



SFU

GERONTOLOGY
RESEARCH CENTRE

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The *GRC News* is a print and digital magazine designed to keep readers inspired and informed about the people, projects and passions that make our research community so extraordinary. The *GRC News* covers

a range of issues of interest to engaged readers and encourages researchers, alumni, and community partners to contribute to making each issue visually rich and engaging.

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On behalf of the Gerontology Research Centre at Simon Fraser University, I would like to take this opportunity to extend warm wishes and a safe Holiday Season to our members, collaborators, benefactors, and full readership.

The second year of the COVID-19 pandemic has proven to be as challenging as the first year and threatens to continue as we cope with new variants. Nevertheless, the GRC and the multiple communities that it serves have shown many forms of resilience in the face of pandemic adversity. Undoubtedly, COVID-19, which I have termed a “gero-pandemic” in my writing, has underscored the importance of gerontology as a leading interdisciplinary field that has positioned itself at centre-stage. This is reflected in the current issue of the GRC News, which highlights the numerous research and translational community engagement activities with which we have been engaged over the last half of 2021.

As we transition into a new year, the GRC and department plan to begin a series of exciting

40th Anniversary celebrations that will begin in 2022 and will culminate in a major GRC Friesen Conference planned for the Spring of 2023. The GRC opened its doors in the fall of 1982 under the directorship of Gloria Gutman, and the gerontology academic program began in fall 1983. We have decided to delay the start of this joint 40th Anniversary to protect our constituents from infection and align with the original development of our joint units. We are confident that our ability to respond to the pandemic in a nibble and effective manner will be reflected in the upcoming years.

Finally, I want to extend my sincere thanks to our GRC Communication Officer, Kevin Wagner, who will be leaving us to pursue graduate training in International Relations at the University of Sydney in Australia.

Please see our web site (<https://www.sfu.ca/grc>) for other important developments, including special reports on our research endowments and our beneficiaries.

ANDREW WISTER
DIRECTOR, GRC

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**THE HOUSE OF THE
OLD REVISITED**

By Megan J. Davies

Most academic projects can be linked to a career lineage. One can often identify a line of inquiry that snakes across the crisp pages of a curriculum vitae, sometimes vanishing and re-emerging in a revised form. Does this mean that researchers are never quite content with the answers that they uncover?

Spending the last several months among the gerontology faculty, researchers in residence and students at Simon Fraser University, I have observed that they often have a significant lifecourse connection with older people. In this, I am typical. I had a deep and formative relationship with my paternal grandfather when I was a child. As a young woman I connected with my great-aunt and worked in home support, where I quickly ascertained that my job was primarily to provide companionship. Reflecting on these relationships, I can see that I was being schooled in the world of the senescence. My fascination with this place has endured.

In my doctoral dissertation and subsequent monograph, *Into the House of Old: A History of Residential Care in British Columbia*, I recreated the world of BC's vulnerable elderly - never-married prospectors and loggers, cast-off Chinese railway labourers, widowed women without children - and traced their pathways into an emerging twentieth-century network of public institutions, small private hospitals, and post-World War II nursing homes. A decade later I returned to the history of old age to explore the fascinating story of Canadian Moyra Jones, a forgotten late-twentieth-century innovator in humane dementia care and the use of music therapy. This research was sparked by an invitation from sociologist Pat Armstrong to join an international multidisciplinary team of academics looking for promising practices in long-term care. Strongly activist in intent, Armstrong's methodology included our work collecting rapid round-the-clock ethnographies of care facilities in Canada, the United States, Britain, Norway, Sweden and Germany and a

high level of après-research chatter.

In the spring of 2020 the email exchange among former colleagues on Armstrong's Re-Imagining Long Term Residential Care project became intense as we witnessed COVID-19 infections and deaths skyrocket in seniors' facilities. Early fatalities at Lynn Valley Care Lodge and other Vancouver area facilities were followed by a deluge of deaths in Central Canada. I sat at my desk in tears reading an email from a Quebec researcher on the Re-Imagining Project: a nun at a Montreal residence had asked her to pray for them, seemingly believing that there was no possible rescue on the earthy plane. Was I surprised? Of course not. This outcome had been scripted by historical and present practice. But I was unbearably sad.

I pondered the perfect project to bring Canadians face to face with the fact that, with 81% of first wave fatalities in long-term care, our country was a global debacle. We utterly failed to keep our elders safe. Therefore, I wanted to place the life stories behind the daily death counts facing every single Canadian adult. I wanted the public to understand that it was not just COVID-19, but that the pandemic had simply made evident longstanding systemic problems in our eldercare facilities. Certainly, constant cost-cutting in the sector and rapid privatization from the 1990s onward were major factors, but few Canadians appreciate how the colonial heritage of the British workhouse imposes itself, ghostlike, on today's eldercare residences. Incarcerated workhouse residents, many of them frail elderly, were denied personal dignity and the right to leave the facility, and the food and atmosphere were punishingly institutional. Sound familiar? And I didn't want anyone to forget the eternally overextended staff in long-term care homes, for the conditions of work are always the conditions of care. Nothing overtly academic, I thought, but rather a storytelling exhibit where people hear the voices of residents, workers, families and friends. An affective experience with a political purpose.

Somewhat shockingly, Simon Fraser University has a grant for exactly this kind of project. The Jack and Doris Shadbolt Fellowship in the Humanities supports "acts of world-making in the creative arts and publicly engaged scholarship." Honing in on the shocking loss of rights in a population that was being kept physically safe, but faced terrible - even fatal - loneliness after months of isolation, I sent my application in at the end of September.

COVID in the House of Old is a multimedia installation that acknowledges the thousands of seniors who died in care homes or endured months of isolation, and the staff who faced an overwhelming burden of care. I commissioned Toronto musician and composer Hiroki Tanaka to create an audio-visual representation of COVID death statistics over time in long-term care, each musical note or dot streaking across the screen a life cut short. Then I began to create a series of storytelling chairs - 7 in total - each held by an individual whose life was indelibly altered by the rapid spread of COVID through long-term care. Daughters, sons, and grandchildren tell tales of devastating loss. Survivor residents speak of painful separation. Workers describe confusion, exhaustion and extreme stress. The final exhibit chair has been set aside for the Wikwemikong Nursing Home on Wiikwemkoong Unceded Territory in Northern Ontario where Indigenous and non-Indigenous Elders are honoured, respected and cared for with love.

Opening first on 13 January 2022 in the Arbutus Gallery at the Surrey Campus of Kwantlen Polytechnic University, this will be a scalable travelling exhibit with a website, a podcast, and a set of educational materials. I am currently negotiating future exhibit space in public libraries and community centres elsewhere in British Columbia.

If you would like to attend SFU's virtual launch of COVID in the House of Old on at 1 pm, January 14, use this Eventbrite link:

<https://www.eventbrite.ca/e/covid-in-the-house-of-old-virtual-launch-and-artist-talk-tickets-221659929817>



Megan J. Davies is a professor of health and society at York University and a community engaged scholar on the history of health in British Columbia, with research interests in old age, women, rurality, social welfare, health policy, everyday health and madness.

MAJOR INVESTMENT RENEWS NATIONAL RESEARCH PLATFORM ON AGING

Originally published on SFU News

Simon Fraser University researchers will be among those from across Canada benefiting from the federal government's \$61.5 million investment the next phase of the Canadian Longitudinal Study on Aging (CLSA).

The funds, announced Aug. 13, include \$52 million through the Canadian Institutes of Health Research (CIHR) to ensure researchers have ongoing and timely access to a world-class data platform focused on health and aging. It also includes \$9.5 million from the Canada Foundation for Innovation.

The funds support research activities at SFU as one of several participating institutions across Canada, ensuring data collection from CLSA participants continues until 2027.

The investment also supports the introduction of several new or expanded assessments in the areas of sexual health, mobility, vision, sense of smell and health-care experiences.

Launched in 2010, the CLSA is Canada's largest study of aging, following more than 50,000 individuals who were between the ages of 45 and 85 at recruitment, for 20 years.

The CLSA collects information on the changing biological, medical, psychological, social, lifestyle and economic aspects of individual's lives. These aspects are studied to understand how—individually and in combination—they have an impact in both maintaining health and in the development of disease and disability as people age.

The initiative is led by McMaster University, McGill University and Dalhousie University, with support from numerous site leads, including SFU.

"This significant funding from CIHR and CFI will allow us to continue collecting data comprising the world-renowned Canadian Longitudinal Study on Aging research platform," says site lead and Professor Andrew Wister, director of SFU's Gerontology Research Centre. "The CLSA supports cutting-edge interdisciplinary research in health and aging that is filling knowledge gaps and directing public policy to enhance the lives of current and future generations of older Canadians."

The funding renewal marks the third investment from CIHR, which has previously provided \$73.1 million to support recruitment and the baseline assessment and two follow-up waves of data collection.

In addition, earlier this year the federal government announced \$9.5 million for renewal of the CLSA's research platform infrastructure through the Canada Foundation for Innovation. The new funding will provide support for two additional follow-ups, the first of which will launch this summer.

Earlier funding is also enabling researchers to upgrade the infrastructure currently used at the two SFU-affiliated CLSA data collection sites, at the Vancouver and Surrey campuses, and incorporate new equipment to collect data that aligns with emerging science in aging research.

Data collection is expected to continue at both SFU sites this fall. SFU researchers will be involved in collecting measures related to those supported by the latest investment, which include:

- Wearable technology to capture data on physical activity, sedentary behaviour, mobility and sleep
- A new vision contrast sensitivity test that will provide data to understand the link between changes in vision and aging
- A new assessment of olfactory function, or sense of smell. Research suggests loss of smell may be an early warning sign of certain neurological conditions including cognitive impairment
- Questions about sexual health and aging to improve research capacity in this area
- 3D analysis of gait speed, or how a person walks, which has been shown to be associated with changes to the brain and adverse events such as falls

Since 2015, more than 340 research teams in Canada and around the world have accessed the CLSA data and have generated more than 150 peer-reviewed publications. Nationally representative data from the CLSA are also included in the Baseline Report for the World Health Organization's Decade of Healthy Ageing, which runs from 2021 until 2030.

WHAT DOES THE BC OMBUDSPERSON DO?

By Gloria Gutman

At the recent COSCO conference (Sept. 27-28, 2021) the CEO, Jay Chalk, gave a spirited presentation that began with an outline of what the provincial Ombudsperson's office does and doesn't do.

- The Ombudsperson's office investigates complaints that related to the following BC public bodies:
- Provincial Government Ministries
- Schools & School Districts
- Crown Corporations
- Local Governments
- Provincial Government Boards & Commissions
- Universities and Colleges
- Hospitals, Health Authorities & Health-Related Agencies
- Professional Associations

The office does not investigate federal government and agencies, lawyers for public authorities, court decisions or judge's conduct, police, legislative assembly, private disputes or First Nations governments.

- There are 3 sources of the complaints the office investigates:
- Individual's complaints (e.g. a person feels he/she has not been treated fairly by a health authority or government department). The office handles about 8000 individual complaints per year.
- Own-motion systemic investigation
- Referral from the Legislative Assembly or one of its committees

Jay also distinguished between his office and the office of the Seniors' Advocate. He pointed out that the Seniors'

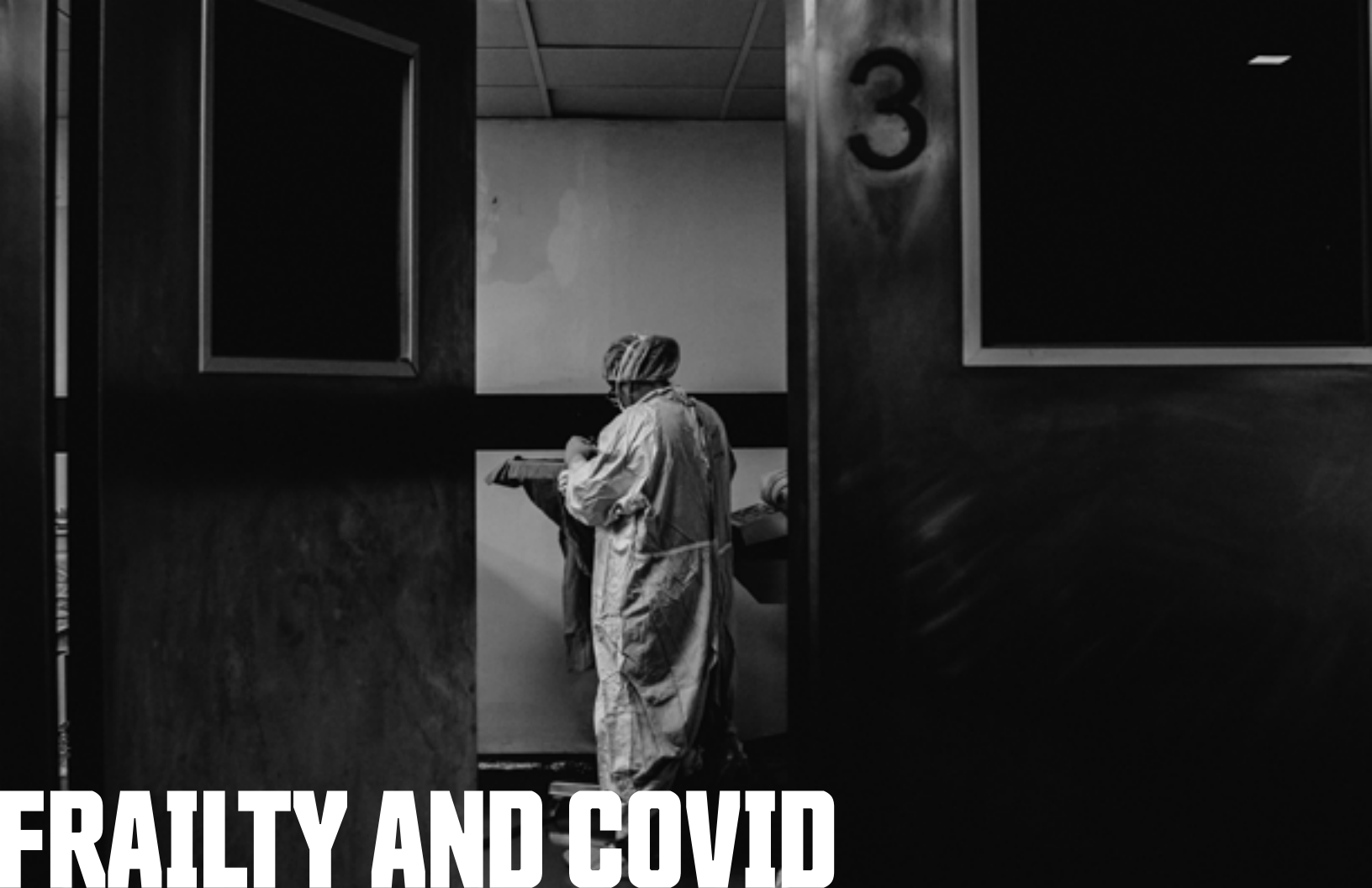
Advocate mostly deals with systemic issues; contact the Ombudsperson's office if you have a personal complaint! He also urged people to contact the Quality Officer of the organization that you are complaining about before contacting his office.

In the second part of the session, Jay talked about a 7-year follow-up of the Best of Care Report which was produced by the Ombudsperson's office in 2012. He noted that the report contained 143 findings and made 176 recommendations. The recommendations related to support, protection, consistency of choice for seniors receiving services, etc. He highlighted a number of the recommendations that have been implemented – for example in the area of support and information, seniors now get a copy of their assessment when they have been assessed for eligibility of receive home and community care services. In the category of oversight, staff now visit all new assisted living facilities before adding their name to the Assisted Living Registry.

In terms of future activities for seniors' advocates, he urged lobbying for implementation of the recommendations not yet implemented. A list of these can be found on the Ombudsperson's website (<https://bcombudsperson.ca/>). One he highlighted concerned how Health Authorities handle complaints – which needs to be improved. A second was in the area of abuse and neglect. For example, currently seniors receiving home support or living in assisted living do not have the same level of protection from financial abuse as those in residential care facilities. He noted that the full evaluation of the home support system still is not complete. Also, there is a lack of tenancy protection for residents of assisted living facilities. And, there are no regulatory standards related to key aspects of residential care and challenges in meeting staffing care hour targets. These are all areas that each and every one of us should be concerned about as they affect our loved ones, our clients, and ourselves.



Jay Chalke was appointed Ombudsperson in May, 2015 by unanimous motion of the Legislative Assembly and reappointed to a second six-year term starting July 1, 2021



FRAILTY AND COVID

By Heather Sanders

Originally published by SFU Research

The COVID-19 pandemic has had a disproportionate impact on older people, in terms of the number of lives lost as well as the effects of social isolation. SFU professor of mental health and aging Theodore D. Cosco is working to understand and learn from these impacts. Since the age of 12 when he began volunteering at a long-term care facility, he has had a life-long passion for gerontology and the aging process.

Cosco is a Chartered Psychologist and epidemiologist, and a Research Fellow at the Oxford Institute of Population Ageing at the University of Oxford. He studies a range of factors that promote healthy aging and resilience in older people – from digital interventions to physical activity. He also leads Precision Mental Health, a community-engaged research project based at the SFU Gerontology Research Centre that leverages technology and big data to support the mental wellbeing of older adults.

“I’ve long been advocating for the use of technology to help

isolated seniors foster social connections,” says Cosco. “When the pandemic started, I had a bit of an ‘I told you so’ moment, as we all pushed to connect with our parents, grandparents, aunts and uncles online. One of the rare silver linings of the pandemic was the push for greater technology adoption for socially isolated older adults, as well as seeing more funding driven to this area.”

For his recent study, Cosco collaborated with researchers from SFU, University College London, the University of Leicester, and Sheffield Teaching Hospital, including Simon Conroy and Daniel Davies who are both geriatricians. They examined studies related to frailty and mortality in older, hospitalized COVID patients. Their paper, What is the relationship between validated frailty scores and mortality for adults with COVID-19 in acute hospital care? A systematic review, provides insights into how frailty may or may not influence health outcomes specific to COVID-19.

The term frailty is used in clinical settings to describe a state of decreased reserve and diminished resistance to stressors. Age-related frailty increases the risk of adverse health outcomes, including cognitive impairment, disability and

death. Physicians use a number of accepted ranking systems to determine frailty, such as the Clinical Frailty Scale.

The researchers screened thousands of papers published in Medline, Embase and Web of Science databases from the onset of the pandemic to September 2020, and selected 26 original peer-reviewed articles to study. The patients were all diagnosed with COVID, their median age was 73.1 years and 43.5 percent were female. Mortality varied widely across the studies, ranging from 14 to 65 percent and the studies reported mortality at different times, between five and 60 days.

The majority of studies showed that in older people hospitalized with COVID-19, frailty was associated with COVID-19-related mortality in most patients, but not all. Some studies presented a more complex interaction between frailty and COVID-19 status. For example, two studies found that mortality in severely frail people was not as high as expected, while observing higher mortality among those deemed to be relatively healthier.

Taken altogether, the findings suggest a more nuanced understanding of frailty and COVID-19 outcomes is needed. The researchers recommend that physicians use caution when considering frailty in their prognosis, take into account all factors, and consider many factors in determining the appropriate approaches to treatment. “We encourage health practitioners to use frailty as one of the tools to determine treatment escalation – not the only tool,” says Cosco.

He adds that the transmissibility of COVID made it unique to other viruses. “Care homes were hit especially hard because they are community settings,” Cosco confirms, “and then you bring in visitors, staff, and caregivers. Older adults are both more vulnerable because of transmissibility in community settings as well as via increased frailty which may lead to decreased capacity to fend off disease.”

Cosco et al. also suggest that the transmissibility of COVID

may have altered people’s behavior. Many may have chosen to avoid hospitals or delay moving aging relatives into care facilities, and to manage at home. This may have resulted in only the very ill arriving at hospitals.

The study noted that paradoxically, in persons over 60, a one percent decrease in mortality from all causes is associated with a four percent increase in the COVID death rate. This is thought to be related to the unhealthy survivor effect – individuals experiencing longevity at the price of dependency and susceptibility – such as seen in care home settings.

Since completing the paper, Cosco and colleagues, along with the British Geriatrics Society have continued to maintain a live web-repository of COVID and frailty studies at: www.bgs.org.uk/covidfrailty. They encourage people to contribute their work, as it’s the most comprehensive source of this research. They have also compiled updated clinical guidance on frailty and COVID, as well as other resources at: www.criticalcare.nice.org.uk.

Cosco continues his research and advocacy regarding the mental and physical well-being of the older population. He is a Co-Investigator on the Canadian Longitudinal Study on Aging, and is identifying strategies and resources that older adults can use to foster greater resilience. He’s currently finalizing a sub-study of 30,000 participants on the effects that decreased social and physical activity during the pandemic lockdown had on the mental well-being of older adults.

“As we continue to add years to life, my research focuses on adding life to those years,” says Cosco. “The pandemic has been an especially challenging time for older adults and I hope that the lessons learned from it can help us identify new ways to promote wellbeing at the individual, societal and policy levels. Understanding the challenges that older people face can help improve their quality of life and their health outcomes, and will ultimately benefit all of us.”



AGING IMMIGRANTS

NEW ARTICLE FROM SFU GERONTOLOGY PHD STUDENT
SANDEEP DHILLON

By Sandeep Dhillon

Throughout this adverse year, I successfully published my first article (as first author) on the sociocultural relationships of older immigrant Punjabi women living in Nova Scotia: implications for well-being. What started as a research study to fulfill my requirements for my master's degree, I published the findings to have a more significant impact on furthering the limited knowledge that exists on this vulnerable cultural group.

With the increase of South Asian immigrants in Canada, the relationship between older immigrant Punjabi women's sociocultural relationships and their mental health and well-being needs to be understood. This study was guided by the social determinants of health and intersectional feminist frameworks. I interviewed five older Punjabi women living in Nova Scotia using a qualitative descriptive design. These women were recruited from the two largest Gurdwaras (place of worship) in Nova Scotia. I attended weekly prayer events to help connect with community members and build rapport. Conducting the interviews in Punjabi was critical as it allowed the women to articulate and express their thoughts and feelings without any sociocultural barriers. In doing so, three themes were identified:

- having freedom yet being dependent on families
- conflating having a happy family with having good mental health

- needing ways to connect with other older Punjabi women.
- The findings presented in this article articulate how Punjabi relationships affect women's views on mental health and well-being.

Interesting fact: My personal experience of pursuing mental health research in the Punjabi culture stems from my greatest inspiration, my grandmother. My grandmother grew up in the early 1920s in Punjab, India, and lived a life one can only imagine. She became a widow by the age of 44 and raised her seven children all on her own while living in a patriarchal rural society. Being a leader, a role model, and most importantly, a provider made me recognize my grandmother's resilience but also made me question her mental health and well-being.

Personal fact: Being born and raised in Central Ontario, I've had the privilege to live on both coasts of Canada. Both metropolitan cities (Vancouver and Halifax) offer their uniqueness and beauty, however, I believe visiting the Maritimes should be on everyone's travel list. Halifax (in my humble opinion) has the best Canadian food scene! Be sure to check out Studio East, The Coastal Café, and The Bicycle Thief.

Read Sandeep's full article "The sociocultural relationships of older immigrant Punjabi women living in Nova Scotia: Implications for well-being" [here](#).

Sandeep Dhillon is a PhD Student in the Department of Gerontology at SFU.

NEW FUNDING: DANIEL R. Y. GAN

SFU Gerontology Research Centre Fellow, Daniel Gan was recently awarded funding from SFU's Community Engagement Initiative (CEI)—a fund that awards staff and faculty who lead projects that have community impact through cultivating mutually beneficial and respectful partnerships. Daniel's project "Brain Health in Community" aims to prevent cognitive decline in older adult communities by creating programming specifically tailored to the aging population.

Tell us about yourself.

I am an Urban Design and Mental Health (UD/MH) Fellow with an interest in mental health implementation science. I trained and practiced as an urban designer prior to my doctoral studies on neighborhood atmosphere and the mental wellbeing of older adults.

My research as the Gerontology Research Centre (GRC) BC Real Estate Foundation Fellow involves several streams of work which contribute to better eudaimonic wellbeing among older adults to support healthy aging in community. Eudaimonia is a conceptualization of mental wellbeing that prioritizes self-development as much as positive emotions. Self-development is an on-going process, even in old age, and it affects one's everyday relationships and self-identity, including a sense of loneliness or at-homeness.

Tell us about your project titled "Brain Health in Community" and how SFU's Community Engagement Initiative funding will help?

As more older adults age in community, some may be underserved and more prone to cognitive decline. This project engages older adults through community organizations to evaluate a place-based model to prevent cognitive decline in community.

The CAP (Cohesion, At-homeness, Playfulness) Model recognizes the importance of "personhood-in-community" and aims to promote flourishing in community by drawing on relevant theories from community psychology, environmental gerontology, and occupational therapy. SFU's Community Engagement Initiative (CEI) funding allows us to compensate older adults for participation in this study that aims to co-create pilot programming tailored to their communities.

What makes you most passionate about this project?

We need more community-engaged, rigorous research to shorten the average 17 years for research to reach practice. 40% of dementia risks are preventable (Livingston et al., 2020).

There are many positive outcomes in this win-win project. First, we build on the good but occasionally unrecognized work of community organizations to create new ties and opportunities for knowledge mobilization. Second, community engagements with the CAP Model will suggest practical ways to preserve cognitive health, both as individuals and as communities, and we might be able to test a pilot programming in the community. That feedback is priceless. Finally, the intervention framework that we co-develop may also be applicable in other communities.

What do you hope becomes of this project?

We hope to streamline the "burden" of research engagement based on community needs and increase the direct "benefits" of research participation while providing quality programming. Hopefully, this work will help to identify indicators of improved social and cognitive health among participants.

Is there anything else you would like to add?

I am indebted to the local communities and my supervisors for their support in this project. Thank you, Professor Andrew Wister for the latitude to explore, colleagues at SFU GRC and PDA for your encouragement, and the many collaborators and funders without whom this project would not have occurred.



SENIORS HOUSING UPDATE

Think *ASK ME*



Avoid assumption
Support the person to do best
Knowledge needs to be put into action

Meet regularly & early
Ethical sensitivity & responsibility



FEELING RIGHT AT HOME (FRAH) QUIZ WON THE SFU PDA POSTER PRIZE

Home anchors our sense of self and contributes to our well-being. Drs. Daniel Gan and Habib Chaudhury have developed an interactive online quiz to improve everyone's well-being. The Feeling Right At Home (FRAH) quiz suggests ways to improve one's well-being while staying home. This innovative quiz has received attention from renowned scholars, and won a prize at the SFU Postdoctoral Association (PDA) Research Day (March 30).

Please visit this link to view your score and our customized activity suggestion for you: https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_9MmlCvEq1KXyafs

The quiz is free for all and takes approximately 5 minutes. Your participation and feedback will help us improve the quiz. There is currently no remuneration for participating, but we sure hope you enjoy the quiz. Stay safe and well this spring!



First "at-homeness" meeting with geographer Graham Rowles and physical therapist Patrick Dillon, collaborators from Kentucky, USA

DEMENTIA SELF-ADVOCATE HONORED FOR YEARS OF CO-RESEARCH FOR INCLUSION

By Daniel R. Y. Gan & Lillian Hung

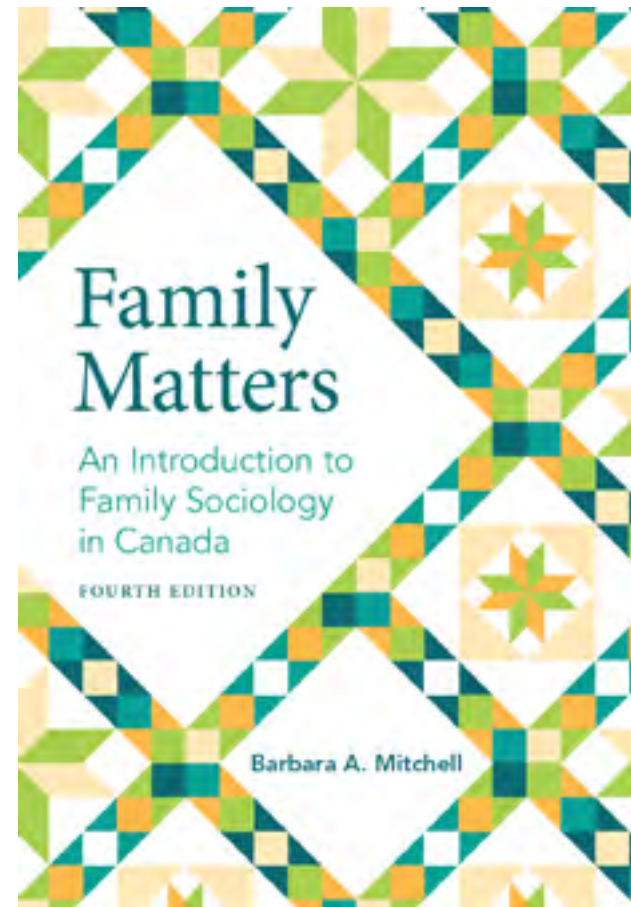
Our heartiest congratulations to Dr. Jim Mann who was recently awarded an honorary Doctor of Law (LL.D) for his advocacy work! Diagnosed with early onset Alzheimer's disease in 2007, Jim, a management consultant, now volunteers to advocate for living positively with dementia, reducing stigma and shattering stereotypes. The award acknowledged Jim as the "single-most influential person in Canada for countering negative stereotypes and promoting an inclusive society in which persons with dementia can make an active and meaningful contribution" through his service in various research and practice organizations.

We first met Jim through the Community Engagement and Advisory Network (CEAN) of Vancouver Coastal Health, while we were PhD student and postdoctoral fellow. Jim wrote the "Canadian charter of rights for people with dementia" (2020).

Since then, we have worked on various projects together, including recent articles on "Co-research with people living with dementia" (2019) and "Dementia-friendly neighborhood" (2021). A common thread that runs through these works is the inclusion of people living with dementia at all levels of society, including research and civil society. See a brief video summary here: <https://youtu.be/j0e0sMavQil>

People living with dementia were often stigmatized and treated as incapable of decision-making despite their actual abilities. Jim and Lillian have recently been awarded funds to develop mobile apps to improve patient outcomes. Jim is living proof that people living with dementia can and have been contributing to society. Jim challenges us all to rethink our practices around people with dementia so that we accommodate and appreciate their full selves. For that, we are very grateful to call Jim our colleague, mentor, and co-researcher. Thank you, Jim!

NEW BOOK



<https://www.canadianscholars.ca/books/family-matters-fourth-edition>

Now in its fourth edition, *Family Matters* offers an enriched discussion on a variety of substantive issues experienced by diverse Canadian families across the life course.

Adopting a feminist sociological approach throughout, this popular textbook explores family dynamics through a critical life course theoretical lens. It examines how social, economic, and historical processes related to gender roles, age and generational location, ethnicity and race, geographical location, and social change shape contemporary Canadian family life.

This newest edition contains thoroughly updated discussions on areas including the history of slavery and Black family life in Canada, Indigenous families, foreign/temporary workers, intersectional and racialized processes influencing family life courses, youth activism, transgender children, technology and social media influences on family relationships.

The text also provides important coverage of the impact of the COVID-19 pandemic on intergenerational relations, midlife, and later life families. For example, issues related to the challenges of caregiving, the health care system, the labour market, family stress, death and dying and institutional care are discussed.

Family Matters is approachable, concise, and bolstered by discussion questions, activities, and resources for further reading. Up-to-date material featuring current events and recent research studies and statistics ensures that this book remains a critical and popular text for students across Canada.



Barbara A. Mitchell is a Professor of Sociology and Gerontology at SFU

NEW PUBLICATIONS

Atoyebi, O., Beaudoin, M., Routhier, F., Auger, C., Demers, L., Wister, A., ... & Mortenson, W. B. (2021). Problematic caregiving activities among family carers of older adults with disabilities. *International Journal of Care and Caring*.

Best, J. R., Gan, D. R., Wister, A. V., & Cosco, T. D. (2021). Age and sex trends in depressive symptoms across middle and older adulthood: Comparison of the Canadian Longitudinal Study on Aging to American and European cohorts. *Journal of affective disorders*, 295, 1169-1176.

Cheng, X., Cosco, T. D., & Ariyo, T. (2021). Decreasing social isolation to enhance mental health among older adults in China: A mediation analysis of aging attitude. *Frontiers in Psychology*, 4097.

Cheng, X., Li, X., Liu, H., Cosco, T. D., & Duan, W. (2021). Widowhood and the subjective well-being of older people in China: The mediating effects of lifestyle. *Applied Research in Quality of Life*, 16(2), 875-890.

Cosco, T. D., Wister, A., Riadi, I., Kervin, L., Best, J., & Raina, P. (2021). Reduced ability to engage in social and physical activity and mental health of older adults during the COVID-19 pandemic: longitudinal analysis from the Canadian Longitudinal Study on Aging. *The Lancet*, 398, S35.

Gan, D. R., & Best, J. R. (2021). Prior social contact and mental health trajectories during COVID-19: Neighborhood friendship protects vulnerable older adults. *International Journal of Environmental Research and Public Health*, 18(19).

Gan, D. R., Mahmood, A., Routhier, F., & Mortenson, W. B. (2021). Walk/wheelability: An inclusive instrument pair for participatory age-friendly research and practice. *The Gerontologist*.

Gan, D., Chaudhury, H., Mann, J. & Wister, A. (2021). Dementia-friendly neighbourhood and the built environment: A scoping review. *The Gerontologist*. doi.org/10.1093/geront/gnab019.

Gutman, G., de Vries, B., Beringer, R., Gill, P., Dault, H., & Karbakhsh, M. (2021). Older adults and family discord or violence during the covid-19 pandemic: results of a canada-wide survey. *Innovation in Aging*, 5(Supplement_1), 274-274.

Jenkins, H. T., & Cosco, T. D. (2021). Spinal cord injury and aging: an exploration of the interrelatedness between key psychosocial factors contributing to the process of resilience. *Health Psychology and Behavioral Medicine*, 9(1), 315-321.

Kervin, L., Teo, K., Churchill, R., Riadi, I., & Cosco, T. D. (2021). Barriers in health and social care access and navigation for elder orphans: a scoping review protocol. *BMJ open*, 11(5).

Klasa, K., Galaitsi, S., Wister, A., & Linkov, I. (2021). System models for resilience in gerontology: Application to the COVID-19 pandemic. *BMC Geriatrics*. 21:51. doi.org/10.1186/s12877-020-01965-2.

Kortzman, A., Flath, M. E., ... & Peacock, S. (2021). Overcoming barriers for older adults to maintain virtual community and social connections during the COVID-19 pandemic. *Clinical Gerontologist*, 1-13.

Li, L., Wister, A. V., & Mitchell, B. (2021). Social isolation among spousal and adult-child caregivers: Findings from the Canadian Longitudinal Study on Aging. *The Journals of Gerontology: Series B*, 76(7), 1415-1429.

Li, L., & Wister, A. (2021). Geographic distance and social isolation among family care-givers providing care to older adults in Canada. *Ageing & Society*, 1-26.

Linkov, I., Galaitsi, S., Klasa, K., & Wister, A. Resilience and healthy aging. *Psychiatric Times*. <https://www.psychiatristimes.com/view/resilience-and-healthy-aging>.

Mitchell, B. A., Wister, A. V., & Fyffe, I. A. (2021). Leisure time satisfaction and activity preferences among ethnically diverse aging parents in Metro Vancouver. *Journal of Cross-Cultural Gerontology*, 36(4), 387-406.

Ng, T. K. S., Gan, D. R., Mahendran, R., Kua, E. H., & Ho, R. C. (2021). Social connectedness as a mediator for horticultural therapy's biological effect on community-dwelling older adults: Secondary analyses of a randomized controlled trial. *Social Science & Medicine*, 284, 114191.

O'Connell, M. E., Haase, K. R., Grewal, K. S., Panyavin, I., Kortzman, A., Flath, M. E., ... & Peacock, S. (2021). Overcoming barriers for older adults to maintain virtual community and

social connections during the COVID-19 pandemic. *Clinical Gerontologist*, 1-13.

O'Dea, E., Wister, A. & Canham, S. (2021). Cultural generativity in perspective: Motivations and experiences of older Jewish volunteers. *Ageing and Society*. 1-19. doi:10.1017/S0144686X21000477

Whitmore, C., Markle-Reid, M., Fisher, K., Ploeg, J., McAiney, C., Griffith, L., ... & Wister, A. (2021). The relationship between multimorbidity and self-reported health among community-dwelling older adults and the factors that shape this relationship: a mixed methods study protocol using CLSA baseline data. *International Journal of Qualitative Methods*, 20, 16094069211050166.

Wister, A. (2021). Social Determinants and health behaviours among older adults experiencing multimorbidity using the Canadian Longitudinal Study on Aging. *Canadian Journal on Aging/La Revue canadienne du vieillissement*, 1-21.

Wister, A. V. (2021). Precarious aging: COVID-19 risk, resilience and response. In B. Trump & I. Linkov (Eds). *COVID: Risk*

and Resilience. New York, NY.: Springer. Wister, A., Fyffe, I., & O'Dea, E. (2021). Technological interventions for loneliness and social isolation among older adults: a scoping review protocol. *Systematic Reviews*, 10(1), 1-7.

Wister, A.V. (2021). Health promotion and aging during a pandemic: Risk, resilience and COVID-19 (517-534). In I. Rootman, P. Edwards, M. Levasseur & F. Grunberg (Eds). *Health of Older Adults: The Canadian Experience*. Toronto, ON: Canadian Scholars Press Inc.

Wister, A., Li, L., & Mitchell, B. A. (2021). A study of social isolation, multimorbidity and multiple role demands among middle-age adults based on the Canadian Longitudinal Study on Aging. *The International Journal of Aging and Human Development*, 00914150211040451.

Wister, A.V. & Kadowaki, L. for the Federal/Provincial/Territorial (FPT) Forum of Ministers Responsible for Seniors. (2021). *Social Isolation Among Older Adults During the Pandemic*. Employment and Social Development Canada. [forthcoming]

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