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The GRC is the Secretariat of the International Society for Gerontechnology North American chapter with President Andrew Sixsmith, Ph.D.

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

Happy Hollidays
Joyeux Noel
I would like to extend my best wishes for the holiday season to all our readers. This issue highlights research conducted by our students as well as our faculty (see: GRC Seminar Series: THE ELECTRONIC SANDBOX, presented by Dr. Piper Jackson (Post-doctoral Research Fellow); and STAFF ATTITUDES IN LONG-TERM CARE, presented by Laura Booi (PhD Student, SFU Gerontology).

I am also pleased to announce another new publication, LIVING WELL AS AN OLDER ADULT WITH MULTIPLE CHRONIC CONDITIONS: AN ANNOTATED BIBLIOGRAPHY, that was prepared by Katherine Coatta (MA student, SFU Gerontology) and Dr. Andrew Wister.

The GRC hosted our 11th Annual Ellen M. Gee Memorial Lecture: Who Cares? Aging Boomers and Caregiving Policy in Canada that was presented by Dr. Janice Keefe to an over-capacity audience. This lecture also served as the venue for the presentation of our Senior Leadership Awards. This year 3 individual and 2 organizational awards were presented. As well, please note our SAVE-THE-DATE for the upcoming FRIESEN2014 conference. These public events demonstrate SFU Gerontology’s commitment to engagement beyond the usual confines of academe.

Our newsletters also highlight both the collaborative research links that the GRC has forged as well as our work in the area of housing and the built environment: CHÉOS Work in Progress Seminar Series – UNDERSTANDING QUALITY OF LIFE IN ASSISTED LIVING: INFLUENCE OF THE BUILT AND ORGANIZATIONAL ENVIRONMENT, presented by Dr. Sharon Koehn; the Round table discussion on Caregivers with The Honourable Alice Wong with Dr. Gloria Gutman representing SFU GRC; the article on SENIOR HOMELESSNESS IN METRO VANCOUVER: STRATEGIES AND BEST PRACTICES by Ryan Woolrych and Nora Gibson who collaborated with Lookout Emergency Aid Society, Homeless Seniors Community of Practice among other BC organizations; the 2nd International Conference on Age-Friendly Cities where presentations were made by Catherine Bigonnesse (Doctoral Student, SFU Gerontology) and Dr. Gutman; and HOUSING AND AGE FRIENDLY COMMUNITIES that was presented by Dr. Ryan Woolrych in Jeju, South Korea as a guest speaker and panel discussant presenting research on the role of assistive technology in supporting older adults to aging-in-place.

I would also like to take this opportunity to request your donor support for the Centre and Department to enhance our teaching and research efforts. I am sure that 2014 will see our existing collaborations go from strength to strength along with many exciting opportunities for new collaborations.
**THE ELECTRONIC SANDBOX: COMPUTATIONAL SIMULATION OF AN AGING SOCIETY**

Presented by **Dr. Piper Jackson** (Post-doctoral Research Fellow, GRC/MOCSSY).

[Editor’s Note: Dr. Jackson has worked on computer simulations of car thieves, urban residents, insurgents, rioters, and binge drinkers. In this talk, Dr. Jackson presented his research as examples of how computational methods can be used as part of social science exploration.]

A model is a description of a phenomena, entity, or system that captures our general understanding of that topic. As such, they tend to be simple, but this simplicity improves their utility and widens their applicability. Models are at the heart of how we interact with the world. Computing technology has allowed us to explore new ways of building and exploring models. Further, simply the process of developing software models can be useful in developing and testing theory, as we are forced to make our ideas explicit, and are able to test them in conjunction with one another.

There are several modelling techniques currently in use to investigate social phenomena. Fuzzy logic allows us to describe complex relationships between ideas and entities, and it can be used even when expert opinion is the only data available. Cellular Automata boil down local interactions to a grid of squares affecting their neighbours. Agent-based modelling constructs human actors who play out their behaviours and priorities in a simulated environment. These techniques were used in my research to model the social aspects of obesity, peer influence on binge drinking, and the movement of car thieves, respectively. I have also used hybrid models incorporating multiple techniques, such as a mixed Fuzzy Cognitive Map/Cellular Automata program that simulates crowd behaviour at public events.

Gerontology, due to its tight interweaving of the social and the scientific, is a natural subject for modelling. The history of modelling in gerontology includes efforts to generalize and improve gerontology practice, to capture the biological aspects of ageing, to apply economics to health care policy, and to understand complex phenomena such as fall events. Computational modelling has the potential to allow further exploration into these areas by making it easier to design, develop, and analyse complex models. This could help to increase stakeholder involvement in policy or planning decisions, emphasize the importance of preventative measures in health care, and improve our forecasts of ageing-related care needs.

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**STAFF ATTITUDES IN LONG-TERM CARE**

Presented by **Laura Booi** (PhD Student, SFU Department of Gerontology).

[Editor’s Note: Laura Booi is a third year doctoral student conducting a qualitative study in long-term residential care that examines three items surrounding the perceptions and attitudes nursing staff have of their residents. Firstly, how nursing staff attitudes and perceptions affect staff interactions with residents; secondly, how they affect the quality/quantity of care residents receive from staff and finally, the implications these attitudes and perceptions have for residents’ wellbeing and health in long-term care.]

The current literature shows that nursing staff provide the majority of direct care for institutionalised older adults with dementia and thus have the biggest impact on the quality of life of residents. Unfortunately, in all sectors of health care, there is a general lack of interest for work in gerontological or long-term residential care settings. This may be caused by less positive attitudes to older people and jobs associated with caring for them. As one could assume, attitudes and perceptions of residents directly relate to quality of care delivered.

Moreover, the burnout, sick days and employee turnover rates for nursing staff are significantly higher in long-term residential care facilities than in other healthcare sectors. Job satisfaction in long-term care is also significantly lower. Merely increasing compensation is not enough to attract and retain employees; the work itself must be made more rewarding. Therefore, I propose to use institutional ethnography and conduct interviews with nursing staff, review policy documents and conduct observations to gain insight into the attitudes and perceptions staff have regarding the residents.
“Living Well as an Older Adult with Multiple Chronic Conditions: An Annotated Bibliography” was written by Katherine Coatta, a Master’s student in the Department of Gerontology at SFU, and Andrew Wister, Professor and Chair, Department of Gerontology. The field of multiple chronic illness (or multiple morbidity) is a relatively new research specialization; however, it has grown extensively over the last several years. This annotated bibliography was created in order to provide an accessible database of studies that capture multidimensionality in the experiences of aging with multiple chronic conditions, and in particular, positive adaptation or what has been termed ‘positive deviance’. Our guiding question was: Why do some individuals with multiple chronic conditions manage and live with chronic illnesses better than others?

Within this report, ‘living well’ is used as a broadly conceived term, aimed to include components of well-being from physical, functional, psychological, social and emotional health domains. Underlying living well with multiple chronic conditions is the concept of resilience -- the notion that individuals have different constellations of resources available to them and which are embedded within multi-level spheres of influence that connect the individual to their social and physical environments. Expanding our understanding of this complex area of study will provide translational knowledge for healthy public policy aimed at supporting an aging population. We hope that this annotated bibliography will assist other researchers pursuing this expanding area of research.

The LiVWELL Research Group is an interdisciplinary chronic disease research group bridging Simon Fraser University (SFU) researchers with diverse backgrounds and disciplinary skill sets. This team was initiated as a way to develop and further chronic disease research at SFU, through funding provided by SFU’s Community Trust Endowment Fund. The LiVWELL team members hold an integrated view of health research that emphasizes the interdependence of humans, health, and the physical, political, and social environment. Our research program is designed to cultivate a multi-level and mixed-methods approach considering both the influences on and impacts of chronic disease at individual, community, and policy levels.

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Andrew Wister, Professor and Chair, SFU Department of Gerontology.
Dr. Wister is an internationally recognized expert on aging research, issues, policies and training. He has been committed to research and training in the field of aging since the mid-1980s, and was the principal architect of Simon Fraser University’s graduate gerontology programs.

Katherine Coatta, is a Master’s student in the Department of Gerontology at SFU. Her research interests include resilience in older adults and the creation of healthy communities.
**RECENTLY COMPLETED THERSES & PROJECTS**


Older adults have been described as experiencing irrational fear of crime with debilitating effects on the quality of their lives. Recent research suggests fear of crime by older adults may have been over-stated due to conceptual, methodological, and theoretical weaknesses. It has been argued that fear of crime has a “murky history,” “shaky foundations,” and “a constructed, contingent, and ultimately contestable” nature. A metanarrative review of the literature was completed in order to identify where the “fear of crime debate has been, where it presently sits, and where it might travel in the future.” The review utilized nine electronic data bases up to 2013 including Ageline, PsycINFO, Wiley Library, PsychArticles, Avery Index, Cochrane Central, ProQuest Dissertations, Web of Science, and SFU Library. Articles addressing definitional, conceptual, measurement and theoretical issues are included. The results strongly suggest that irrational fear of crime is a very limited experience for older adults.


The purpose of this meta-ethnography was to synthesize qualitative studies on the unique care giving contexts of South Asian and Chinese caregivers and care receivers, and to gain an understanding of the systemic factors that influence their care giving contexts. A broad search of the literature on South Asian and Chinese caregivers and care receivers was conducted and 22 journal articles were selected which met the inclusion criteria for the meta-ethnography. The systematic synthesis of the literature according to the Meta-Ethnography procedures laid out by Noblit and Hare (1988) revealed two dominant themes: (1) The Personal is Political and (2) Becoming an Ally. These interpretations illuminate the care giving contexts under discussion. They are especially beneficial for understanding the challenges and systemic issues which contribute to the care giving contexts of South Asian and Chinese caregivers.

**SIMON FRASER UNIVERSITY GERONTOLOGY GRADUATES, CONVOCATION 2013**

**Congratulations to the following who graduated:**

**June**
- Jennifer O’Hagan
- Kim McKercher
- Ashleigh Wilson
- Eddy Elmer

**October**
- Leila Goulamhoussen
- Claudine Matlo
- Ravin Kahlon

**GERONTOLOGY GRADUATE CAUCUS UPDATE**

by Sarah Stott (M.A. Student & GGC Vice Chair)

The GGC would like to extend a warm welcome to all students new to the SFU Department of Gerontology this Fall. The GGC plans to host a variety of social and academic events this year, commencing with a holiday networking night in December for all students in the Gerontology programs – PhD, Masters, Post Baccalaureate, and Minor. We hope to see you at this event to mingle and meet a few new faces. An email containing information about this event will be sent out closer to the date. We look forward to seeing both new and familiar Gerontology enthusiasts at this event.

The New Year will kick off with the rallying of a great team for our annual participation in the Alzheimer’s Society Walk for Memories on January 19th, 2014 in Stanley Park. Last year, the SFU Gerontology team raised $2,280 for the cause; we hope to make this year even more successful. The 16th Annual Careers Night and Networking Wine and Cheese will be held in late February instead of March based on student feedback to avoid end of semester time constraints. This event is a great opportunity for students to network with community members in the field of aging and glean insight into available opportunities. Recommendations for speakers will be graciously welcomed and can be made to GGC Chair, Catherine Bigonnesse.

In an effort to increase record-keeping for reflection and success in the coming years, the GGC has implemented an annual report to highlight our activities of the past year and recommendations going forward. This report will be delivered annually prior to the GGC’s Annual General Meeting (AGM) each Fall.

Elections for the GGC Executive Committee for the 2013/2014 year took place during the GGC’s AGM in early October. We are pleased to announce this year’s GGC Executive Committee members: Catherine Bigonnesse retains her position as Chair, Sarah Stott as Vice Chair, Laura Kadowaki as Secretary, and Sarah Wu as Social Coordinator. Melissa Badger will serve as the new Gerontology Representative to the Graduate Student Society (GSS) and Stephanie Blackman is welcomed as Treasurer. For more information on GGC meetings and endeavours, please contact Catherine Bigonnesse at cbigonne@sfu.ca.
Dr. Sharon Koehn (Clinical Research Professor, SFU Department of Gerontology and Research Associate, Centre for Healthy Aging at Providence) has been awarded a CIHR Planning Grant under the priority announcement “Health Services and Systems for an Aging Population” in the amount of $25,000. Her project, “Partnering to promote health care equity for ethnic minority older adults” will bring together a team of 13 multidisciplinary academics and multisectoral Knowledge Users (KUs) from across Canada. The goal is to consolidate existing evidence and design research that fills knowledge gaps with respect to access to health and social care by ethnic minority older adults (EMOA), who include recent immigrant older adults and some visible minorities who have aged here. Ultimately, they hope to generate a decision-making tool that can guide KUs in their decisions across different health and social care contexts. Currently, Canadian research on the topic is extremely fragmented and hard to find, and KUs who design policy and programs do not have the evidence they need to help them to address access barriers experienced by EMOA.

Our planning meeting will give us the opportunity to share a common understanding of ‘access’ and the requirements of CIHR’s ‘Partnership for Health System Improvement’ competition that we will target to complete this work. With the proposed planning grant, students hired by each pair of academics and knowledge users in six sites from British Columbia to Newfoundland will review the EMOA literature on topics of interest to the KU on their team. Each will produce topical reports identifying the different dimensions of access that are evident in those studies. These will inform a presentation that the KUs will make about their interests and understanding of access at a 1.5 day face-to-face meeting of team members in Vancouver in June 2014. They will also be consolidated into a single report that will form the basis of discussion at the Vancouver meeting and a peer-reviewed publication. The meeting will provide an opportunity to consolidate our understanding of access and its relationship to our KUs interests and to identify our strategy for applying for funding in Fall 2014.

CHÉOS WORK IN PROGRESS SEMINAR SERIES - UNDERSTANDING QUALITY OF LIFE IN ASSISTED LIVING: INFLUENCE OF THE BUILT AND ORGANIZATIONAL ENVIRONMENT.

Presented by Dr. Sharon Koehn (Clinical Research Professor, SFU Department of Gerontology; Research Associate, Centre for Healthy Aging). The Assisted Living (AL) model promises a package of housing, hospitality and personal-care services for older adults who do not need 24/7 nursing care, in a non-institutional environment.

BC has embraced this model and, since 2002, has registered 194 ALs, 64% of which are publicly subsidized. The model promises quality of life (QoL) for AL tenants, but no evidence exists to confirm or refute this claim. Measures of QoL of older adults have been tailored to community living or residential care, but the AL setting and the health status and capacity of AL tenants differs significantly from both.

Our pilot study aimed to assess the applicability of Grewal et al.’s (2004, 2006) qualitative framework for understanding QoL among diverse older adults living in community in the UK to the AL setting in BC. In order to accurately describe and understand the AL context, we first conducted structured observations and assessments of the social and physical environment of three AL sites in Greater Vancouver (PHC, VCH, FHA)—two ethnoculturally targeted (Chinese and South Asian) and one non-targeted.

Tenants were subsequently engaged in focus groups and staff in one-to-one interviews to discuss our environmental audit findings relative to their perceptions of the tenants’ capability to pursue five conceptual attributes of QoL: attachment, role, enjoyment, security and control. This presentation reports our findings and future implications for study and practice.

GRC HOSTS INVITATIONAL CONSULTATION ON RESEARCH AND ‘KT’ NEEDS RELATED TO END-OF-LIFE ISSUES

On October 3, the GRC hosted an invitational consultation on research and ‘KT’ (Knowledge Transfer) needs related to end-of-life issues, jointly sponsored by the CIHR Institute of Aging and the Technology Evaluation in the Elderly Network. “It is really important that researchers dialogue with both organizations since the research and KT they fund, while complementary, is different” says Gloria Gutman, a member of CIHR-IA’s National Advisory Board and a member of the Research Management Committee of the TVN.

For further information on CIHR-IA’s strategic plan and current funding programs visit http://www.cihr-irsc.gc.ca/e/8671.html; to learn more about TVN, a not-for-profit organization funded by the Government of Canada’s Networks of Centres of Excellence (NCE) program and focused on the seriously ill elderly, visit www.tvn-nce.ca.

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IN THIS ISSUE OF SHUP
1. Senior Homelessness in Metro Vancouver
5. International Conference on Age-friendly Cities
6. Exploring the Potential of Innovative Housing Models for Older Adults

Senior Homelessness in Metro Vancouver: Strategies and Best Practices
by Ryan Woolrych and Nora Gibson

Editor’s Note: This article follows-up “Senior Homelessness in Metro Vancouver: Issues and Challenges” published in SHUPv22n2. Contact Dr. Woolrych for references for the current article.

Seniors’ Housing Update
ISSN: 1188-1828
Circulation 2,100

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adequate nutrition (McDonald et al, 2004). Other studies have found that homeless seniors have not had contact with a physician for several years (Crane and Warnes, 2001), many do not have a health card or face reluctance on behalf of services to provide care (Hwang et al, 2001).

**POVERTY, DEBT AND HOMELESSNESS**

Increasing numbers of seniors are entering their retirement years in financial insecurity. Recent reports show that Canadians over the age of 65 had the fastest-rising consumer debt (Equifax Canada, 2013). That economic insecurity is a common pathway into homelessness is supported by data collected as part of the Homeless Voices Report – here, when older adults were asked the reason for becoming homeless, ‘financial difficulties’ was cited as the primary cause (GVSS, 2010). The economic security of our older population is further threatened as Metro Vancouver is experiencing an increase in the size of its older population coincident with a period of rapidly rising rents and static fixed incomes which increases the risk of economic eviction for vulnerable seniors. This situation threatens housing adequacy of our older citizens and also puts them at risk for isolation and retrenchment from community life (Vancouver Foundation, 2011). Moreover, there exists barriers that prevent older homeless adults from obtaining work, whilst a number of older adults (both homeless and those facing economic insecurity) are not applying for and receiving benefits for which they are currently eligible (McDonald et al, 2007). Whilst men are more likely to be homeless – those who become homeless for the first time in old age are more likely to be women. Research has identified the gendered dimension of poverty in old age as a potential reason for this (McDonald et al, 2004). Unattached female seniors, particularly those that are divorced are widowed, live on lower incomes and are more likely to experience financial hardship in old age. Whitzman (2006) suggests that studies of homelessness continue to focus on older men with mental illness and/or addiction issues, at a time when the proportion of women without secure, affordable shelter continues to rise.

**PATHWAYS INTO HOMELESSNESS IN OLD AGE**

Senior homelessness is a complex problem involving a number of triggers, antecedents and risk factors. Causes of homelessness in old age include poverty arising from low income, sudden unemployment, lack of employment opportunities and unaffordable housing (Crane et al, 2005). Other studies have identified a common pathway into homelessness in old age resulting from relationship breakdown (source of emotional and financial support), financial problems (rent or mortgage arrears) and subsequent eviction (Hawes, 1999; Pannell and Palmer, 2004). Research conducted in Metro Vancouver among seniors at risk of losing their homes have identified further causal factors including the lack of affordable housing options for seniors, the absence of social supports (lack of supports affects housing stability and housing instability affect a person’s support networks), barriers to accessing services (previous negative experiences, perceived loss of dignity and pride), and deteriorating health (Eguchi, 2011). Other lifetime events also cause older adults to become vulnerable to homelessness including loss of career, transitioning to fixed incomes, and unexpected illness. Additionally, there follows or precedes bi-directional causal influences – family breakdown, depression, alcohol and tobacco addiction. Thus, there exists a complex interplay of factors leading to homelessness in later life which makes it challenging in terms of designing supports and services to address the root cause of the problem.

**COMMUNITY OF PRACTICE DIALOGUE SESSIONS**

The Greater Vancouver Shelter Strategy Society (GVSS) created the Homeless Seniors Community of Practice (HSCP) in 2012 with the overarching aim of creating opportunities for greater independence and community participation of people aged 50 plus who have experienced homelessness and/or face risk of homelessness. The HSCP includes the following partners: United Way of the Lower Mainland, Simon Fraser University Gerontology Research Centre, BC Housing, Service Canada, Fraser Health and Seniors Services Society.

The HSCP have been engaging with community groups, service providers and senior advocates to identify potential strategies and solutions to addressing senior homelessness in Metro Vancouver. As a part of this work, ten community dialogue sessions were held across the Greater Vancouver sub-regions including: Burnaby, Delta, Langley, Maple Ridge/Pitt Meadows, New Westminster, North Shore, Richmond, Surrey/White Rock, Tri-Cities, and Vancouver. Over 100 attendees participated in the dialogue sessions comprising front line practitioners and other stakeholders involved in addressing senior homelessness for Metro Vancouver.

A previous issue of SHUP commented on the issues and challenges of senior homelessness that emerged from the dialogue sessions (see SHUPv22n2). The stakeholder dialogue also identified a number of potential strategies and best practices for moving forward and these are presented in the following section.

**STRATEGIES AND BEST PRACTICES TO ADDRESS SENIOR HOMELESSNESS**

**Focus on Prevention and Access**

First, flexible services are needed which work with homeless people to develop customised solutions. Stakeholders proposed individualised plans for homeless seniors based on a three-tiered approach: Short-Term solutions (now to three months); Mid-term solutions (six months to 2 years); and Long-Term solutions (two years plus). Second, it was seen as important that more outreach workers are available who have knowledge of what services are available in the community to assist the homeless so they can signpost effectively. Often homeless adults do not know what assistance they are
eligible for and do not know how to access it. Housing workers are needed with specialist knowledge so that they are aware of the resources and funding available to seniors to ensure all possible funds reach the individual. As a barrier to this, current ways of working and evaluating impact mean it is difficult for service workers to provide an individual, person-centred approach to intervention. Third, as there is a stigma associated with help-seeking, service environments need to be non-threatening to encourage older adults to use them. In expanding the potential for remote help seeking, a suggestion was put forward for an on-line service hub that mapped existing services but that also provided a central space for homeless service providers to design a care pathway for the client.

Enhance Shelters and Outreach Services
Building relationships and establishing trust between homeless older adults and service providers was seen as the cornerstone of successful intervention. A positive relationship was characterised by close communication, where needs can be easily identified and monitored and where the service user feels comfortable approaching the service provider when an issue arises (early intervention). The adoption of a case worker approach was put forward, somebody that navigates the homeless older adult through the housing process and is a consistent and familiar face. There was an identified need to expand the current capacity of shelters to better service seniors, including: partnerships with local health offices; mental health worker and income assistance worker attached to the shelter; policies and procedures to better accommodate seniors; welcoming physical environment; and community drop-ins to de-mystify the negative perceptions of homeless shelters. Additional training for shelter staff was deemed necessary in: managing the needs of homeless seniors; awareness and sensitivity to traumatic and emotional issues; knowledge of pathways into homelessness in old age; awareness of anti-ageist practices; and interpersonal skills to work with older adults. The environment of the shelter needs to be adapted to encourage a level of safety and comfort and protect older adults from various forms of abuse. Shelters, and housing supports more broadly, must work towards removing barriers which prevent older adults from accessing them, (e.g., not allowing pets and personal possessions). Shelter services are needed that encourage independence, autonomy and freedom – there was an example of one senior woman who slept outside instead of going into a shelter for fear that somebody may go through her personal possessions.

Lifelong Skills and Tenant Advocacy
The development of lifelong skills (coping, self-management, resilience) was seen as a priority area to prevent seniors from cycling back into homelessness. Specifically there is a need for financial management training for homeless seniors, particularly women who become homeless for the first time in older age and who have been reliant upon their spouse for financial management and/or as the primary source of income. Financial abuse of homeless women in shelters was cited as a common problem – abuse both from other shelter dwellers and when living on the street. Support workers are needed to set people up for success – encourage financial management training, budget planning and personal saving all while living on limited means. In terms of maintaining housing supports, there was evidence of landlords refusing to take seniors in or increasing the rent as an excuse to evict older adults as well as aging housing stock and redevelopment of older buildings. More work is needed to improve landlord-tenant relations, for example through established tenancy advocacy groups and more intensive landlord education.

Housing Designs to Support Seniors
Seniors have difficulty accessing rental buildings at an affordable price where they feel safe, secure and comfortable. This was not just about the provision of housing in its built form but the development of housing that allow older adults to create a sense of home (e.g., allowing personal possessions, providing individual bathrooms, and allocating community garden space). Housing should have 24/7 staffing with on-site physician, nurse practitioner and housekeeper services (see the Portland Hotel Model http://www.sharedlearnings.org/index.cfm?fuseaction=Prof dspProfileFull &profiles id=18131194-83ff-f31-aee0-37e8756b3oe and a ‘managed alcohol’ program. The provision of senior specific services was seen as a priority as many older adults feel uncomfortable in a mixed age setting. There is a need to provide long-term, low barrier, non-institutional settings where seniors can share skills and activities together. Older adults should be closely involved in the ownership and sustainability of amenity and service space within senior-specific housing developments, recognizing their desire to be active place makers in the process. Different models of housing need to be considered, for example housing as part of an integrated facility with formal service support or where services are co-located to meet the needs of seniors (such as counselling, drug and alcohol support and health services alongside hairdressers, coffee shops and libraries).

Create Community Supported Housing
A number of key components and preferred practices were put forward for housing that is intended for older adults (50+) who have experienced homelessness or have lived with chronic homelessness. Housing options need to support the desire of older adults to locate or remain in their area of choice, surrounded by amenities and with close proximity to existing social networks. Housing provision should be non-institutional and community linked, providing environments and amenities and integrated with surrounding neighborhoods. Housing design should incorporate natural supports, e.g., empowering older adults to assume meaningful roles in the development
Integrated Services for the Homeless

The notion of integrated and holistic service provision was seen as necessary to address homelessness as a complex problem. Integrated care has been interpreted in many different contexts – referring to multi-disciplinary teams, cross institutional service provision, and the related health, social service and related systems in which organisations operate (Kodner and Spreeuwenberg, 2002). Integrated care is underpinned by the principles of care continuity, co-ordination within and across services and joined-up decision-making (Minkman, 2012). The objective is to deliver support for homeless seniors in a responsive way, facilitating seamless care provision and allowing for the ongoing monitoring of needs into old age (Shaw et al., 2011). As such, integrated care should ensure homeless seniors are not passed from service to service where they often fall through the gaps and disengage from the help-seeking process. Whilst integrated models offer potential, there is a need to consider what these would look like at the community level, for example: through new infrastructure (One Stop Shops in the community); dedicated case workers (to navigate a homeless adult through the system); and/or a re-alignment of existing services and ways of working. The notion of integrated care is designed to achieve healthcare efficiencies, eliminate redundancy in the system and ensure that homeless older adults receive help where and when they need it. This challenges the existing assumption that a positive outcome is achieved when a homeless person is re-housed; rather the system should continue to support an older adult to ensure long-term stability. Moreover, integrated care should follow people through the system as it is typically when homeless older adults experience a change in their housing situation (transitioning from housing to a shelter or vice versa) that they most need support and services to assist them.

Housing First Approach

The ‘Housing First Approach’ (HFA) focusses on housing older adults first, with a view to resolving other problems as soon as they are re-housed. Once re-housed, supportive treatment services can then be brought in, such as mental and physical health, substance abuse, education, and employment interventions to ensure that the transition into housing is long-term, addressing the various needs of the individual. The HFA is underpinned by a number of key principles.

First, individuals and families do not have to demonstrate that they are ‘housing ready’; traditionally, services have required that older adults move into transitional housing or are housed in emergency services until they are deemed in a condition to be moved into housing supports.

Second, the individual should be provided some choice about where they are housed to ensure that housing is adequate and meets their needs (often difficult when affordable housing is in short supply).

Third, there should be flexibility in service provision providing the older adults with the option to utilize support services as and when they need them, e.g., recognizing that people have different intensity of needs across the life course.

Fourth, the HFA model does not make ‘absolute sobriety’ mandatory for receiving services thereby preventing those with addiction problems from returning to the street if they regress.

Lastly, there is a focus on community integration, emphasising the importance of social supports and providing the opportunities to engage in community-based activities. The notion of HFA is not new, (e.g., it was administered in the Pathways to Housing in New York in the 1990s (http://pathways tohousing.org/) and prior to this underpinned the HouseLink program in Toronto (http://www.house link.on.ca/)). However, HFA projects have become more ambitious (e.g., the At Home/Chez Soi project (http://www.mentalhealthcommission.ca/English/node/770). Research suggests that the HFA model can and does work; 88% of people engaged in the Pathways program remained rehoused 5 years later (Tsembaris and Eisenberg, 2000). There are limitations and weaknesses with the approach – e.g., how can people be re-housed if there is insufficient supply, how can the principles of community integration be enforced and measured and to what extent are existing services in place to continue to meet ongoing needs?

CONCLUSION: TOWARDS AGING-IN-PLACE

Senior homelessness is a complex problem necessitating solutions and multi-agency interventions that provide a continuum of support services that address the multi-faceted nature of the issue. This requires the development and design interventions which address the affordability, adequacy, and/or suitability of existing community-based and housing supports for seniors. The next phase of the HSCP community of practice will be to continue the dialogue process and work towards the development of tools and resources for the better planning of facilities and programs that support an aging population. Further updates will be published in SHUP as the work develops.

ACKNOWLEDGEMENTS

This article acknowledges the work of the following: Lookout Emergency Aid Society, James Pratt / Homeless Seniors Community of Practice – HSCP; funding provided by The United Way of the Lower Mainland and the Real Estate Foundation of BC; and the in-kind contributions provided by BC Housing, Seniors Services Society, Surrey Urban Mission, and the Aboriginal Friendship Centre.
THE 2ND INTERNATIONAL CONFERENCE ON AGE-FRIENDLY CITIES (SEPTEMBER 9-11, 2013)

by Catherine Bigonnesse (Doctoral Student, SFU Department of Gerontology) and Dr. Gloria Gutman (Professor Emerita, SFU Department of Gerontology)

This September, the World Health Organization held the 2nd International Conference on Age-Friendly Cities in Québec City under the theme of Living and Aging Together in our Community. The event was hosted by the Ministry of Health and Social Services of Québec and organized by an international scientific committee chaired by Dr. Suzanne Garon from the University of Sherbrooke (Québec). This international conference brought together 700 elected officials, municipal administrators, professionals, practitioners, researchers, decision makers and elders from 46 different countries to share their knowledge and experiences on age-friendly cities and communities.

During the three days, the participants had the chance to hear about age-friendly initiatives from various countries such as Chile, Russia and China, to gain knowledge from respected scholars such as Dr. Alan Walker and Dr. Alex Kalache and to benefit from a world perspective with the participation of global organizations such as the World Health Organization and the International Federation on Aging. The conference focused on four important topics: social innovations, built and social environments, the role of various stakeholders, and evaluation of age-friendly initiatives.

Two members of the department participated in this International Conference. Dr. Gloria Gutman presented at the symposium Social Environments and Elder Abuse about “Linking the Age-Friendly Movement with Actions to Combat Elder Abuse and Neglect.” Catherine Bigonnesse presented at the symposium Built and Social Environments about “The Potential of Innovative Housing Models for Older Adults: A Comparison.” Overall, it was a well-organized and enriching event about the growing movement of Age-Friendly Cities around the world. For more information, you can visit the conference website: www.afc2013.ca.

REFERENCES


Gutman, G. (September 9, 2013). Linking the Age-Friendly Movement with Actions to Combat Elder Abuse and Neglect. Communication presented at the 2nd International Conference on Age-Friendly Cities – Living and Aging Together in our Community, Quebec City (Canada).

Also of interest is the new online networking and knowledge exchange platform hosted by the Canadian Association on Gerontology, designed to bring together stakeholders and showcase Canadian work in this area: http://cagacg.ca/age-friendly-communities/
EXPLORING THE POTENTIAL OF INNOVATIVE HOUSING MODELS FOR OLDER ADULTS TO SUPPORT AGING-IN-PLACE

by Catherine Bigonnesse (Doctoral Student, SFU Department of Gerontology)

[EDITOR’S NOTE: The following is a detailed description of Catherine’s Poster Session presented at the 42nd Annual Scientific and Educational Meeting of Canadian Association on Gerontology, Halifax, NS].

The limitations of the current housing options for older adults in meaningfully supporting older adults’ preference to age-in-place, have led to the development of multiple innovative housing and service models. However, the potential of these models to support aging in place is not well understood, along with a scarcity of empirical research in this area. This poster, presented at the doctoral students poster competition the 42nd Annual Scientific and Educational Meeting of Canadian Association on Gerontology – Aging...from Cells to Society, offers a comparative analysis of the age-in-place potential of three innovative housing models: Naturally Occurring Retirement Community, Cohousing model and the Village movement. This analysis is based on a review and synthesis of both descriptive and empirical literature identified through specialized academic databases (AgeLine, CINAHL, MedLine, Social Sciences and Web of Science). The selected articles include case studies, program evaluations, conceptual papers and meta-analysis. Relevant grey literature, books and website have been consulted. The three models have common characteristics that include a participatory process, democratic governance, civic engagement, social participation, community-based support services and social capital. However, provision of sustainable home care/support is a challenge in all the housing/service models. The cohousing model alone offers a purpose-built physical environment to foster community engagement. Therefore, all three models present limitations to support aging in place. Based on the strength of each innovative housing model, the comprehensive conceptual framework [presented below] provides key components to meaningfully support older adults’ preference to age-in-place.

Framework: Key Housing Components to Support Aging-in-Place

Gloria Gutman & Catherine Bigonnesse (Doctoral Student, SFU Department of Gerontology) at the SFU Gerontology booth, CAG2013 in Halifax, NS
ROUND TABLE DISCUSSION ON CAREGIVERS WITH THE HONOURABLE ALICE WONG

SFU Gerontology was well represented in a consultation on financial abuse held July 18, 2013 in Vancouver, by Minister of State for Seniors, Dr. Alice Wong (center). Participants included Professor Emerita Gloria Gutman (far left), and Adjunct Professor Charmaine Spencer (fourth from left), as well as two Masters Program graduates: Teena Love (2007) (third from left) and Margaret Easton (2013) (third from right).

Segal Centre was the venue for a celebration October 1 of National Seniors Day and the 10th Anniversary of the Canadian Centre for Elder Law (CCEL). As part of an interesting program that included presentations by Kelly Acker from the BC Ministry of Health’s Office to Reduce Elder Abuse, Martha Jane Lewis, Executive Director of the BC Centre for Elder Advocacy and Support, Doug Melville, Ombudsman for Banking Services and Investments, Gerontology Adjunct Professor Charmaine Spencer joined Alison Leaney from the Public Guardian and Trustee’s Office in presenting a history of the BC Elder Abuse Collaborative. Professor Emerita Gloria Gutman brought greetings from SFU Gerontology and the International Network for the Prevention of Elder Abuse. Visit http://www.bcli.org/ccel for names of all the individuals and organizations represented in the program and for a copy of the report of the Older Women’s Dialogue Project “Your Words are Worth Something: Identifying Barriers to the Well-being of Older Women” released at the event by Krista James, National Director of CCEL. The report marks completion of phase 1 of the project in which the CCEL, in collaboration with West Coast LEAF, consulted more than 350 women across the Lower Mainland about income security, housing costs, access to justice and information, personal safety and freedom from abuse, and vulnerability linked to immigration. A second round of consultations with older women will commence in January 2014.

SFU PRESENTATIONS AT THE 42nd ANNUAL SCIENTIFIC AND EDUCATIONAL MEETING OF THE CANADIAN ASSOCIATION ON GERONTOLOGY, OCTOBER 17-19, 2013, HALIFAX, NS.

Bigonnesse, C. Exploring the potential of innovative housing models for older adults to support aging-in-place.
Brink, S. Interaction between demographic and economic driven changes in retirement and aging policy.
Easton, M., & Hall, M. Responding to financial vulnerability: Advances in gerontotechnology as an alternative to the substitute decision making model.
MacCourt, P., Hemingway, D., Damore-Petingola, S., & Krawczyk, M. Seniors’ perspectives on barriers to participation in cancer screening.

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2013 SENIOR LEADERSHIP AWARDS

A highlight for the SFU Gerontology Research Centre is the presentation of Senior Leadership Awards. This year 3 individual and 2 organizational awards were presented. The Award Ceremony took place on the occasion of the 11th Annual Ellen Gee Memorial Lecture.

In alphabetical order, here is a brief summary of the volunteer activities of this year’s SLA recipients:

**Bob Foster** is a leader and volunteer at: the Ridge Meadows Seniors Society (RMSS); the Maple Ridge, Pitt Meadows Community Services; the Maple Ridge Community Living Society; and the Maple Ridge, Pitt Meadows, Katzie, Seniors Network. At RMSS, Bob assisted with the complete reorganization of the Society as well as establishing many of its policies and procedures. As well, he helped to develop a One to One Visitor Program and the Seniors Connect Drivers which organizes transportation for seniors. In addition, Bob led the organizing committee, compiled all participants’ comments and drafted a brief on behalf of the Minister of Health. At Maple Ridge, Pitt Meadows Community Services, Bob participates with: annual staff orientation and strategic planning sessions and helped to develop a pilot project of seniors outreach services – The Better at Home Program. At ‘Katzie,’ Bob’s experience in business and banking proves invaluable in managing its finances, negotiating partnerships and building relationships with other organizations and businesses for the goal of improving the health and well-being of seniors locally and regionally.

**Heather Prochuk,** has been a volunteer at Silver Harbour Seniors’ Activity Centre in North Vancouver since 2000. Heather is active in a number of the Centre’s programs including line dancing classes and dance performance. However it was Heather’s efforts spearheading or managing three distinct and complex projects that prompted her nomination for SLA2013. First, Heather organized Harbour’s participation in the Lynn Valley Day Parade and North Shore Canada Day Parade. This entailed recruiting, inspiring and managing a group of over 20 other volunteers in planning and implementing parade entries that resulted in Harbour winning Best Non Profit Entry in the Lynn Valley Day Parade. Secondly, Heather managed Harbour’s participation in a Seniors Flash Mob project coordinating efforts with over a dozen other participating organizations. Thanks to her recruitment and training of dance leaders and participants, one third of the 200 North Shore Seniors Flash ‘Mobbers’ were from Harbour; subsequently they performed at four other venues. Finally, Heather spearheaded the celebration of the Harbour’s 40th Anniversary where she helped to plan: the participation of and congratulatory certificates from local dignitaries; press coverage; and production of a video and slideshow about the Centre. Heather has demonstrated a strong commitment to presenting seniors and aging in an affirming and celebratory light. Her strong conviction that Silver Harbour brings great benefits to local seniors’ lives has shone throughout her work.

**Hubert Wiedemann,** 87, is described as a tireless volunteer in the Strathcona and Downtown Eastside area where he has been active for the Care BC’s Meals on Wheels Program for nearly 20 years. Care BC state that they rely on Hubert as it can be difficult to find volunteers to provide service to this area which he does three days a week providing meals, social interaction, and an informal safety check to about 20 clients per day.

Annwen Loverin, Executive Director, Silver Harbour Seniors’ Activity Centre accepting award on behalf of Heather Prochuk
Attendees of this year's EGML joined Janice Keefe (Professor, Mount Saint Vincent University; Director, Nova Scotia Centre on Aging and Lena Isabel Jodrey Chair in Gerontology) as she explored the reality of population aging in Canada and the impact of shifting demographics on the supply of and demand for family/friend caregivers. Highlighting the valuable contributions made by family and friends in their caregiver roles, Dr. Keefe explored the policy changes that could make a positive difference as we encounter personal and system challenges. Addressing many pressing questions, Dr. Keefe discussed: Who will take on new care responsibilities as the health care system is increasingly overstretched? What financial and service supports will be available to caregivers? What role can government play as we seek out innovative approaches for caregivers across Canada and around the world? Through this engaging lecture, Dr. Keefe shed light on why Canada can no longer afford to NOT support family/friend caregivers.

Congratulations to all!

Mhairi Campbell, Volunteer Coordinator (left) and Kara Leigh Bloch, Executive Director (right) received the award on behalf of all Seniors Services Society senior volunteers

The 100% volunteer driven programs to which seniors contribute +800 hours of time per month include: Tax Clinic; Transportation; Support Calls; Social Programs; Meals on Wheels; Assistance, Information and Referral for Seniors; as well as Santa for Seniors. SSS is an amalgamation of the Seniors Housing Information Program Society and the Western Society for Seniors Citizens Support Services. The Society offers Support Services for seniors living in New Westminster; Housing Services for seniors province wide; and information for seniors and service providers throughout the Lower Mainland. Annually, the Society serves over 3000 vulnerable and socially isolated seniors across the province, 1000 of whom live in New Westminster.

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.

Seniors Services Society (SSS) is a non-profit organization of about 100 semi-retired/retired senior volunteers in New Westminster that provides local, regional and provincial programs and services to support vulnerable older adults to live as independently as possible.

SFU GERONTOLOGY RESEARCH CENTRE HOSTS 11TH ANNUAL ELLEN M. GEE MEMORIAL LECTURE (EGML2013):

Who Cares? Aging Boomers and Caregiving Policy in Canada

Seniors Come Share Society, formed in 1977, provides support for seniors and their caregivers throughout the cities of Surrey and White Rock. The rapidly growing diverse seniors’ population requires a broad spectrum of services that adjust and grow to meet their changing needs. The Society’s 18 different programs and services assisted over 33,000 individuals for the year ending March 31, 2013 thanks largely to its 183 volunteers and its many community partners. These supportive programs (which include Osteo-fit, community meal services, health monitoring, mental and physical activities and social interaction with peers, caregiver support services, and volunteer coordination services) help seniors stay in their homes, stay connected to their communities and be empowered with knowledge about the services and supports available to them and their families.

Sue McIntosh, Executive Director, Seniors Come Share Society
DANOR RECOGNITION 2012-13

The Gerontology Research Centre and the Department of Gerontology gratefully acknowledge the following corporations, associations, and individuals who donated funds this past fiscal year 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.*

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Lorna Court Faculty Support Fund
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Isabel Dawson Memorial Scholarship
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Magrega, Dennis

Geriatric Nursing Award
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Fred Silber Lectureship in Gerontology
Glia Gutman

Lillian Zimmerman Graduate Scholarship in Gerontology
Lillian Zimmerman

* Interest from prior years’ major gifts

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Editor: Raymond G. Adams, BA, MLIS.
Design & layout: Jocelyne Laflamme
ISSN: 1188-181X Circulation 2,100

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.