

GRC News

Simon Fraser University at Harbour Centre, Vancouver, Canada

Andrew Wister Leading SFU Arm of \$2.5 Million CIHR Grant for Unique Study of Baby Boomers

by Andrew Wister, PhD

A team of British Columbia researchers, led by Dr. Allan Best of Vancouver General Hospital, Dr. Neena Chappell, Director for the Centre on Aging, University of Victoria, and Dr. Andrew Wister, Associate Director, Gerontology Research Centre, Simon Fraser University, was recently awarded nearly 2.5 million over five years, funded by the Canadian Institutes of Health Research (CIHR) through their Community Alliance Health Research (CAHR) program to develop and test innovative interventions integrating prevention, self-care, and clinical care best practices targeting baby boomers. Two community projects are being conducted as part of this program of research, one of which is the Simon

Fraser University - Simon Fraser Health Region (SFHR) Cardiovascular Health Best Practice Project, under Principal Investigator Professor Andrew Wister. Key collaborators from SFHR include: Dr. Nadine Loewen, Medical Health Officer; Dr. Brian McGowan, Physician Leader; Lisa Hutcheon, Lifestyle Consultant; Holly Kennedy-Symonds, Regional Manager Cardiac Prevention and Rehabilitation Services; and Bonnie McCoy, Research Coordinator. Professor Ellen Balka, School of Communications, SFU is a co-investigator on the project.

The SFU-SFHR Cardiovascular Health Best Practice Project has been built upon an alliance between university health researchers and community health personnel from the Simon

Fraser Health Region. The SFHR serves a population of 500,000 from the communities of Burnaby, New Westminster, the Tri-Cities (Coquitlam, Port Coquitlam and Port Moody), Pitt Meadows and Maple Ridge. This research directly responds to results from a major needs survey of cardiovascular disease (CVD) in the SFHR, in which

CVD was identified as the leading cause of death and found to account for the second-most premature deaths among persons under age 75. Moreover, the CVD death rate in the SFHR was demonstrated in the report to be higher than expected based on overall provincial rates. Approximately 15% of all non-obstetrical hospital admissions of SFHR residents are due to CVD. It is estimated that: 44% are overweight;



The Simon Fraser Health Region/SFU team for the Cardiovascular Best Practice Study. Pictured from left to right are: Holly Kennedy-Symonds, Bonnie McCoy; Andrew Wister; and Nadine Loewen. Team members not pictured are: Ellen Balka, Brian McGowan, and Lisa Hutcheon.

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Research Focus

The Gerontology Research Centre conducts research on aging and the aged, and consults on research design and program development and evaluation. Research activities are most intense in five areas:

- Aging and the built environment
- Health and aging
- Prevention of victimization and exploitation of the elderly
- Older adult education
- Changing demography and lifestyles

The Centre was established with the help of grants from Imperial Oil, the Real Estate Foundation of B.C., Shoppers Drug Mart and SSHRC.

Education

SFU offers a minor, a Post Baccalaureate Diploma and a Masters Degree in Gerontology. All are coordinated by the Gerontology Program which has offices within the Centre.

Information Services

The Gerontology Information Centre, managed by a professional librarian, offers a specialized collection and assistance with information search and retrieval.

Publications

The Centre publishes books, reports, bibliographies, a fact sheet and two newsletters: *GRC News* and *Seniors' Housing Update*.

Conferences

The Centre regularly organizes two conferences: a biennial housing conference and the John K. Friesen Conference which takes place each spring.

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43% have elevated blood cholesterol; 29% are sedentary; 23% (of persons aged 12 and over) are regular smokers; 13% have elevated blood pressure; and 4% have diabetes.

This project will develop, implement and evaluate an innovative intervention for primary and secondary prevention of cardiovascular disease. The research team have linked recent developments in health information technology and evidence-based guidelines for CVD prevention in the form of a Cardiovascular Report Card and a tailored risk factor case management system. An interdisciplinary project-funded team comprised of a physician, and two trained lifestyle experts will provide case management and follow-up, either independently or in combination with cardiac rehabilitation services. This project is also consistent with the strategic plan being implemented in the SFHR to enhance capacity of service, integrate interactive healthcare technology, support home-based and physician-directed CVD risk reduction and self-care, and increase research infrastructure.

The CIHR funded research program design combines focused projects to (a) accelerate development and implementation of best practices within our partner communities, with cross-cutting initiatives to expand our knowledge base about best practices, (b) work towards integrated health information systems, and (c) create a learning and training organization that prepares research producers and research consumers to work closely together towards improved health for Canadians.

UPCOMING CONFERENCE

BOOMERS COME OF RETIREMENT AGE: What are the Prospects?

THE 13TH ANNUAL JOHN K. FRIESEN CONFERENCE JUNE 6TH AND 7TH, 2002

Simon Fraser University at Harbour Centre, Vancouver, BC

Featuring:

Alan Walker, Department of Sociological Studies, University of Sheffield

Evelyn Shapiro, Department of Community Health Services, University of Manitoba

Monica Townson, Monica Townson Associates

Katherine Marshall, Statistics Canada

Robert Hackett, School of Communication, Simon Fraser University

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“Mature” Adult Children Living with Parents: Patterns, Predictors and Issues for Aging Families*

By Barbara A. Mitchell, PhD

**This article is based upon a paper entitled, “There’s No Place Like Home: An Analysis of Young Adults’ Mature Coresidency in Canada” (Mitchell, Wister & Gee) to be published in the International Journal of Aging and Human Development. Thanks to the co-authors for their contributions to this research.*

Introduction & Current Patterns

The stereotypical image associated with aging parent-child co-resident living arrangements is that of an elderly or frail parent sharing a home with a middle-aged son or a daughter. However, while a significant number of aging families fall into this category, it is not nearly as prevalent as “baby boom” generation parents co-residing with an adult child. In fact, Boyd & Norris (1999) observe that, although the likelihood of co-residence declines with age, a significant increase in the proportion of intergenerational “doubling-up” has occurred among Canadian young adults between the ages of 25 and 35. For example, 1981 Statistics Canada census data show that only about one-quarter of Canadian unmarried women and men in this age group lived with their parents (Boyd & Norris, 1999). By 1996, however, the percentages had increased to 33% (among unmarried women) and 40% (among unmarried men), respectively. Moreover, this trend – which can be conceptualized as “mature co-residency” among young adults (Mitchell, Wister & Gee, in press) – is similarly found in the United States and many other industrialized countries (Goldscheider & Goldscheider, 1999).

Research on young adults’ mature co-residency in aging families is important for several reasons. First, empirical data can provide us with accurate information on this phenomenon. This can facilitate critical analysis of the many common stereotypes associated with this living arrangement (e.g., see Mitchell, 2000). For instance, the media often portrays adult children living at home as an undesirable living arrangement fraught with tension and conflict. In particular, older-adult sons living at home are pegged as social failures, deviants or as “mama’s boys,” unable to “let go of the apron strings” (Gross, 1991). A focused analysis of this topic can also extend our knowledge of the demographic, socio-economic, and the interpersonal context of developing individuals and families. A deeper understanding of these linkages,

therefore has important implications for housing decisions, intergenerational relations and family dynamics over the life course. This is because, at minimum, co-residence fosters unique opportunities for support, conflict, and reciprocity. This can affect individual and family well-being, intergenerational solidarity, and also create a sense of short or long-term obligation. Therefore, in this article I will try to summarize some of the major factors of “mature” co-residency, and briefly outline some issues for intergenerational relations and family support in aging families.

Data Source

Data are drawn from the 1995 General Social Survey (GSS), Cycle 10, which focuses upon family life, demographics, and social characteristics of Canadians. Young adults are deemed to be mature co-residents if they co-reside with one or more of their parents while they are aged 25-34. These young adults may have continuously lived with their parents (e.g., never left home), or they may have returned home after an initial “launch” as “boomerang kids.” A total of 2,216 young adults fall into this age group in the 1995 GSS. However, past co-residers were eliminated because of a lack of comparable data between young adults who lived at home at the time of the survey and those who had left, resulting in a sub-sample size of 1,760 young adults.

Predictors of Mature Co-residency

Logistic regression techniques were used to perform multivariate analysis using a dichotomous response variable. In this case, the dependent variable is dichotomized into “living at home” (as a mature co-resider) versus “not living at home.” Three hierarchical logistic regression models are tested in the main effects analysis. This includes three sets of independent variables: family background characteristics (e.g., family structure, parental education), characteristics of young adults (e.g., age group, gender, marital status, main activity), and two intergenerational relationship variables (closeness to mother and closeness to father).

The results of the logistic regression reveal that there are a number of factors that increase the probability of living at home as a mature co-resider. With regard to family background factors, young adults are less likely to be

Aging Families

mature co-residers if they have mothers with a high school diploma than if they have mothers who did not complete high school. However, the odds of living at home after age 25 actually increase if their fathers have a high school diploma compared to those without a high school diploma. Having fewer siblings also increases the likelihood of being a mature co-resident, as well as having an “other” mother tongue than English or French. This finding may partly reflect the fact that this category includes less “liberal” cultural groups, who may be more likely to share housing because of norms conducive to household extension and/or as a strategy to maximize economic resources (i.e., among recent immigrant groups).

Turning to characteristics of adult children, the following factors were found to reduce the likelihood of living at home with parents: older age, being married or living common-law, lower religiosity (measured by service attendance), being female, lower education and paid employment. With regard to intergenerational relationship factors, mature co-residency is strongly associated with closeness to mothers and fathers while growing up. In particular, the probability of being a mature co-resider is more than 10 times higher among young adults who report that they “strongly agree” – as compared to “strongly disagree” – with the statement that “they were close to their mother while growing up.”

Discussion and Issues for Aging Families

The results of this research suggest that relational (e.g., strong relationships with parents) as well as socio-demographic (e.g., age, gender, marital status, mother tongue) and “structural” factors (e.g., parental education, child’s employment) significantly influence the probability

of young adults living at home over the age of 25. The fact that emotional closeness to parents surfaces so prominently in mature co-residency, implies that micro-level interpersonal dynamics play a more fundamental role in family-related life course transitions and in living arrangement than is often realized. This finding suggests that we need to reconsider our popular images of mature co-residers as unwelcome, deviant “social failures,” which implies some form of individual or family pathology. Instead, we need to deconstruct this popular stereotype as a Western-based ideological definition of a “normal” or “proper” household, rather than as a lifestyle strategy among strong, supportive families who can share and benefit from pooled social and economic resources. It is also important to recognize that Canada is a multicultural society, in which shared housing may be a normative or preferred living arrangement among certain ethnic groups. Boyd (1999), for instance, finds that “birds of a feather flock together,” by documenting dramatic differences in living arrangements by ethnicity. This suggests strong ethnocultural dimensions of mid-life co-residence with young adult offspring.

Moreover, it is important to place the phenomenon of ‘mature co-residency’ within the context of wider socio-demographic and economic changes, such as shifts towards later ages of marriage and increased school enrolment (Mitchell & Gee, 1996). Notably, the ‘complete’ transition to adulthood, characterized by self-support and residential independence has become delayed for many young adults, who are often characterized as “a generation on hold” (Côté and Allahar, 1994). Grown adult children must wait longer before they are fully recognized as adults and “...must spend more time in a homelife over

which they exert less than full control” (Boyd & Pryor, 1989). As a result, aging parents can now expect to have longer periods of day-to-day contact with their ‘grown’ children. This can postpone the ‘child launching’ phase of family development and the transition to the empty nest; a pattern that introduces new and unprecedented elements into lifelong family socialization and development.

In conclusion, it is becoming more commonplace for young adults to live in the parental home after the age of 25 as ‘mature co-residents.’ However, future research is clearly required to delve into the social and psychological make-up of mature co-residents, as well as the role that parents and our society play in facilitating continued co-residence in the parental home. For example, do strong emotional ties to mothers reflect developmental issues related to maturity, dependency and/or an inability to separate? Or, is it more difficult for children to “grow up,” both emotionally and financially in today’s society? Conversely, this trend may simply signify that supportive intergenerational bonds make co-residence a practical and mutually advantageous lifestyle option. Furthermore, what are some of the long-term implications for aging families with regard to future caregiving relationships? Are mature co-residers more likely than “early” home-leavers to provide a home for elderly or frail parents in an effort to reciprocate support later in life? Given the aging of the baby boom generation, coupled with rapid technological, economic and social change, it is clear that we need to investigate these and other related issues germane to living arrangement patterns, intergenerational relations and family support.

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STEPS: Understanding Victimization of Seniors in Rental Housing

By Charmaine Spencer LL.M.

During the past year, the Gerontology Research Centre has been working in conjunction with the provincial organization, B.C. Coalition to Eliminate Abuse of Seniors (B.C. CEAS) and several housing groups to undertake a special community mobilization initiative called Steps to Seniors' Safety and Security in Rental Housing ("STEPS"). The aim of STEPS is to help prevent crimes and other harms against seniors in rental housing, an important issue considering that one in four renters in B.C. is aged 65 and over, and approximately 40% of people aged 75 and over rent (Statistics Canada; Silver & Van Diepen, n.d.) As the province's population grows older, more and more seniors are likely to be renters, many for the first time in their lives.

Problems for seniors in rental housing derive from several sources, including other tenants, people in the neighbourhood, and building staff or landlords. Crime and abuse prevention entails more than stronger locks and proper placement of peepholes. It also requires understanding the reasons behind people's behavior and recognizing the influence of ageist attitudes within the public and private market rental setting. These are key factors that need to be addressed in community mobilization efforts aimed at preventing victimization.

"In private rental housing, absentee landlords located in another province or country may feel little or no social responsibility to older tenants. In a market driven economy with low vacancies, landlords may actively work to "push out" older tenants to make room for younger tenants willing to pay more for the accommodation (Morgenthau, 2001)."

Problems Coming from Others in the Building or Neighbourhood:

Environmental factors, social problems, and ageism can interact to create a setting conducive to exploitation and violence against seniors who rent. In some poorer neighbourhoods, most of the tenants, (independent of age) are living in marginal conditions and marginal housing. Drug and alcohol problems are commonplace, and some people living there will have mental health problems. The forced mix in social housing of younger adults with life challenges and older adults with few other living options can create a fertile ground for victimization.

In this environment, some younger people will survive "however they can". Older tenants with a regular income through Old Age Security can be viewed as relatively better off and can become an easy target. Exploitation and victimization of the older members of the community is rationalized by the ageist attitude "I'm young, he's old and useless. Why should he have it? I need it more".

Crime against older adults living in these neighbourhoods is not simply another example of "elder victimization". It must be conceptualized within

the broader social environment of marginal income and the oppressing effect of poverty. Addressing crime in this setting can be very challenging, but can be done by seniors and others committed to their interests working collaboratively with poverty groups, addiction and mental health services, housing authorities, community police and other key stakeholders.

Problems Coming From Landlords and Managers: There is considerable diversity among landlords, building managers or other housing staff in how they relate and respond to their tenants. Many are very supportive of older tenants and go out of their way to assist them to remain independent (Mancer, Kosmuk, & Langlais, 1999). Some are neutral or indifferent. Still others are very controlling and can be abusive. The dynamics are similar whether we are talking about low income rental housing or upscale private rental housing.

Phenomenologically, abuse occurring in rental housing is often closer to

institutional abuse than the "one on one" abuse that we tend to equate with domestic violence in the community because the harm can be felt by many at one time (Spencer, 1997).

Risk Factors: There are many factors that potentially lead some managers to behave in a negative manner including poor working conditions with long hours, job insecurity, and poor pay (wages often average \$7-8 /hour with no overtime). As a result there is high job turnover among the managers. New immigrants who became building managers often fear deportation if they lose their job. In these cases, they are willing to carry

Elder Abuse

out any order their property management company or owner gives them.

In private rental housing, absentee landlords located in another province or country may feel little or no social responsibility to older tenants. In a market driven economy with low vacancies, landlords may actively work to “push out” older tenants to make room for younger tenants willing to pay more for the accommodation (Morgenthau, 2001).

The lack of affordable housing choices forces people into staying in a difficult environment because they cannot move elsewhere. When combined with the low level of knowledge among seniors about their basic rights as renters, the opportunity for exploitation escalates. These circumstances (alone or in combination) do not “cause” abuse, but create an environment in which abuse of older tenants is easier to occur.

Often, unrealistic expectations are placed on managers. Owners, boards of directors and management companies tend to want the manager to focus solely on the physical building, ignoring the reality that managers are constantly dealing with the people who live in the building. As a result, managers often lack training on how to appropriately deal with the real challenges of the job – meeting the needs of those living and growing old there. This means that when faced with a problem or new challenge, the building managers often do not know what to do.

One of the theories for why abuse occurs is “environmental press” which draws on the early work of psychologist Powell Lawton. Within this model, if a person’s competence does not match the tasks at hand, the ongoing pressure from people or events in the environment mean “something will give”. This can lead

to different forms of abuse that can range from subtle negative interactions or tones of voice to violations of human and civil rights.

Response to stressors: Some tenants report that their managers have alcohol problems, a common way that people try to reduce anxiety and cope with the stresses of conflicting job demands. Other managers respond to job stress by creating more and more “house rules” to bring order into their lives. Others react by harassing and intimidating tenants, using whatever “tools” they have at hand (e.g. threatening eviction). In the STEPS project, we found that where building managers had the opportunity to learn other, more positive strategies, abusive behaviour was less likely to occur. We also found other advantages to this support and training— the building owners/ board of directors tended to have better staff and tenant relations, and less tenant turnover.

Some people also have a need for dominance and actively seek positions which afford opportunities to control others. Where former armed forces personnel are hired as building managers, tenants sometimes complain that the building is “run like a boot camp”. Owners and directors may be pleased with their choice of manager, but from the perspective of the tenants, the degree of control may become excessive.

When hiring, some owners and directors look for people who work well independently. This generally good quality taken to its extreme, can leave people very isolated in their work. When looking for “take charge” kinds of managers, owners and directors may end up hiring individuals with rigid and authoritarian personalities.

We also found that some abuse situations arose when building managers were “just following

orders”, enforcing rules created to meet owners’ or others’ needs and expectations. Those new to the business often do not know what tenants’ legal rights are, which can lead to violation of privacy and unreasonable “house rules”. In these situations attention needs to be paid to broader systemic issues, to determine whether there is more than one “real source” for the abuse.

Different Concepts and Assumptions: Throughout the STEPS project, we found that people often assumed that “safety and security” meant either physical design and security devices, or supportive housing for seniors. The assumption was that if the building was secure, or if there were resources in the building or coming to the building, the people inside would automatically be safe. We found that the issues and situations are far more complex than that. In particular, the human element of rental housing (personal relationships among the older tenants and with the building manager) was a core factor.

Unfortunately, this human element and “person skills” have been largely missing from the gerontological and housing discussion of independent and supportive living for older adults. While we speak of competence/ environmental press with respect to older adults, the issues of competence and press apply also to those who are their supports. There is a strong need to match the demands of the job and the skills of those responsible for the day-to-day operation of supportive housing and independent rental housing.

The Importance of Education, Training and Reducing Isolation: Throughout the STEPS project, we have been focused on ways to

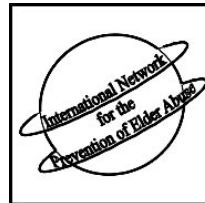
address lack of knowledge, stress, isolation, ageism, and systemic factors that can set the stage for abuse of older adults. The project is:

- developing a series of "Tips of the Trade" information sheets for building managers to help them (and their superiors) better understand their older tenants
- developing a renting guide for seniors explaining their rights and responsibilities, and listing positive ways to keep themselves safe and connected to the community; and
- identifying models to link building managers with the broader community.

— For more information or a copy of the STEPS report (available in early 2002), or other materials from the project, contact B.C. CEAS. #304, 5050 Kingsway, Burnaby, B.C. Phone: (604) 437-1940; Fax (604) 437-1929.

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Founded in 1997, the International Network for the Prevention of Elder Abuse (INPEA) is dedicated to the world-wide prevention of the abuse of older people. Its objectives include increasing public awareness and knowledge of the issue; promoting education and training of professionals and para-professionals in identification, treatment and prevention; furthering advocacy on behalf of abused and neglected seniors; and stimulating research into the causes, consequences, prevalence, treatment and prevention of abuse and neglect in later life. More information is available at <http://www.inpea.net>.

People and organizations can join this organization free as affiliate members by contacting the Canadian Representative, Charmaine Spencer at:
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ROSALIE WOLF MEMORIAL ENDOWMENT FUND

The International Network for the Prevention of Elder Abuse (INPEA), in collaboration with IAG, have established an endowment fund to honour and celebrate the groundbreaking work of the late Rosalie Wolf, founder of INPEA who passed away just before the 17th World Congress, in June 2001. The interest earned on this endowment will fund, in perpetuity, an educational event in the area of elder abuse prevention. A joint committee of the INPEA and IAG will select the event.

To contribute, send a cheque or money order payable to the Rosalie Wolf Memorial Endowment Fund to the IAG Secretariat, Gerontology Research Centre, Simon Fraser University, #2800-515 West Hastings, Vancouver, Canada V6B 5K3

Awards Night

Gerontology Awards Night

Virtually since its establishment in 1983, the Gerontology Diploma Program has offered a number of student awards. The most prestigious of these is the Israel Chertkow Memorial Scholarship, awarded annually to the top student in the Diploma Program graduating class. Up to now this award has been presented at the Dean's Ceremony, a university-wide event held each Fall, which is the equivalent of Convocation for certificate and diploma students.

In view of the growing number of awards that the Gerontology Program now offers, and which include both Diploma and Masters candidates, it was decided that this year we would do things differently - specifically, we would establish an annual Gerontology Awards Night. The first of these was held February 8, 2002. Two awards were presented. The first award, a new one, was a \$2000 bursary contributed to the Masters Program by the BC/Yukon Command of the Royal Canadian Legion. Prior to presenting it to recipient Selena Santi, Petty Officer Gerry Vowles, CD, Treasurer of the BC/Yukon Command outlined the many ways in which the Legion contributes to the community over and above its work on behalf of veterans. Excerpts of his remarks are presented below. Director Gloria Gutman then awarded the Israel Chertkow Memorial Scholarship to Diploma Program top student Norman Samaroo. In accepting it, Norman spoke about his experience as a student in the Diploma Program. Excerpts from his speech are also presented below.

The Legion in the Community

The Royal Canadian Legion is one of the foremost non-government agencies working for the well-being of Canadians in virtually every community across the country. Although well known as Canada's preeminent non-profit veterans' support organization, relatively few Canadians realize that the Legion is also active in many other areas or that its programs benefit people throughout society.

The first formal acknowledgement of the Legion's commitment to community service came in 1955 when then-Dominion President, The Very Reverend John Anderson, called upon Legion members to "look outward" to their communities. Shortly after that, one of the Legion's most successful and long-running community service activities got underway.

At one end of the age spectrum is the Legion's seniors program. General awareness of seniors' issues has

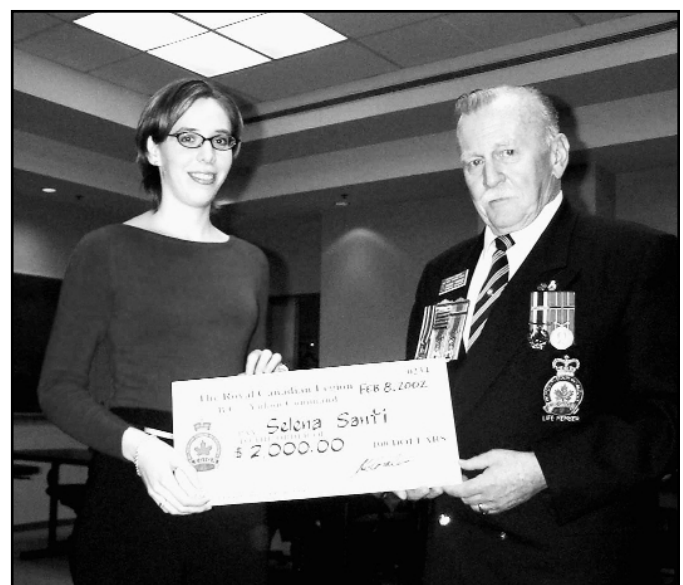
certainly increased throughout our society in recent years, but the Legion has been providing support to seniors through its 1,750 branches for many years. The involvement of local Legion branches, as well as Ladies Auxiliaries, has resulted in the establishment of active seniors programs in many Canadian communities where these services might not otherwise exist.

All levels of the Legion – local, provincial and national – are dedicated to the principle that it is far better for Canada that older people continue to live independently in their own homes. Legions help make this principle a reality. Either alone, or in cooperation with other municipal, provincial or federal agencies, the Legion provides community programs to augment official programs as follows:

- Legionnaires sponsor meals-on-wheels;
- Transportation to bring seniors to branches for recreational day-programs, shopping, medical and dental appointments, etc.;
- Home and hospital visit programs;
- Handyman help with maintenance;
- Counseling services by volunteers and professionals.

Over the past year branches and Ladies Auxiliaries of the Legion in the BC/Yukon Command have:

- Donated over one million dollars from Poppy Funds to ex-service personnel and their dependants;
- Raised half a million dollars for charities and Branch projects;



Selena Santi receiving the Royal Canadian Legion British Columbia/Yukon Command Bursary in Gerontology from Treasurer Gerry Vowles, CD.

- Donated special equipment and furnishings and extras, from television sets to buses, to hospitals throughout the province;
- Awarded over \$250,000 in bursaries;
- Contributed over \$350,000 to a variety of sports teams;
- Sponsored over 5000 Cubs, Scouts, Guides, and Cadets;
- Contributed \$16,500 to send young BC athletes and coaches to a Legion-sponsored national athletic camp;
- Contributed \$60,000 annually to the Department of Family Practice at UBC;
- Since 1956, sponsored senior citizens in low-rental housing.

We have a keen interest in the healthy welfare of all British Columbians and more than ever before the Royal Canadian Legion is doing everything it can to be there to help, and we're happy to do it. Thank you for sharing some time with me.

The Gerontology Post Baccalaureate Diploma Program: Providing Broad-Based, Multi-Disciplinary Education in Gerontology

The following is excerpted from a speech delivered by Norman Samaroo at the First Annual Awards Night held on February 8, 2002.

By 2021 it is estimated that 1 in 5 Canadians will be 65 years and older. This will present enormous opportunities in the coming years for researchers, educators, and healthcare providers who are equipped and prepared to address aging issues to assume significant roles throughout our communities. Given the rapid rate of population aging in Canada, education and training in gerontology today are of paramount importance if we are to successfully meet the heterogeneous and often complex needs of aging Canadians tomorrow. While education in gerontology is increasingly being incorporated within university curricula across disciplines, there is still a paucity of aging-specific programs at both the undergraduate and graduate levels. This is where the Post-Baccalaureate Diploma (PBD) Program in Gerontology at SFU provides unique learning opportunities for those who plan on working with seniors and for those who would simply like to enhance their knowledge of gerontology.

The study and practice of gerontology encompasses a broad range of disciplines, and the PBD Program successfully reflects this diversity by offering a wide

variety of courses that will appeal to students of all backgrounds who are interested in aging. Courses offered on campus enhance the educational experience through lectures, class presentations, and seminars. Often, individuals in a class are professionals themselves who work directly with seniors as nurses, dieticians, occupational therapists,

pharmacists, etc. This provides an added dimension and practical component to the program that further augments the learning experience. Those with little experience in working with the elderly will benefit from the practicum, which provides an excellent opportunity for students to gain first-hand, practical experience working with older persons in community settings. For those interested in pursuing advanced studies in gerontology, social-science methodologies are strongly reinforced throughout the program and students are taught how to critically review and analyze current aging research. Many of the theories, concepts, and topics addressed throughout the program are brought together in *Gerontology 400: Seminar in Applied Gerontology*, a course that offers students a tremendous opportunity to develop and carry out their own community-based research projects.

Overall, the PBD curriculum provides a clear link between current theory, research, and practice in gerontology. It can serve as a starting point for those interested in developing a career in gerontology, it provides an opportunity for those who currently work with seniors to obtain an academic credential, and it provides an excellent background and stepping stone for those who wish to pursue a Masters degree.



Norman Samaroo receiving the Israel Chertkow Scholarship awarded to the top student in the Diploma in Gerontology graduating class.

Artificial Intelligence

C.O.A.C.H.: Using Artificial Intelligence to Assist with Caregiving

by Raymond Adams, B.A., M.L.I.S., GRC Information Officer

On February 7, the Gerontology Research Center was pleased to host a seminar delivered by Dr. Alex Mihailidis of the Center for Studies in Aging, at the Sunnybrook & Women's College Health Sciences Center located in Toronto, Ontario. Dr. Mihailidis described a project using a computerized assistive device that aided veterans at the hospital who suffered with dementia to wash their hands in order to reduce caregiver intervention.

Dementia reduces a person's ability to perform activities of daily living (ADL) because he/she becomes progressively unable to remember the proper sequence of steps and how to use tools that are required. Dr. Mihailidis said that the current solution is to have a caregiver continually provide verbal prompts, but that caregiver dependence is difficult to accept and often contributes to anger or learned helplessness. As well, family caregivers find assisting loved ones with personal care to be particularly upsetting and embarrassing as it necessitates invasion of privacy and role reversal.

Dr. Mihailidis suggested that dependence on a caregiver and the perception of privacy might be improved using a cognitive orthosis that provides the reminders needed by the user and monitors progress. The C.O.A.C.H. (Cognitive Orthosis for Assisting aCTivities in the Home) is a prototype of an intelligent computerized device that Dr.



Dr. Alex Mihailidis

Mihailidis developed to assist people with dementia complete ADLs with less dependence on a caregiver. It uses artificial intelligence (AI) algorithms and a single video camera to monitor progress and provide pre-recorded verbal prompts when necessary.

Dr. Mihailidis described how wrist bands worn by the study's patients allowed the computer to 'visually' track the location of their hands at all times. Any deviation from the pre-programmed sequence of hand positions required to successfully wash and dry their hands resulted in a verbal prompt by the computer;

For example, "apply soap", "place hands under faucet", "dry your hands with the towel hanging on your right", etc.

Dr. Mihailidis reported that the system was able to significantly decrease direct caregiver intervention to assist the patients in completing the hand-washing task. The positive results yielded by the project raise, according to Dr. Mihailidis, the possibility of more complex and sophisticated uses of this type of computerized assistive device to decrease caregiver workload in ADL situations.

Alex has recently completed his doctorate in Bioengineering at the University of Strathclyde in Glasgow, Scotland, and at the Centre for Studies in Aging at Sunnybrook & Women's College Health Sciences Centre in Toronto. For the past six years, he has been investigating the potential uses of technology and artificial intelligence in assisting older adults with cognitive disabilities. At the Centre for Studies in Aging, he has also been involved in projects which have looked at other problems of aging including mobility and environmental design.

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- Mitchell, B.A. & E.M. Gee (1996). "Young adults returning home: Implications for social policy." In B. Galaway & J. Hudson (eds). *Youth in transition: Perspectives on research and policy*, pp. 61-71. Toronto: Thompson.

Recent Graduates

Since its establishment in Fall, 1996 the SFU Masters Program has graduated 23 students. The two most recent graduates are Linda Day and Wendy Johnstone who successfully defended their graduating projects in November / December, 2001. Abstracts of their projects are presented below. For a full list of completed projects and theses see the MA Program Section of the Gerontology website at www.harbour.sfu.ca/gero



Day, Linda (2001).
The Relationship Between Residential School Attendance and Health Status in Later Life Among First Nation Elders in B.C.

M.A. Project, SFU Gerontology Program (Supervisor: A. Wister).

This project provides an exploratory examination of the relationship between residential school attendance and health status in later life among First Nation Elders in B.C. The sample population (n = 539) was obtained from regional data collected during the First Nation and Inuit Regional Health Survey in 1997. It is hypothesized that attendance at a residential school will result in negative health outcomes in later life. In addition, a further hypothesis is that there will be familial effects of attendance at the residential school system.

To date, most research into the impact of residential school experiences have been of a qualitative nature that focuses primarily on the inter-generational, psycho-social effects of the system. This project is an attempt to fill in the existing gaps in the literature, specifically in relation to the quantitative perspective. A theoretical framework, which draws upon aspects from the Life Course Theory and Population Health perspective, is used to examine the relationship between residential

school attendance and health status in later life.

In order to test the two hypotheses, five main dependent variables are investigated in the analyses. They are "tuberculosis", "high blood pressure", "heart problems", "perceived health", and an additive "illness scale". Four residential school variables were used in the analyses: "did you attend", "years attended", "brother attended" and "sister attended" along with five socio-demographic covariates. A bivariate analysis was conducted with the five dependent variables, the residential school variables and the socio-demographic variables (see page 51 for a summary). Support was not found for hypothesis one at the bivariate level, however, there was partial support for hypothesis two, which states that there will be familial effects of residential school attendance. The two hypotheses were further tested at the multivariate level using a logistic regression and linear regression analysis. Ten hierarchical models were tested in the multivariate analyses. The multivariate analyses reveal a positive relationship between health status and residential school attendance (see page 55 for summary). "Years attended" residential school was found to be positively associated with "tuberculosis" yet negatively associated with "heart problems". The independent variable "brother attended" residential school was a predictor for "tuberculosis", "high blood pressure and for the additive "illness scale" variable.

In summary, there was partial support for an association between the residential school experience occurring in early life and the health status of First Nation people in later life. Stronger analyses are found for familial effects on health through the attendance of siblings. These findings support a life course –

developmental perspective.

However, the limitations of this study and preliminary nature of this preliminary analysis of these residential school data suggest that further work is needed before final conclusions as to the causal relationship between health status and residential school attendance can be ascertained. Gerontological research must include additional research and theoretical development that encompasses all of the unique aspects of First Nation health and aging, including the residential school experience.

Johnstone, Wendy (2001).
Key Factors in the Survival of Homesharing Programs Serving Seniors in Canada. M.A. Project, SFU Gerontology Program (Supervisor: G. Gutman).

The study investigated key factors of survival for homesharing programs serving seniors in Canada. Homesharing programs offer counseling and referral services to clients interested in homesharing; defined as a living arrangement in which unrelated people live together in a single dwelling and sharing common areas such as the kitchen and living room but having a private bedroom. Canadian nonprofit organizations have been offering homesharing services for over 20 years. Since 1980 there have been 35 programs established in Canada; currently, 10 remain in operation.

The primary goal of this study was to, using the Open Systems (OS) approach and by testing four hypotheses, identify those variables in the internal environment most likely associated with a homesharing program's survival. The study also examined and compared the characteristics of surviving homesharing programs in Canada with findings from the two previous

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Adjunct Professor Profile



Keith G. Anderson

Keith Anderson is currently the Chief Operating Officer for the Fraser Valley Health Area, part of the newly formed Fraser Health Authority. As COO, Keith is responsible for all acute care, public health, mental health and

continuing care services in the Fraser Valley Health Area.

In addition, Keith is the Vice President of Continuing Care Services, for the Simon Fraser Health Area, a position he has held since the formation of the Simon Fraser Health Region in 1996. In this role, Keith oversees care provided to 3500 residential clients, and 8500 Home Health Care clients, as well as numerous community programs, and palliative care. Prior to this, Keith served as President and CEO of the Pacific Health Care Society, a multi-site long-term care organization in New Westminster and Burnaby, BC. During this time, his organization established many new and innovative services to support the independence of seniors and

persons with disabilities. Keith's career has included the Holy Cross Hospital, Calgary, Alberta and Victoria General Hospital, Victoria, BC, where he held several senior administrative positions, including that of Assistant Executive Director and Vice President.

Keith holds undergraduate degrees from the University of Alberta and the University of Calgary. He has a Master of Social Work degree from the University of Calgary, and has completed the required coursework for his PhD in Gerontology at Simon Fraser University. Keith's studies have focussed on assessing the impact of health reform on the funding and utilization of community health services.

Keith is a Certified Health Executive with both the Canadian and American Colleges of Health Service Executives. He is an Adjunct Professor of Gerontology at Simon Fraser University, and was recently an advisor to the Ministry of Health in the development of a comprehensive strategy for the renewal of Continuing Care in British Columbia.

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studies.

Data was used from three different sources. For lifespan, geographic location and catchment, data were available for all 35 established programs. For other select variables of interest, data were available for 21 closed programs and six surviving programs. An in-depth follow-up with six surviving and six closed programs also provided required data for those variables measuring organizational motivation and capacity, accountability and adaptive strategies. Statistical measures including unpaired t-tests, bivariate

analyses and survival analyses were employed to evaluate differences in the internal environment of surviving and closed homesharing programs serving seniors in Canada.

The study findings showed several key differences in the internal environment of surviving and closed programs. Compared to closed programs, surviving programs tended to have longer lifespans and they had different target population and client restrictions. They also tended to be of the interdependent form and offered fewer matchmaking and

counseling services but more referrals. Surviving programs were also more likely than closed programs to use more adaptive strategies.

The implications of these findings are discussed in relation to the Open Systems (OS) model and provide further insight into the key factors of survival for homesharing programs serving seniors in Canada.

New Website Celebrates Careers in Aging Week

Looking for information on careers in aging? The Gerontological Society of America (GSA) and the Association for Gerontology in Higher Education (AGHE) have joined forces to create a new website called: www.careersinaging.com. The site includes an overview of the field, including examples of typical career and educational paths, contacts for American organizations and an online discussion forum. The site was developed to support the first annual Careers in Aging Week taking place April 8, 2002 in the United States and will include information on aging related events and publications.

Gerontology Program



Norah Holtby,
Student Advisor

The Minor in Gerontology is available to SFU students who are completing an undergraduate degree in any subject area. It consists of five courses that are completed as part of a bachelor's degree. There are no deadlines for application for this program.

The Post-Baccalaureate Diploma is a multi-disciplinary program available to students who have completed an undergraduate degree. Courses are available for full or part-time study and by distance education. Deadlines for application are January 30th, April 30th and September 29th.

The Master of Arts in Gerontology is a graduate program that is commenced after completion of an undergraduate degree. There are two areas of concentration: (1) health promotion/population health and (2) aging and the built environment. The Masters program is not available by distance education. Deadlines for applications are: January 30th for the fall semester beginning in September. September 30th for the following spring semester beginning in January.

For information on these programs consult the following website: www.harbour.sfu.ca/gero/ or contact Norah Holtby at tel (604) 291.5065 or e-mail gero@sfu.ca. For information on Gerontology as a career option consult the following website www.careersingerontology.com.

COURSE OFFERINGS

Check the SFU Time Table (www.reg.sfu.ca) for more information. Offerings are subject to change. (Note: C= Distance Education Courses, DOW = Harbour Centre, SFU = Burnaby Campus, 800 = graduate course) The current course timetable is available from the website www.reg.sfu.ca/cs/currentinfo/. Course outlines are posted at www3.reg.sfu.ca/Tango/course_outlines/course_outlines.ta?function=form

Summer (2002-2)

GERO 300-3	Introduction to Gerontology	C	S. Crawford
GERO 408-4	Families and Aging	DOW	B. Mitchell
GERO 420-4	Sociology of Aging	C	A. Wister
KIN 461-3	Physiological Aspects of Aging	C	PJ. Pretorius
PSYC 357-3	Psychology of Adulthood and Aging	C	Kimball
SA 319-4	Culture Ethnicity and Aging	SFU	P. Dossa

Fall (2002-3)

GERO 300-3	Introduction to Gerontology	DOW	H. Chaudhury
GERO 301-3	Research Methods	DOW	Sessional
GERO 302-3	Health Promotion and Aging	DOW	Sessional
GERO 403-3	Counseling with Older Adults	DOW	Sessional
GERO 405-3	Aging in Small Towns and Rural Areas	DOW	H. Chaudhury
GERO 406-3	Death and Dying	DOW	D. Jackson
GERO 411-3	ST: Mental Health and Aging	DOW	N. O'Rourke
GERO 420-4	Sociology of Aging	C	A. Wister
GERO 801-4	Health Policy and Applied Issues in Gerontology	DOW	G. Gutman
GERO 802-4	Development and Evaluation of Health Promotion Programs	DOW	A. Wister
GERO 810-4	Community Based Housing	DOW	H. Chaudhury
GERO 840-4	ST Families, Communities and Health	DOW	B. Mitchell
KIN 461-3	Physiological Aspects of Aging	C	TBA
PSYC 357-3	Psychology of Adulthood and Aging	C	M. Kimball

Mental Fitness



MIND ALERT: Program to create resources on aging and mental fitness

by Sandra Cusack

The American Society on Aging (ASA) is currently creating a resource on aging and mental fitness. *MindAlert*, funded by grants from the Archstone Foundation and the Metropolitan Life Foundation, disseminates information on current research and innovative programs that help older adults maintain and improve their cognitive and mental function in later years.

The *MindAlert* project incorporates the following program areas:

(1) *The Metropolitan Life Foundation MindAlert Lecture Series* disseminates the latest research on maintaining and enhancing cognitive function in late life. Lectures in the series are published both in print and on ASA's web site. This year's lecture, presented by Marian Diamond Ph.D. and Arnold Schiebel MD, was entitled "Successful Aging of the Healthy Brain," and examined the implications of new research on brain enrichment. Based on research with both animal models and humans, the lecturers looked at the links between brain enrichment, physical factors (such as diet and exercise) and mental factors (such as challenge, newness, and love).

(2) A second component of the project, *The Metropolitan Life Foundation MindAlert Award* identifies and recognizes community-based programs that provide valuable information and activities on ways to enhance cognitive function in later life. The award not only recognizes successful and innovative programs, but also provides a wealth of ideas and guidance for organizations to create or improve their own programs. The programs are judged for their innovation, their basis in research, demonstration of their effectiveness, potential for replication, and the extent to which they are accessible to diverse populations of elders. Winner of the first awards in 2001 were:

- *The Adult Activities Center* at Adult Day Services of Orange County in Costa Mesa, California, a program offering a continuum of services to address the unique needs of people in the early stages of Alzheimer's disease and their caregivers.
- *Mind Your Mind*, a systematic, well-rounded mental activity program that promotes mental fitness in older adults; and

- *Elder Rehab*, a program at the Department of Speech and Hearing Sciences, University of Arizona in Tucson that is a cognition, language, physical fitness and "partnered volunteering" program for people with mild to moderate Alzheimer's disease.

(3) A third component of the *MindAlert* project is the development of a mental and cognitive health promotion curriculum. It includes information on the value of lifelong mental exercise in maintaining and enhancing cognitive function, and in preventing or delaying the onset of memory loss, dementia, and other mental and cognitive declines in later life. This curriculum will be incorporated as a module in another ASA project funded by the US Center for Disease Control and Prevention (CDC) entitled Health Promotion and Disease Prevention for Older Adults. The broader CDC project will contain materials on a number of condition-specific health issues.

(4) A fourth component of the project is a Web-based clearinghouse for resources related to cognitive fitness and aging. The clearinghouse includes research materials as well as popular literature, articles, videos, games, and websites that contain information of interest to professionals and consumers on this important topic. The resource center can be found on the ASA's website, www.asaging.org/mindalert

— For more information about *MindAlert* and the *MindAlert* awards program contact Therese McNamee, American Society on Aging, 833 Market Street, Suite 511, San Francisco, CA 94103; Tel: 415-974-9632; Email: theresem@asaging.org

Recent Centre Activities

COMINGS & GOINGS

Dr. Mark Groves, BC Real Estate Foundation Research Fellow in Environmental Gerontology, has left the Gerontology Research Center to pursue other interests.

Norman Samaroo, B.A., Dip. Gero, has left his position with the IAG to pursue further education. We wish him all the best.

AWARDS & HONOURS

Congratulations to:

Dr. Gloria Gutman on being appointed special advisor to the International Network for the Prevention of Elder Abuse (INPEA).

Dr. Steve Robinovitch, Assistant Professor, School of Kinesiology on winning a prestigious Michael Smith Foundation Scholar Award (value = \$80K for 5 years). This award will be used to further his research program on age related changes in posture and balance along with strategies to avoid injury in the event of a fall.

Norman Samaroo (B.A., Dip Gero) who is the most recent recipient of the Israel Cherkow Scholarship awarded to the top student in the Diploma in Gerontology graduating class. See page 9.

Selina Santi (MA Gero candidate) who is the first winner of the Royal Canadian Legion Pacific Command Bursary in Gerontological Nursing and Gerontology (value \$2000). See page 8.

GRANTS & CONTRACTS

Gerontology Assistant Professor **Habib Chaudhury** has been awarded a President's Research Grant (\$9,999) for a replication and extension of a study on the meaning of home for older adults originally conducted by the German Research Centre on Aging. The study will examine cross-national (Canada vs. Germany), as well as within Canada, immigrant vs non-immigrant's residential experience.

PUBLICATIONS

Cappeliez, P., & O'Rourke, N. (2002). Ways of reminiscing among older adults. *International Journal of Aging and Human Development* 54, 255-266.

Gutman, G.M., Stark, A., Donald, A., & Beattie, B.L. (2001). Contribution of self-reported health ratings to predicting frailty, institutionalization, and death over a 5-year period. *International Psychogeriatrics* 13 (Suppl. 1), 223-231.

Gutman, G.M. (2001, Dec. 15-21). Planning for your retirement. *TV Week*, 26 (50), 34-35.

Gutman, G.M. (2001, Dec. 22-28). Preparing your home for older relatives. *TV Week*, 26 (51), 15.

Gutman, G.M. (2001, Dec.29-Jan.4. 2002). Tips for readers with aging parents. *TV Week*, 26 (52), 76-77.

Gutman, G.M. (2002, Jan.12-18). Maintaining independence as you age. *TV Week*, 27 (2), 22-23.

Spencer, C. (2002). Elder Abuse in Canada: 2001 Review. *Newsletter International Network for the Prevention of Elder Abuse*, 9, 7.

ALUMNI NEWS

Angela Brooks (Diploma Program, 2000) is Director of Mainland Operations at Retirement Concepts Seniors Services Ltd., which owns and operates the new Guilford Seniors Village along with several other properties in BC and one in Quebec.

Georgia Livadiotakis (MA Gero, 2002) has taken a position as an Evaluation Analyst with Health Canada in the Departmental Program Evaluation Division of the Applied Research and Analysis Directorate.

Teresa Snider (Masters candidate) has joined the Seniors Housing Information Program (SHIP) in the position of Client Outreach Worker.

RECENT ACQUISITIONS IN THE GRC LIBRARY

Health

Kumar, V. & C. Eisdorfer (Eds.). *Advances in the Diagnosis and Treatment of Alzheimer's Disease*. HE552 A244k 1998

Levkoff, S.E., Chee, Y.K., & Noguchi, S., Eds. *Aging in Good Health: Multidisciplinary Perspectives*. HE100 A267L 2001

Morrison, Mary F. (ed.). *Hormones, Gender and the Aging Brain*. HE500 H812m 2000

Rivara, F.P. et. al. *Injury Control: A Guide to Research and Program Evaluation*. HE330 I56r 2001

Roberto, K.A., & Gold, D.T. *Chronic Pain in Later Life: A Selectively Annotated Bibliography*. HE320 R639c 2001

Rubinstein, R., Moss, M., & Kleban, M.H. *The Many Dimensions of Aging*. HE100 M295r 2000

Shenk, David. *The Forgetting Alzheimer's: Portrait of an Epidemic*. HE552 S546f 2001

Snowdon, David. *Aging With Grace: What the Nun Study Teaches Us About Leading Longer, Healthier, and More Meaningful Lives*. HE552 S674a 2001

Tze, W.J. *HQ Health Quotient: An International Approach to Personal Health*. HE700 T998h 2001

US Dept. of Health and Human Services. *Health, United States 2000*. HE700 U84 F2 H434 2000

Environment

Heumann, Leonard F., Karen Winter-Nelson, and James R. Anderson. *The 1999 National Survey of Section 202 Elderly Housing*. HO550 H59 N27 2001

Lanspergy, Susan and Joan Hyde (eds.). *Staying Put: Adapting the Places Instead of the People*. HO410 S798L 1997.

Upcoming Events

April 7-10, 2002

6th National Health Promotion Conference – “Partnership Research for Health and Social Change”

Victoria, BC, Canada, WWW:
www.hp2002.uvic.ca

April 18-20, 2002

**Alzheimer Society, Canada
24th National Conference and
Annual General Meeting**

The Fairmont Palliser, Calgary, AB,
Canada

Tel: 1-800-616-8816

Email: conference@alzheimers.ca,
WWW: www.alzheimer.ca

May 9-11, 2002

**Forum 2002: A Lifelong Odyssey
ALCOA 2nd National Forum,**
Regina, SK, Canada

Contact: ALCOA, Tel: 1-800-549-9799

Email: alcoa2@istar.ca, WWW:
www.alcoa.ca

June 20-21, 2002

**Best Practices Conference 2002 –
“Healthy Aging, Strategic Directions
and Future Actions”**

Sheraton Grande Edmonton,
Edmonton, AB, Canada

Contact: Margaret Buhay, Conference
Coordinator

Capital Health Authority
#300, 10216 – 124 Street, Edmonton,
AB T5N 4A3

Tel: 780-413-5125, Fax: 780-413-5126

Email: mbuhay@cha.ab.ca

June 24-27, 2002

**Centre on Aging, University of
Victoria – “Centre on Aging
Summer Institute 2002:
Interdisciplinary perspectives on
Psychosocial Approaches to Mental
Challenges in Late Life”**

Victoria, BC, Canada

July 14-17, 2002

**The Institute on Aging at the
University of Washington –
“Innovative Community-Based
Options for Elders”.**

NOTE: Conference registration
limited to 75; deadline:

April 15, 2002 to guarantee a place
for yourself.

Seattle, WA, USA, Contact: Tel: 206-
543-8727

Email: geron@u.washington.edu

October 24-27, 2002

**30th Annual Scientific Meeting of
the Canadian Association of
Gerontology**

Montreal, Quebec, Canada

Contact: CAG Conference
Secretariat, 100-824 Meath St.,
Ottawa, ON K1Z 6E8

Tel: 613-728-9347

Fax: -613-728-8913

Email: info@cagac.gc.ca

Web: www.cagac.gc.ca

TENURE-TRACK POSITION

in Aging, and Law/ Crime/Victimization Gerontology/Criminology SIMON FRASER UNIVERSITY

The Gerontology Program and the School of Criminology invite applications for an exciting, new interdisciplinary tenure-track position in Aging, and Law/ Crime/ Victimization under the Canada Research Chairs (CRC) program. This appointment, which will commence May 2003, is a Tier II position at either the Assistant Professor or Associate Professor level. For information about the CRC program see <http://www.chairs.gc.ca>

Applicants with a PhD, LL.M, or equivalent and an emerging record of research and publication in the area of aging and law, crime or victimization are being sought. The successful candidate will have a joint appointment in Gerontology and Criminology, two academic units with international reputations for research excellence and innovation, and will be expected to undertake research and teach at the graduate and undergraduate levels in the above mentioned areas. For information about Gerontology at SFU see <http://www.harbour.sfu.ca/gero> The School of Criminology's web page can be accessed at <http://www.sfu.ca/criminology>

To apply, submit a curriculum vitae, six letters of reference, copies of representative publications, and a summary of research objectives and teaching accomplishments to: Dr. Gloria Gutman, Professor and Director, Gerontology Program and Research Centre, Simon Fraser University at Harbour Centre, #2800 – 515 W. Hastings St., Vancouver, B.C., V6B 5K3. Deadline is April 30th, 2002. This appointment will be contingent on the candidate being approved for a Tier II CRC award by the CRC Secretariat. Only candidates who hold or are eligible for promotion to the rank of Assistant Professor or Associate Professor will be considered. Simon Fraser University is committed to the principle of equity in employment and offers equal employment opportunities to all qualified candidates.