SSHRC 2008 – \$17,500: **Krista Frazee**
Graduate Fellowship – \$6,250: **Michael Campo, Eddy Elmer, Amanda Wilhelm, Ashleigh Wilson**
GABC Chuck Bayley Memorial Scholarship – \$2,000: **Amir Moztar-Zadeh**
Fung Chan Yee Shan Memorial Scholarship in Gerontology – \$1,300:



From awards ceremony: left to right: Joan Holland, Command Executive Officer - British Columbia/Yukon Command, Betty Bolton from the Old Age Pensioners of BC Scholarship Society (OAPSO)]

Yongjie Yon

E.G. (Robbie) Robertson Scholarship in Gerontology – \$1,000: **Ashley Waldoch**
German Canadian Benevolent Society of BC Aulinger Award in Gerontology – \$725: **Amanda Wilhelm**
Al Eisenring Award – \$700: **Karen Byers, Karina Hackett**
Isabel Dawson Memorial Scholarship in Gerontology – \$700: **Eddy Elmer**
Israel Chertkow Memorial Scholarship – \$625: **Anna Warner**
Travel and Minor Research Award – \$274: **Teresa D'Elia, Krista Frazee, Angela Johnston, Anthony Kupferschmidt, Gloria Puurveen, Kristine Theurer**

Looking forward to Paris

19th IAGG World Congress of Gerontology & Geriatrics
July 5 – 9, 2009 in Paris, France

Held every 4 years, the IAGG World Congress of Gerontology & Geriatrics brings together experts from around the world to discuss the latest findings in the field of aging. The Scientific Program was created with the help of the International Scientific Committee, which consists of over 85 expert members from more than 50 different countries. The 19th edition of this congress will take place July 5–9, 2009 in Paris, France. More than 7,000 participants from around the globe are expected. An exhibition featuring companies in the industry will be held in conjunction with this world congress.

[Editor's NOTE: Look to the next issue of the GRCNews for a list of GRC presentations at the IAGG conference!]



Funded by the Michael Smith Foundation for Health Research (MSFHR), BCNAR brings together researchers from different disciplines, research streams, academic institutions, community-based organizations & health regions. BCNAR's goal is to provide opportunities for researchers to collaborate in generating innovative aging research.

BCNAR Research Cluster: Age-friendly Communities

This Research Cluster is designed to build upon and add value to the on-going work that is being done in BC within the Canadian Age-friendly Communities (AFC) Initiative led by the Public Health Agency of Canada (PHAC) and within the Global Age-friendly Communities Initiative, initiated by the World Health Organization (WHO). More specifically the purpose of this cluster is to:

- Support and sustain a research cluster on the topic of AFC;
- Develop a plan for evaluating the outcomes and impact of the AFC initiative in BC;
- Support the development of research proposals for external funding;
- Facilitate the work of AFC researchers and users of this research in the non-profit, public and private sectors.

This will be of particular interest to persons with backgrounds in evaluation methods, community development, as well as policy and practice in AFC design. BCNAR has funding to support this initiative.

If you are interested in participating please contact: Bobbi Symes, Network Manager at bsymes@bcnar.ca.

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www.bcnar.ca email: secretariat@bcnar.ca