



GRC NEWS

THE NEWSLETTER OF THE GERONTOLOGY RESEARCH CENTRE

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Exercise like an Olympian “My message to an aging contemporary society”

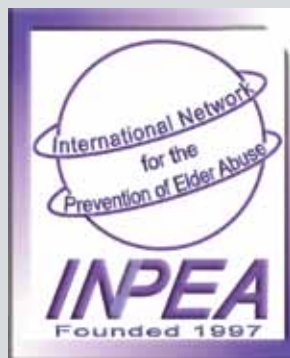
by Gareth Jones PhD, CSEP-CEP

In 2010 we in Vancouver were fortunate enough to experience the Olympic Games right in our backyard. Many older adults participated as volunteers, while others were happy to watch the spectacle unfold at home on their television. However, few of you may have considered the parallels between youthful athletic performance and the physical demands older adults must conquer each day in order to remain functionally independent. Aging imposes many indignities of which loss of one’s functional abilities is paramount, especially when you add chronic disease and disability to the aging mix. For many older adults simple activities of daily living become physically demanding, requiring exertion of up to 80-100% of one’s physiological capacity. Many of us take for granted the effort it requires older adults to complete daily tasks. Hence it becomes more difficult to rise from a chair, complete simple housecleaning tasks, and almost impossible to climb stairs without becoming winded. With such a compromised physical capacity, many older adults must perform like Olympians on a daily basis, working at their maximal capacity just to remain independent. This assumption might seem a little extreme to some, but not far from the truth for others.

Few would argue the importance of physical activity for

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PHOTOGRAPH: Top 5 in men’s 70-74 age group at Ironman 70.3 triathlon world championship held on November 13, 2010 in Clearwater, FL.



The GRC is the Secretariat of the International Network for Prevention of Elder Abuse (INPEA) with President Gloria M. Gutman, Ph.D.

RECENT CENTRE ACTIVITIES

AWARDS & HONOURS

Congratulations to:

Dr. Gloria Gutman has been named in Zoomer Magazine's list of "Canada's Top 45 over 45".

Dr. Barbara Mitchell has her biography listed in the 2010 "Canadian Who's Who, 100th Anniversary Edition," for contributing significantly to Canadian life.

COMINGS & GOINGS

The GRC welcomes **Dr. Heather Stewart**, PhD. Heather is jointly appointed as a research associate in the GRC and at the UBC's Brain Research Centre. Heather is the regional manager for the Canadian Longitudinal Study on Aging (CLSA), an unprecedented national research study on adult development and aging which is being led in BC by **Dr. Andrew Wister** at SFU, and **Dr. Max Cynader** at UBC.

The GRC welcomes **Rebecca Schonnop** (Research Assistant, Injury Prevention and Mobility Laboratory, SFU Kinesiology) who has joined with **Dr. Andrew Sixsmith** at the GRC to assist in the qualitative analysis of the environmental risk factors in long term care settings.

PRESENTATIONS

Chaudhury, H. (2010, November). "The development of a physical environmental component of Dementia Care Mapping (DCM) tool." Presentation to the Centre for Research on Personhood in Dementia (CRPD), UBC, November 17, 2010, Vancouver, BC.

Puffer, D., & Spencer, C. (2010, October). "Practical and ethical considerations in dealing with older donors." Presentation to the Association of Fundraising Professionals, October 21, 2010, Vancouver, BC.

Stone, L. (2010, November). "Personal Retirement Risk Management: Who is Doing Well and Who Needs Help" Presentation to the GRC's 8th Annual Ellen M. Gee Memorial Lecture, SFU, November 12, 2010, Vancouver, BC.



MESSAGE FROM THE DIRECTOR

by **Andrew Sixsmith**, Director, SFU Gerontology Research Centre

I would like to take this opportunity to extend 'Season's Greetings' to all readers of the GRC News. Growing older is often seen as a process of loss, where the aging individual becomes physically and mentally less able to cope with everyday life and gradually "disengages" with wider society. This issue of GRC News will hopefully present a more positive perspective. Gareth Jones argues that in an aging and sedentary society, we can make a big difference to our health and well-being through exercise. The articles by Michael Campo and Barry Worsfold also point out that the care we provide in nursing homes can make a big difference to the quality of life of residents. This edition of the News also provides details of the upcoming Friesen Conference that will focus upon population aging and climate change.

Environmental Scan and Critical Analysis of Elder Abuse Screening, Assessment and Intervention Tools for Canadian Health Care Providers

by **Charmaine Spencer**, LLM, Adjunct Professor & Research Associate -- Vulnerable Populations, SFU Gerontology Research Centre

Over the past two decades, Canadian health care providers have been looking for effective ways to identify older adults who may be experiencing abuse in order to better meet their needs. This research paper critically examines over twenty abuse screening, assessment and decision making tools in use, along with the health care context in which abuse screening and assessment are expected to occur in Canada. It examines the strengths, limitations, research evidence, and current use of each. Screening and assessment in this area can be a supportive activity to link seniors with appropriate help and resources, or it can be a surreptitious exercise done without the older adult's knowledge or consent. In marked contrast to abuse screening for domestic violence against women which centres on women's reports of current harms, many tools currently used with older adults draw on suspicions or impressions, and try to predict future risk of harm, often based on nonspecific indicators. While professional awareness, knowledge and capacity to engage clients and enhance their trust and confidence are all key components of an effective detection and response system, the current emphasis is on "quick and easy" tools and processes. The use of screening and assessment tools at the local or provincial level is affected by many factors, of which evidence of its validity may play a relatively minor role. Indeed, some widely promoted tools such as the abuse questions in the InterRAI and the ODIVA in Quebec are particularly problematic. Screening of older adults may lead to individuals being labeled as victims and family members labeled as abusers; may initiate a process of further investigation; and it may infringe on rights. For that reason, the tools used must have a reasonable degree of accuracy; consider the diversity of seniors in Canada; and the approach used must not cause further harm.

Spencer, C. (2009). "Environmental Scan and Critical Analysis of Elder Abuse Screening, Assessment and Intervention Tools for Canadian Health Care Providers", prepared for Public Health Agency of Canada.



SOCIALIZING IN LONG-TERM CARE

Exploring the nature of social interaction among people with dementia

by **Michael Campo**, PhD Student, MA (Gerontology), Department of Gerontology, Simon Fraser University

According to recent figures, over 196,000 older adults in Canada reside within long-term care facilities (Statistics Canada, 2008) and it has been estimated that the prevalence of dementia among those residing within these facilities is over 50% (Graham et al., 1997). As the proportion of institutionalized seniors with dementia continues to increase, it is important that we construct supportive and therapeutic environments that are responsive to the needs and preferences of these seniors. Specifically, the importance of socialization and relationships for people with dementia is increasingly being recognized as a vital component to well-being and quality of life (Bourgeois & Hickey, 2009; Kitwood & Bredin, 1992). Unfortunately, institutionalized seniors with dementia are quite susceptible to decreased social engagement and have been found to spend very little time interacting with others (Diaz Moore & Verhoef, 1999).

Social interaction is a product of several factors including: individual attributes such as sensory impairment (e.g. Cook, Brown-Wilson, & Forte, 2006); social environmental factors such as the philosophy of care subscribed to within the facility (e.g. McAllister & Silverman, 1999); and physical environmental factors such as the quality and quantity of social spaces (e.g. Diaz Moore & Verhoef, 1999). To facilitate social interaction and integration the focus has traditionally been put on developing recreational activities and programs for residents. There is no doubt that these programs are beneficial and serve an important purpose in promoting social interaction, however few researchers have directed their attention at comprehensively understanding informal social interaction – that is, the spontaneous contact between residents and others that occur outside of planned activities and formal care practices – and the ways to facilitate these types of interactions. It is argued within this investigation, that it is through these informal types of interaction that individuals residing in long-term care settings are able to gain the therapeutic benefits of social engagement.

As a result, the purpose of my investigation was to provide insight into the nature of informal social interactions, by documenting the type, level, and expression of such interactions between people with dementia and other residents, staff, or visitors within a dementia care setting.

METHODS

A multi-method approach to data collection was employed within two Special Care Units (SCUs) located within separate long-term care facilities in Vancouver, BC. In particular, ethnographic observations including resident behaviours and locations across all public spaces were documented to gain insight into the informal social experiences of those residing within these SCUs. In-depth interviews with care staff members were also completed to gain an insider's perspective of informal social interaction within the SCUs. In total, 10 interviews and 70 hours of observations were completed across all public spaces in these SCUs. Data collected was transcribed and analyzed to identify emergent themes and concepts as they related to the nature of informal social interaction.

RESULTS

This investigation revealed that residents within both SCUs engaged in informal social interaction in fewer than 40% of the observations taken. Interestingly however, a majority of these interactions (approximately 60-70%) occurred between residents and other residents, indicating that peers are indeed a crucial source for social engagement in SCUs. Despite the finding that residents with dementia spend most of their time in public spaces not interacting with anyone, when they do engage with others, the behaviours expressed were varied and included several types of informal social interactions. The key types of interactions observed are highlighted and discussed below.

RECENT CENTRE ACTIVITIES

PUBLICATIONS

Gutman, G.M. (2010). Population ageing and apocalyptic demography: Separating fact from fiction. In L.B. Knudsen & A.L. Olsen (Eds.), *Our demographic future – a challenge: On the need for demographic analyses*. Scandinavian Population Studies, Volume 14. (pp. 11-36). Aalborg Oest, Denmark: Aalborg University Press.

Koehn, S., Spencer, C., & Hwang, E. (2010). Cultural and legal dimensions of sponsorship. In D. Durst & M. MacLean (Eds.), *Diversity and aging among immigrant seniors in Canada*. Calgary, AB: Temeron Books.

Mitchell, B.A. (2010). Happiness in midlife parental roles: A mixed methods analysis. *Journal of Family Relations*, 59(3), 326-339.

Mitchell, B.A. (2010). Midlife marital happiness and ethnic culture: A life course perspective. *Journal of Comparative Family Studies*, 41(1), 166-183.

Neufeld, E., & O'Rourke, N., & Donnelly, M. (2010). Enhanced measurement sensitivity of hopeless ideation among older adults at risk of self-harm: Reliability and validity of Likert-type responses to the Beck Hopelessness Scale. *Aging & Mental Health* 14(6), 752-756.

O'Rourke, N., Neufeld, E., Claxton, A., & Smith, J.Z. (2010). Knowing me – knowing you: Reported personality and trait discrepancies as predictors of marital idealization between long-wed spouses. *Psychology and Aging*, 25(2), 412-421.

Wanless, D., Mitchell, B.A., & Wister, A.V. (2010). Social determinants of health for older women in Canada: Does rural/urban residency matter? *Canadian Journal on Aging*, 29(2), 233-247.

Wister, A.V., Malloy-Weir, L., Rootman, I., & Desjardins, R. (2010). Life-long educational practices and resources in enabling health literacy among older adults. *Journal of Aging and Health*, 22(6), 827-854.

VERBAL COMMUNICATION

Verbal communication accounted for approximately 42% of all informal social interactions identified during observations taken. Within these verbal forms of communication, two distinct patterns emerged within the data.

Generally speaking, 'active verbal communication' encompassed two key elements not observed in other forms of verbal communication. First, speech between conversation partners was exchanged more than once or twice and included more than a few words per sentence. Second, speech between conversation partners was sustained over a period of time greater than 30 seconds. Approximately 14% of all informal social interactions observed within both SCUs were active verbal communications.

In contrast, 'brief verbal communication' was characterized by verbal exchanges which occurred very quickly. While some words or mumbles were spoken, the hallmark of this type of informal social interaction is that speech was limited to a few words, mumbles or a short sentence. This type of verbal communications represented approximately 28% of all informal social interactions observed.

TOUCHING

Interacting with others through touch was found to be an important behaviour within both SCUs and accounted for approximately 7% of all informal social interactions observed. These interactions were expressed in a variety of ways including soliciting someone's attention (e.g. tapping a shoulder), greeting someone or through friendly touching (e.g. shaking hands), and more discreetly, as an expression of intimacy (e.g. rubbing, holding hands). Residents who engaged in social interactions involving touching appeared to have an emotional connection to the person they were interacting with, much more so than the connection one may feel when encountering an acquaintance. This implies that residents may form meaningful relationships or even friendships within SCUs.

GESTURING

The use of gestures was by far the

most commonly observed non-verbal informal social interaction within both SCUs as it accounted for approximately 25% of all social interactions observed. Gestures observed within SCUs were grouped into two broad categories. The first included interactions where gestures were used in conjunction with verbal communications, usually in order to complement them, whereas the second category included circumstances where gestures were used in lieu of verbal communication. Collectively, head nods and hand waves were quite common and signified expressions of acknowledgement, salutation, agreement, thanks and gratitude. However in some instances, the complexity of gestures was fascinating. For example, it was observed that some resident had in essence developed a language through hand movements to give instructions to express desires, and to converse. In other cases, care staff recognized certain body movements in specific residents (e.g. jerking or shifts in body posture) as an expression of certain needs or emotions, such as excitement or the desire to interact with others. In all, these findings indicate that gestures are critical informal social interactions observed in people with dementia residing in SCUs.

GLANCING

The use of glances or eye gazes to interact with others was also commonly observed. In total, 15% of all observations included this type of informal social interaction. Within both SCUs this type of behaviour was characterized by individuals staring and making eye contact with others and was often accompanied by a smile or other facial expressions. In the most straightforward of instances, residents would stare at each other for varying amounts of time. In other situations, eye contact would be made very briefly while in passing, however in others, eye contact and movements were used to communicate certain messages (e.g. shifting eyes to the right while looking at someone, to indicate "go over there"). Observations involving glancing were not always easy to detect, however they highlight the diversity and minute details of social interactions within SCUs.

OTHER INTERACTIONS

Lastly, there are certain behaviours and interactions which did not easily fall into any of the other types defined. While these only accounted for less than 3% of informal interactions observed, these interactions warrant further description and inclusion into our definition of social interaction as they highlight the range of social behaviour exhibited in SCUs. For example, on certain occasions, informal social interaction between residents occurred through the use of objects located within the SCU environment (e.g. chairs, books, cups). These types of interactions were expressed as a way of helping others without any direct physical contact between individuals. Additionally, the proximity between individuals is another important consideration. During some observations, as specific pairs of residents would come in close proximity (i.e. almost touching, shoulder to shoulder) to one another, they would begin making small shifts in their body position which effectively minimized the distance between the two individuals, despite the availability of space surrounding these residents. In these cases, simply being close to another person was satisfying and suggests that residents derive a great deal of meaning from these non-traditional forms of interaction.

IMPLICATIONS FOR PRACTICE

This investigation showed that although residents in SCUs do not engage with others on a frequent basis, the range and nuances of informal social behaviours expressed within the day-to-day lives of SCU residents are quite varied. Specifically, the results highlight the need to broaden our perception of what constitutes informal social interaction behaviour within a dementia care setting. From my interviews, it became evident that care staff do not readily recognize the broad range of informal social interaction types (aside from verbal communication and to some extent, gesturing and touching) occurring in SCUs, despite the array of informal social interactions I observed throughout this research. Thus in terms of bridging these findings into practice, I feel it is important to train care staff and develop policy at an institutional

level, that recognize the nuances of informal social interaction such that we can create further opportunities to facilitate social behaviour in SCUs.

For further information, please contact the author at michael_campo@sfu.ca

[*EDITOR'S NOTE: This article is based on Michael Campo's thesis: Campo, M. (2010). The role of the social and physical environments in informal social interaction among people with dementia residing in special care units. M.A. Thesis, SFU Department of Gerontology (Supervisor: H. Chaudhury).*]

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GERONTOLOGY GRADUATE CAUCUS UPDATE

by **Michael Campo** (PhD student, Gerontology) on behalf of the Gerontology Graduate Caucus

The Gerontology Graduate Caucus (GGC) looks forward to embarking on yet another enjoyable and productive academic year.

In the coming months, the GGC will be gearing up to once again host our annual **Careers Night in Gerontology** (Date TBD – Spring 2010). This event brings together gerontology students and professionals working in aging-related fields and provides an opportunity for these individuals to share ideas, research interests and network with one another. If you would like to be included on our guest list, please contact the GGC.

The GGC will also be organizing a team to participate in the **Walk for Memories** in support of the Alzheimer's Society of British Columbia on Sunday, January 30th, 2011. Rain or shine, the 5 km walk through beautiful Stanley Park is always an enjoyable experience and money raised goes directly to the Alzheimer's Society in support of their community outreach and information programs. Please consider joining our team or supporting us through donations. For further details, please contact **Ashleigh Wilson** using the e-mail address below.

At this point, we would like to introduce the 2010/2011 GGC Executive Committee. Taking on the role of GGC Chair is **Ashleigh Wilson**. **Kim McKercher** will serve as the Vice Chair and Social Coordinator and **Jennifer O'Hagan** will remain on the executive committee as the Treasurer. **Katherine Clark** is the new GGC Secretary and **Maia Hillen** will be the SFU Gerontology Representative to the Graduate Student Society (GSS). The GGC would like to thank the outgoing 2009/2010 GGC Executive Committee for their support and efforts throughout the past year.

On behalf of the GGC, we would also like to congratulate and welcome three new graduate students to our MA program: **Joanne Franko**, **Katherine Clark** and **Kim McKercher**.

To learn more about the GGC, please contact Ashleigh Wilson (GGC Chair) at ashleigh_wilson@sfu.ca

RECENT CENTRE ACTIVITIES

IN THE NEWS

Dr. Gloria Gutman, was interviewed by or featured in:

CFAX Radio, Victoria, talking about the discovery of a genetic signature to longevity. This from U.S. scientists who have been analyzing the DNA of the world's oldest people.

CKWX 1130 on the increasing number of seniors in the labour market. She said the Statistics Canada numbers don't take into account seniors in the middle-income bracket who lost their jobs due to the recession in 2008 and will likely seek work again as the economy improves.

CBC Radio discussing the 17 senior wellness parks built around the province at a cost of \$1.8 million. Only a handful of the parks, which are designed with equipment specifically for seniors, are being used.

"Vancouver conference aims to keep elderly healthier and working longer." *Vancouver Sun*, May 2010.

"Believe and you will succeed": Gutman." *UWO News*, June 2010.

"Fears of ageing baby boomer tsunami overblown, says medical expert" *Edmonton Sun*, September 2010.

Dr. Barbara Mitchell: "How'd they do it? 20 couples share their marriage secrets." *Globe and Mail*, May 2010.

"Baby boomers: are they more sexually adventurous? Turns out, getting older actually makes for a more satisfying sex life." *Macleans*, September 2010.

CBC Radio did a national documentary on Barbara Mitchell's book, *The Boomerang Age: Transitions to Adulthood in Families that focuses on twentysomethings who are becoming known as The Boomerangers*.

Full story: <http://at.sfu.ca/scUALp>

Dr. Andrew Sixsmith: "Silver haired, and seeking gold." *Burnaby NewsLeader*, August 2010.

Dr. Andrew Wister: "Boomers are far less fit than their parents were: Not that they're inclined to believe it" *By Cathy Gulli, Macleans*, September 2010.

the prevention of disease and the maintenance of good health. However, current evidence suggests that daily physical activity recommendations may not be enough to address the myriad of complex health conditions (e.g. obesity, frailty) associated with aging and inactivity. The scientific evidence is clear (Paterson, Jones and Rice, 2007) in order for our bodies to keep working the way we want them too, then we need to exercise at moderate to vigorous intensities (work hard) for no less than 30 minutes per day, with a goal of achieving 60 to 90 minutes per day. Why so much?

The fact is that as our contemporary modern society continues to evolve the convenient ways of our lifestyles, actually factor out physical activity. Technology has created many rewards, but the cost of making our lives easier and alleviating our bodies from physical tasks that they were designed to do, might actually be at the cost of our health, for our ease. Arguably, in a modern society where the automobile, cell phone and social virtual networks are the norm, it becomes increasingly more difficult to use our bodies in the way they were intended. We no longer have to walk over and talk to someone when it's much easier to send a text message rather than convey our message in person. Physical activity (walking, household chores, laborious work) are all on the decline and physical inactivity (screen time, automobile travel, less active jobs) are all on the increase. These changes in our physical activity habits and our poor dietary choices provide the fuel for the obesity epidemic observed in young and old throughout North American society. Simply, in today's contemporary society we can't get enough physical activity, making it next to impossible to achieve what is known to be necessary for preventing disease and maintaining health and functional independence.

As our population demographics continue to evolve towards a more mature society there will inevitably be a progressive reduction in physical activity or at least we will have factored it out of our life. Therefore, consider that 'exercise' now comes of age.

Exercise is considered a subcomponent of physical activity, that is defined as being structured

physical activity that requires repetitive movement of large muscle groups that is performed at an intensity and duration that engenders a meaningful fitness benefit (i.e. improves cardiorespiratory fitness, muscular strength, body composition, flexibility and balance). If we were to plan exercise into our daily routine then we wouldn't have to be so concerned about how much physical activity we've accumulated at the end of a day. Like daily hygiene, exercise becomes an essential activity of daily living. It must, if we are to age well. So how much do you need to do?

An assessment of all research related to exercise and physical activity requirements for older adults were recently completed (Paterson & Warburton, 2010). If one participates in structured exercise at moderate to vigorous intensity (somewhat hard, challenging) for more than 10 minutes each session for a total of 3 hours per week, this recipe will reduce one's risk of becoming dependent in later life by 30-60%, depending on how hard you want to challenge yourself. Much like an Olympic athlete, you need to adopt a daily exercise training regime which includes both aerobic exercise (3 times per week) and resistance (lifting weights) exercise (2 times per week). Many older adults have already followed this recipe for maintaining independence and some have taken it to extreme levels, enough so that they can compete at the elite level against much younger athletes, even at the Olympic Games.

It's true, older adults competing at the

Olympic Games has been a reality since 1908 when at age 60 years Oscar Swahn won his first gold medal in shooting. He later participated in subsequent Olympics (1912, 1920) becoming the oldest athlete and oldest medalist at 72 years of age. But, that was then, what about now? Consider Ian Miller winning a silver medal at age 62 at the last summer Olympics. The average age of Olympic athletes continues to increase with each Olympics Games as training methods improve and financial resources are readily available to keep them on top of their game. Beyond the Olympics, participation and competition in Master's (middle age to older adults) athletic events is flourishing for both winter and summer sports. Older adults are breaking down aging stereotypes and setting new limits on what older persons can use their bodies to accomplish whether that be running marathons or simply staying independent at home.

Aging adults must think like Olympians every day, at least on a relative level when it comes to daily exercise to improve fitness and mitigate the effects of chronic disease. When exercising, older adults should pick-up the pace '**Citius**', set higher goals '**Altius**', and get stronger '**Fortius**'. If older adults were to adopt these Olympian values aging may become a positive life experience rather than one that is often associated with decline. As our contemporary society becomes older and less active, exercise truly comes of age as a means to lessen dependency and improve our chances of aging successfully.



Gareth Jones PhD, CSEP-CEP (Assistant Professor, Human Kinetics, Faculty of Health and Social Development, UBC Okanagan, Kelowna, BC.)

(Editor's Note: This article is based upon a presentation made by Dr. Jones at the GRC's 2009 Friesen Conference: "Exercise like an Olympian: My message to an aging society". In the spirit of Dr. Jones's article, several of us have endeavoured to 'live up to' the ideal of exercising like an Olympian. Our Director Dr. Andrew Sixsmith completed the IRONMAN WORLD CHAMPIONSHIP in Clearwater FL finishing 926 out of a total field of 1750 and

49th in his 50-54 age category! At age 55, I set out this past year to double my usual 1-hour three-part weight/stretch/abs-exercise regimen from an average of 115 cycles per year that I've maintained over the past three years. To-date, I've completed 222 cycles in addition to logging almost 3000km walking.



GERONTOLOGY RESEARCH CENTRE

NEEDS YOUR SUPPORT

The SFU Gerontology Research Centre and the SFU Department of Gerontology are seeking your tax-deductible donations to support our research, teaching, and public awareness efforts in the area of seniors' issues. Please visit the GRC website homepage and select the DONOR LINK to download a PDF-version of our DONOR SUPPORT FORM. Thank you!

<http://www.sfu.ca/grc/>



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.

DONOR RECOGNITION 2008-2010

The Gerontology Research Centre and Gerontology Department gratefully acknowledge the following corporations, associations, and individuals who donated funds between April 1, 2008 and March 31, 2010 in support of the Centre, student awards, or specific projects such as the Dr. Tong Louie Living Laboratory. Over and above these gifts, we also gratefully acknowledge the ongoing support of our founding donors whose gifts keep on giving via the interest generated on endowment funds.

Rudy Aulinger Award
German Canadian Benevolent Society of B.C.*

B.C. Old Age Pensioners Organization Scholarships
Old Age Pensioners of B.C. Scholarship Society

David & Rachelle Chertkow Healthy Families Prize Fund
Gloria Gutman

Israel Chertkow Memorial Scholarship
Gloria Gutman
Roslyn McKoen
Norm O'Rourke

Isabel Dawson Memorial Scholarship
Norm O'Rourke

Fung Chan Yee Shan Memorial Endowment Fund
Catherine K. Yeung*

John K. Friesen Conference Series Endowment Fund
Gloria Gutman
Thomas Kinloch

Ellen M. Gee Memorial Lecture Series in Gerontology
Gloria Gutman
Marina Gutman
Dr. Samuel Gutman
Jennifer Holley
Gary Poole

Jean Whitred
Eldon Yellowhorn

Gerontology Alumni Association
G.A.B.C. Chuck Bayley Memorial Scholarship Fund
Trasey Allen
Jessie Childe
Veronica Doyle
Jane Ellis
Suzanne Girard-Fortier
Diane Roy
Jane Simms
Mary Unger

Barbara Guttmann-Gee Lectureship Endowment
Andrew Sixsmith
Andrew Wister

Keith G. Loughlin Endowment Fund
Keith G. Loughlin.*

Gerontology Research Centre Endowment Fund
Estate of Ada George*
Imperial Oil*
Real Estate Foundation of B.C.*
Shoppers Drug Mart*
Lisa Ort
Jean Whitred

Fred Silber Memorial Lectureship
Gloria Gutman
Andrew Sixsmith

Dr. Tong Louie Living Lab Endowment Fund
Canada Life Assurance Company*
Imasco Limited*
London Drugs Limited*

E. G. (Robbie) Robertson Scholarship in Gerontology
Royal Canadian Legion #43 - Prince George

Squibb Canada Gerontology Fund
Squibb Canada*
Andrew Sixsmith

* Interest from prior years' major gifts

GERONTOLOGY AWARDS

2010 RECIPIENT LIST



L.toR.: Kara Hay and Maia Hillen receive Old Age Pensioners of B.C. Scholarship Society award from Betty Bolton

Old Age Pensioners of B.C. Scholarship Society (\$1000 each): Kara Hay; Maia Hillen

Royal Canadian Legion Geriatric Nursing Bursary (\$2000): Jennifer O'Hagan

Fung Chan Yee Shan Memorial Scholarship in Gerontology (\$1060): Amir Moztar-Zadeh

German-Canadian Benevolent Society of BC Aulinger Award in Gerontology (\$620): Karina Hackett

Graduate Fellowships (\$6250 full; \$3,125 half)
Spring 2010: Natalia Polchenko (full); Ashley Waldoch (half)
Fall 2010: Ashley Waldoch (half); Annette Altman (full); Katherine Clark (full); Kim McKercher (full)

Pacific Century Graduate Scholarship (\$10,000): Nataliya Polchenko

Targeted Special Graduate

Entrance Scholarship (PhD) (\$9000): Michael Campo

Isabel Dawson Memorial Scholarship in Gerontology (\$600): Kahir Lalji

GABC Chuck Bayley Memorial Scholarship (\$900): Ashleigh Wilson; Ravin Kahlon

Travel and Minor Research Award given to encourage students to attend conferences (CAG, GSA) to present their research or to travel to undertake research (\$320 each):

Yongjie Yon; Krista Frazee; Anthony Kupferschmidt; Teresa D'Elia; Michael Campo

E.G. Robbie Robertson Scholarship for Diploma student based on high academic achievement (\$1,000): Kathleen Saunders

Al Eisenring for Minor and Diploma students (\$1,000): Kayla Cyr

Israel Chertkow Memorial

Scholarship for top graduating Diploma Student (\$500): Kimberley Mckercher

Keith Gilbert Loughlin Bursary (approx. \$1,000): Laura Belanger

Marie Magrega Memorial Graduate Award in Gerontology (\$1,000): Jennifer O'Hagan

SSHRC: Joseph-Armand Bombardier Graduate Scholarship – Masters (\$17,500): Karina Hackett; Eddy Elmer; and Amanda Wilhelm (2009/2010); Nataliya

Polchenko (2010/2011)

Canada Graduate Scholarship – Doctoral (\$105,000): Glenyth Caragata-Nasvadi

David & Rachelle Chertkow Healthy Families Essay Prize (\$500): Yongjie Yon

Mark Nussbaum Graduate Research Fellowship in Gerontology (\$2,500 each): Ashley Waldoch; Ashleigh Wilson

Lillian Zimmerman Graduate Scholarship in Gerontology (\$500): Maia Hillen.



Jennifer O'Hagan receives Royal Canadian Legion Geriatric Nursing Bursary from Commander Gerry Vowles

GRADUATE AND UNDERGRADUATE COURSES IN GERONTOLOGY

For information about enrolling in the PhD, Masters, Diploma, or Minor in Gerontology contact:

Anne Marie Barrett
778.782.5065

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

RECENTLY COMPLETED THESES & PROJECTS

Campo, M. (2010). *The role of the social and physical environments in informal social interaction among people with dementia residing in special care units*. M.A. Thesis, SFU Department of Gerontology (Supervisor: H. Chaudhury).

Despite a continued recognition of the importance of relational aspects of quality of life for people with dementia, little research has been conducted to examine the social dynamics within dementia care settings. The purpose of this study was to explore the nature of informal social interaction among people with dementia residing in special care units and to provide insight into the role of the social and physical environments in facilitating or hindering these spontaneous interactions. An ethnographic approach was used including in-depth interviews with staff members and resident observations. Findings revealed that residents within special care units engage in seven types of informal social interactions. Additionally, this study found that a variety of social environmental factors and physical environmental features play a crucial role in influencing resident's informal social interactions. This study underscores the importance of developing policies and design guidelines that recognize and promote informal social interaction within such settings.

[EDITOR'S NOTE: Please see the article based on Michael Campo's thesis elsewhere in this newsletter.]

Hay, K. (2010). *Exploring the quality of life of younger residents living in residential care facilities*. M.A. Thesis, Department of Gerontology (Supervisor: H. Chaudhury).

The purpose of this qualitative study is to explore the characteristics of the quality of life of younger residents in residential care facilities, and to gain an understanding of the important factors that contribute to their quality of life. Multiple methods were employed to collect data, including younger resident in-depth interviews, focus groups with staff members, and interviews with a member from the management team at two residential care facilities in British Columbia, Canada. The data analysis revealed four main themes, each containing a number of specific codes: (1) A New Chapter in life; (2) Experiencing Quality of Life; (3) Staying Engaged and (4) Social Life. These themes outline the characteristics of the younger residents' quality of life and the important factors that contribute to it. The results are beneficial for understanding younger resident quality of life needs and providing person centred care that is appropriate for this population.



Cummings, Linda (2009). *Changes in the influence of socio-economic status on obesity among aging Canadian baby boomers*. M.A. Thesis, SFU Department of Gerontology (Supervisor: A. Wister).

A trend analysis was conducted on the influence of socio-economic (SES) status on obesity levels in Canadian baby boomers over time. Two, large scale national studies conducted 10 years apart were analyzed. Riley's Social Change Model was used to frame how the influence of SES on obesity will converge over time due to social changes to food production and eating habits coupled with reliance on modern technology. Partial support was found for convergence of SES and obesity associations over time, including interesting differences by sex. Findings from 1994 data indicate that measures of SES decreased the odds of obesity among males, while working status increased the odds of obesity for females. In 2004, associations for males show that measures of income were positively associated with obesity, while post-secondary graduation showed an opposite association. In 2004, associations for females show an inverse association between measures of education and obesity.



Larsen, A. (2010). *Exploring gender differences in the outcome of a self-care intervention to reduce cardiovascular disease risk*. M.A. Thesis, Gerontology Program (Supervisor: H. Chaudhury)

A multitude of gender differences exist in relation to primary prevention of cardiovascular disease. Thus, a gender-based approach to interventions for cardiovascular risk has been identified as the ideal. However, there is a research gap as to what strategies such interventions should include. This investigation explored gender differences in the effectiveness of a cardiovascular risk reduction intervention, the Cardiovascular Health Best Practices Project. The intervention was successful for females but not for males. Gender differences in self-care patterns for physical activity, weight loss, and stress, as well as health care utilization, did not contribute to these findings. Future research should identify which strategies were effective for females as well as explore strategies for risk reduction among males, and future intervention analyses should assess outcome by gender.

Please note that the SFU Department of Gerontology website <http://www.sfu.ca/gerontology/> features a number of theses produced by our graduates in full-text in PDF-format: http://www.sfu.ca/gerontology/program_info_more_info/theses/



INITIATIVES IN IN-SERVICE EDUCATION IN LONG TERM CARE FACILITIES

by **Barry Worsfold** (M.S.W., Dip. Gerontology, Adjunct Professor, SFU Department of Gerontology)

[EDITOR'S NOTE: The following article is a follow-up of "Nursing home education program with a difference" written by Barry Worsfold in GRC News 25(3) in 2006 which can be read in PDF-format on our GRC website - <http://www.sfu.ca/grc/grcnews>]

In 2007-2008, a skilled nursing care facility in the White Rock/South Surrey area of the lower mainland in B.C. decided to develop a project to train their staff using an external educator on a contract basis. The approach was innovatory in several respects. Firstly, the training was to be directed to all staff levels from registered nurses to house-keeping and dietary aides. This idea of mixing staff levels is novel. Frequently, educators feel that educational sessions must be practice related and do not recognize the true interdisciplinary and team aspects of working in the long term care environment. Management wanted to encourage and build on team work concepts and the ideas of interdisciplinary problem solving. Secondly, staff was given an incentive to attend the training sessions by being paid. Those on shift, were allowed time away from the work area and they were covered by staff called in for the purpose and others came in on their off duty hours, but received a salary while attending the sessions. This was a conscious management decision to encourage attendance and to foster the opportunity for all staff levels to interact around a specific educational topic. Previously, staff would be invited to come to educational sessions, but would often not attend due to a lack of incentives.

There were two sets of sessions arranged. The first was a 12 session dementia care series. Each segment of this series would be offered twice, to allow the maximum number of available staff to attend. Each session had a sign-up sheet and the staffing attendance and coverage was coordinated by the Director of Care. Approximately 25 staff attended each session each time it was offered. By the end of training, about 70% of the staff of the facility had been able to attend the majority of the sessions in series one. I used a variety of techniques to ensure the maximum

participation, on-line quizzes to test threshold knowledge, highly interactive sessions with staff participation, small group buzz projects, role playing and before and after knowledge checks. The content of the lectures were on power point which were later printed and then a binder prepared to be placed in the main library area of the facility. A copy of this was made for the Director of Care. At the end of series one, an evaluation questionnaire was given, tabulated by me and results reviewed with the Director of Care and the Facility Administrator. The staff attending had many good ideas about the resources they required to carry out their work and the kind of ongoing training they required to improve their practice skills and knowledge base.

Series Two was planned to cover 6 sessions on Death and Dying. This was based on the premise that long term care facilities along with hospitals, are the places where most of the frail elderly spend their last years or months prior to their death. End of life care has become a major concern for the clinical staff as all staff are exposed to the issues faced by individuals and families as they approach deal with this issue. This series had input from the facility Pastor who gave one session which as before was repeated. Again the same approach was used as in Series One, and the logistics of attendance was managed by the Director of Care. At the end of this series, another staff evaluation was conducted, which again gave the facility management excellent feedback on how they might improve their palliative services.

Does this kind of training work? As the Educator, I am always concerned that the participants take away some new learning or take time to review their previous skill sets and update them. We need to see if education such as this translates into new practice

relationships and that knowledge gained is incorporated and integrated into practice. My sense is that it was useful for all levels of staff to hear their colleague's perceptions of the work and the work-place. The work environment and the team concept are often misunderstood and underplayed. Management got some excellent feedback in a non-threatening way and was able to review this in terms of future training, accreditation preparation and staff mixes for service delivery.

Simon Fraser University Gerontology Research Centre hosts

8TH ELLEN M. GEE MEMORIAL LECTURE:

For the **8th Ellen M. Gee Memorial Lecture**, held on November 12, Dr. Leroy Stone (Adjunct Professor, Department of Demography, University of Montreal) presented a lecture entitled, "Personal Retirement Risk Management: Who is Doing Well and Who Needs Help".

Dr. Stone's lecture dealt with how systemic changes have been making retirement related risk management more complex for pre-retirees in a number of countries, including Canada. He explained how this process has been enhanced by the 2007-2009 financial crisis and the consequent new troubles facing older workers in the North American labour market and how important aspects of these challenges have special significance for women who will live very long lives. The presentation on who is doing well and who needs help included some details for British Columbians.

2010 SENIOR LEADERSHIP AWARD FOR SERVICE

by **Lillian Zimmerman**, MSW, Research Associate in Gender Issues, SFU Gerontology Research Centre

A highlight for the SFU Gerontology Research Centre is the presentation of the Senior Leadership Award, which this year marks its 8th year. This year the organizing committee [Raymond Adams, Gloria Gutman and Lillian Zimmerman (Chair)] is presenting awards to an unprecedented high number of recipients. This is because no award was made in 2009. The Award Ceremony took place on November 12, 2010 on the occasion of the 8th Annual Ellen Gee Memorial Lecture.

Here is a brief summary of this year's recipients:

Kehar Singh Aujla is a dedicated volunteer with the Volunteer Grandparents, who has been involved with this non-profit organization for several years. This group supports and encourages multigenerational relationships and the concept of the extended family. In addition, he devotes numerous hours in other volunteer capacities. He has been a long time volunteer with the Burnaby General Hospital Burnaby City Hall, Burnaby Village Museum, the Shadbolt Centre for the Arts and his own community Sikh temple.

Georgie Cole a long time community activist, is recognized for the work she has done for children and families in South East Burnaby. Together with a group of like-minded citizens she formed the Eastside Opportunities Society. She is actively involved in the Eastburn Area Senior Centre and has sat as a Board Member for the past 27 years. She is a tireless volunteer and advocate of children, families, education

and community issues in Burnaby for over 40 years.

Serge Haber, a native of Rumania, came to Canada in 1950 and has demonstrated his ethos of serving the community and has volunteered his entire life. He has served on the board of the Louis Brier Home and Hospital for 17 years, and served on the Jewish Federation Social Planning and Allocation Committee of the Jewish Federation of Greater Vancouver. He was a member of the Jewish Seniors Advisory Council of Vancouver since 1992, and served as its president in 2001. He undertook the leadership mantle and formed the Jewish Seniors Alliance of Greater Vancouver in 2001, which has grown from a few dozen members and a budget of \$8,000 to an organization of 700 members and a budget of over \$100,000.

Mary Horton is a highly active volunteer at Bonsor Recreation Complex through Seniors Services and Bonsor 55+ society, and is currently President. Her dedication and enthusiasm have been invaluable in her roles at Bonsor and with Special Event Planning, Fundraising, Volunteer Recognition,

Senior Games, Publicity and Promotions Committee as part of her accomplishments. Among other achievements, she single-handedly raises thousands of dollars in cash and goods from local

business towards the Bonsor Senior Services, and supported the purchase of a 24 passenger mini-bus.

Grace Joe has shown unwavering commitment to the community and to the needy and less fortunate for over 45 years. Much of Grace's time is devoted to helping seniors in the community. She volunteers for Burnaby Citizens Support Services, was a health promotion advocate and Seniors Wellness program. In addition, she was a volunteer support worker with the Burnaby RCMP Victim Services program, and sat as a volunteer Citizen Representative on the City of Burnaby's Community Policing Program, among numerous other volunteer activities.

Thomas Mark is an active resident of the Mulberry Retirement Residence who has devoted himself to establishing a resident games night, organized tournaments and joined other committees. He was in the Royal Canadian Air Force during World War Two, stationed in England following which he became a businessman. He became a volunteer with the Burnaby Health Department Volunteer Services, and was known as "The Bird Man of 14th Ave." welcoming children and school field trips to his backyard aviary, telling stories and teaching about the canaries, finches and budgies who lived there.

BC Hydro Power Pioneers was formed in 1990, and is celebrating its 20th Anniversary. The organization represents BC Hydro retirees with 15 branches across BC and a membership of 2600. It partners with several organizations, and supports over 200 charities including senior centers, health organizations, food banks and soup kitchens, to name a few. Members are between 50 and 95 years who contributed over 80,000 hours of volunteer time.

These very brief *vitae* give us a glimpse of the exemplary contributions of senior volunteers – volunteers who quietly make a profound difference in the lives of seniors and their communities in BC. The SFU Gerontology Research Centre is very happy to provide them with this recognition.



[PHOTO: L-TO-R: Lorilee Koltai, BC HYDRO, Mary Horton, Thomas Mark, Grace Joe, Kehar Singh Aujla, Georgie Cole, Serge Haber, and Mrs. Haber (not a recipient, but holding flowers presented to Serge)]



Save the Date

20th John K. Friesen Conference

Growing Old in a Changing Climate: Exploring the Interface Between Population Aging and Global Warming

May 25-26, 2011

SFU Segal Graduate School of Business | 500 Granville Street
Vancouver, British Columbia, Canada

Hosted by: Simon Fraser University | Gerontology Research Centre
For more information: email: fc2011@sfu.ca | web: www.sfu.ca/grc/friesen



The Gerontology Research Centre is proud to host The 20th John K. Friesen Conference on May 25th - 26th, 2011 at SFU's Segal Graduate School of Business in downtown Vancouver. The conference is entitled "Growing Old in a Changing Climate: Exploring the Interface Between Population Aging and Global Warming". Population aging and global warming are two of the biggest challenges facing humanity this century. How will they impact each other, and how will aging populations adapt to climate change? The 2011 conference program will address urgent health, research and policy challenges pertaining to population aging, global warming and climate change, not only in Canada but globally. For the first time, The Friesen Conference will be preceded by an invitational Think-Tank that will bring together an international, multi-disciplinary group of 30 researchers, health practitioners, policy-makers as well as other stakeholders and knowledge users.

The Friesen Conference will provide a test-bed and real-time opportunity for knowledge transfer of Think-Tank ideas and outcomes.

THE OBJECTIVES OF THE CONFERENCE ARE TO:

- Explore the complex, reciprocal effects that global warming and population aging will have over time;
- Elevate critical thinking on these issues beyond levels achieved through silo-based meetings and symposia;
- Generate new, cross cutting research ideas and collaborations;
- Provide a forum where researchers, knowledge users and policy makers can discuss strategies for adaptation and risk reduction.

CONFERENCE THEMES WILL INCLUDE:

- Inequities and vulnerability of older adults to the impacts of global warming and climate change;
- Canadian public health policy on climate change and population aging;
- Impacts of climate change on health of British Columbians;
- Strategic planning for adaptation and risk reduction of vulnerable populations, including older adults;
- International perspectives on climate change and population aging;

- Complex modeling of aging populations within changing climates;
- Older adult perceptions and behaviours toward global warming and climate change.

Dr. John Friesen was one of Canada's leading contributors to the field of adult education. Sadly, Dr. Friesen passed away in June of this year. The 2011 20th anniversary Friesen Conference will honour his memory with an innovative and expanded international program that is projected to draw the largest attendance to date.

For more information, go to www.sfu.ca/grc/friesen, or contact:

THE JOHN K. FRIESEN CONFERENCE SECRETARIAT

Email: fc2011@sfu.ca | Phone: 778.782.7972

Fax: 778.782.5066

Mailing Address: #2800- 515 West Hastings Street, Vancouver, BC, Canada, V6B 5K3

SAVE THE DATE MAY 25TH-26TH, 2011