

Grey Matters

NEWSLETTER OF THE CIHR INSTITUTE OF AGING

NOVEMBER 2006

In this issue:

<i>Canadian Longitudinal Study on Aging</i>	2
<i>SPA 2006</i>	3
<i>Regional Seniors' Workshops on Research</i>	3
<i>Rising Stars</i>	4
<i>Mobility in Aging</i>	4
<i>Institute Advisory Board</i>	5
<i>Age-friendly cities</i>	6
<i>Research news</i>	8
<i>Kudos</i>	9
<i>Funding opportunities and Conferences</i>	10

INSTITUTE OF AGING

University of British Columbia
2080 West Mall, Room 038
Vancouver, BC
V6T 1Z2

Phone: 604-822-0905
Fax: 604-822-0304

E-mail: aging@interchange.ubc.ca
Website:

www.cihr-irsc.gc.ca/e/8671.html

Message from the Scientific Director

I am delighted to introduce the inaugural edition of the Institute of Aging newsletter, *Grey Matters*. To be published three times a year, and complementing our bimonthly e-bulletin, *Grey Matters*, will celebrate research on aging in Canada, as well as keep you up-to-date on the Institute of Aging's initiatives and future plans.

In this issue we are proud to highlight some of the Institute of Aging's most notable achievements of recent months:

- CIHR Governing Council's approval of funding for Developmental Phase II of the Canadian Longitudinal Study on Aging.
- Completion of the Institute's successful series of community consultations – the Regional Seniors'

Workshops on Research.

- Inaugural Institute of Aging SPA (Summer Program in Aging)
- Advancement of the Mobility in Aging initiative.

We are indeed grateful for the contributions of the many members of our research community who participated in these initiatives.

While we are featuring several of the Institute's strategic successes, we recognize that the core purpose of the Institute must be kept in view – to enhance the health and well-being of older Canadians. In quest of this goal, the Institute's ongoing challenge is to connect, expand and support this country's relatively small yet highly diverse research community on aging, while identifying strategic themes in research on aging that



will produce high returns on investment. In the months and years to come, *Grey Matters* will serve to recognize excellence in research on aging in Canada as well as inform and inspire you as we address these challenges.

Don't hesitate to let us know how we're doing.

Regards,





Canadian Longitudinal Study on Aging

Governing Council of CIHR has recently approved the funding of up to \$2.1 million over two years in support of Developmental Phase II of the Canadian Longitudinal Study on Aging. Gary Catlin, Director of the Survey Operations Division at Statistics Canada, has accepted a two-year secondment to CIHR, to serve as the Executive Director of the CLSA effective September 11, 2006. In this position, Gary will work with CLSAs Principal Investigator, Parminder Raina, and the national research team toward a 2008 launch of the CLSA.

The CLSA is a large, national, long-term study designed to examine health patterns and trends and to identify ways to reduce disability and suffering among aging Canadians. Improvements in overall physical, social and emotional health may have the added benefit of reducing the demand for health and social services in the future.

The CLSA will follow approximately 50,000 Canadian men and women aged 40 and older for a period of at least 20 years.

The study will collect information on the changing biological, medical, psychological, social, and economic aspects of their lives. These factors will be studied in order to understand how, individually and in combination, they have an impact on aging. By studying adults over a number of years - before they even enter the older-age population and as they age -- researchers will be better able to understand the roles these factors play in both maintaining health and in the development of disease and disability.

The CLSA research team includes experts from across Canada in biomedical and clinical research, social sciences, psychology, health services and population health. Many years of developmental work will have been carried out before the CLSA actually gets underway, in 2008. The CLSA will be one of the most complete studies of its kind undertaken to date, in Canada and around the world.

MORE: www.clsa-elcv.ca

Did you know?

Only 200 certified geriatricians currently work in the Canadian health care system: one-third the number considered essential for the present population of older adults. Annually, an average of only four Canadian medical students select geriatrics as a clinical specialty.

SPA 2006

The inaugural Institute of Aging Summer Program in Aging (SPA) was held in collaboration with the Quebec-based Programme-réseau de Formation interdisciplinaire en recherche Santé et Vieillessement (FormSaV) in June this year. 50 masters, doctoral and post-doctoral students - half from Quebec universities and half from universities across the rest of Canada - met for four days in the bucolic setting of Jouvence in the Quebec Eastern Townships. English-speaking and French-speaking mentors gave presentations and interactive workshops in both languages on the topics

of interdisciplinarity, peer review, writing successful grant proposals, and knowledge transfer. The positive feedback from students identified not only the content of the program but also the opportunity to work closely with skilled mentors, meet other students in aging, and share experiences and knowledge as the major factors in the success of the program. The second SPA is being planned in British Columbia for June 2007. Full application details will be posted on the IA website in January 2007.



Regional Seniors' Workshops on Research

The series of Regional Seniors' Workshops on Research held across the country over the past two years concluded with the fifth workshop held in Montreal in April. Through these five community consultations (in the Prairies, the Maritimes, British Columbia and Yukon, Ontario and Quebec), the Institute has hosted over 250 seniors, along with representatives of non-governmental agencies, practitioners and policy makers involved in providing services to seniors. These dialogues allowed participants to find out more about current research in aging and how they can become involved, as well as giving them the oppor-

tunity to identify their priorities for health research relevant to aging. We have already established that, while there were some definite regional differences, a few priorities were highly ranked – notably health services and research linked to the housing-care continuum. A consultation with Canadians living in other regions of the North is also planned. The next step will be to synthesize the results from the workshops and formalize an ongoing process for knowledge sharing and engagement of older stakeholders in research processes.





Rising Stars

Melissa K. Andrew was the first winner of the CIHR-IA Réjean Hébert Prize in Geriatric Research. This is a \$1,000 award for the best research presentation at the Canadian Geriatrics Society Annual Scientific Meeting by a Medical Resident in a core residency training program. Melissa, from Dalhousie University, received the prize for her research presentation "*Does social vulnerability predict mortality in older*

adults?". The selection committee included three national society Presidents: Howard Bergman for CGS, John Campbell for the NZ Geriatrics Society, and Jane Potter for the American Geriatrics Society. Melissa also received an Age Plus prize from the Institute of Aging in 2005 and is clearly a rising star in Canadian geriatric research



Mobility in Aging

The Institute has been advancing its initiative on Mobility in Aging (launched in June 2005) through a series of consultations with various research and user communities. Information emerging from these discussions is serving to focus the funds IA will be dedicating to research and knowledge translation over the coming years.

Mobility encompasses the physical capacity of humans to walk or move themselves and the objects they need for personal well-being within their homes and communities. It also includes the capacity to move others; for older adults, this is often in the context of caregiving. Factors that enhance mobility in aging include the devices that enable mobility (for example, walkers), modes of transport (both personal and public), and policies that facilitate and encourage mobility among older adults (such as housing and community design). In all its meanings, mobility is profoundly influ-

ential on the psychological, social and physical health of older adults.

Mobility in Aging supports research that includes basic biology, clinical, health services and population health, and addresses issues from prevention of decline in mobility that often accompanies aging, through to strategies to assist elderly Canadians who suffer from mobility impairments. It has been developed to build capacity and promote collaboration among investigators and stakeholders from both the traditional sectors of CIHR's community and those who may be new to the health research domain. The concerns of government, private sector and non-governmental organizations whose interests lie in industrial design, transportation and community development are relevant to this initiative.

MORE: www.cihr-irsc.gc.ca/e/29994.html

Institute Advisory Board

It was with much regret that we said goodbye to the three retiring members, **Sonia Lupien, Mary Ellen Parker and Kenneth Rockwood**, whose contributions to the success of the Institute are gratefully acknowledged.

We are delighted to welcome three new members:

Dr. Louise Demers is an Associate Professor in the School of Rehabilitation at Université de Montréal and a researcher at the Centre de recherche de l'Institut universitaire de gériatrie de Montréal.

Dr. Demers' research interests involve the development, applicability and study of the psychometric qualities of measurement tools used in rehabilitation and in aging. She takes part in studies that examine the social participation of elderly people deemed to be 'normal' and the impacts of the use of assistive technology on those who are physically incapacitated at home by collecting data from the living environment of the participants. Her work is assisted by a team of research assistants, graduate students, postdoctoral fellows, as well as researcher and clinician collaborators.

Gael P. Page is Past President of the Canadian Hospice Palliative Care Association. She sits on its Board of Governors, as well as the Executive Committee, and chairs the Organizational Development Committee. As a registered nurse, she currently serves as a clinical consultant in the continuing care field.

Ms. Page also worked in the continuing

care field for 20 years and remains a strong advocate for hospice palliative care at the national, provincial and district levels. She is currently a member of Health Canada's Strategy on Palliative and End of Life Care, Best Practices and Quality working group, and recently completed her work on the Canadian Council of Health Services Accreditation's Advisory Committee for hospice palliative care standards development. She is a past member of the Quality End of Life Care Coalition of Canada, an organization of 29 national organizations interested in end-of-life care.

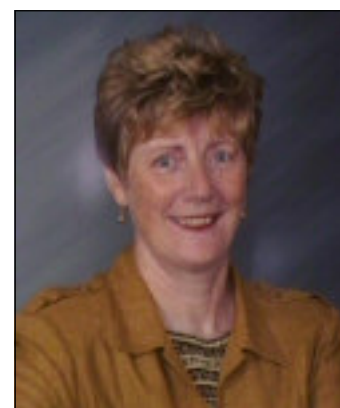
Dr. Christopher Patterson is a professor in the Department of Medicine at McMaster University, and Medical Director of the Rehabilitation and Orthopedics Program at Hamilton Health Sciences.

Dr. Patterson's research interests include preventive health care for seniors, such as elder abuse and frailty, and various aspects of cognitive disorders. His publications have appeared in peer reviewed journals, supplements and textbooks.

Dr. Patterson is a member of the Canadian Task Force on the Preventive Health Care, serves on the Editorial Board of the Compendium of Pharmaceutical Specialties (CPS) and is theme leader of Health Promotion and Disease Prevention of the McMaster Health Sciences Research in Aging Group. He is an associate faculty position with the Institute of Health Promotion Research at the University of British Columbia. In 1998, he co-chaired the Canadian Consensus Conference on Dementia.



Dr. Louise Demers



Gael P. Page



Dr. Christopher Patterson



Age-Friendly Cities

The aim of the World Health Organization (WHO) Global Age-Friendly Cities project is to engage cities in several countries to make their communities more age-friendly - that is, more accessible and responsive to the specific needs of older persons.

The aim of the WHO Global Age-Friendly Cities project is to engage cities in several countries to make their communities more age-friendly. Making cities age-friendly is one of the most effective policy approaches for responding to demographic ageing. One of the reasons for focusing on cities is that major urban centres have the economic and social resources to make changes to become more age-friendly and can thus lead the way for other communities within their countries. In the developed world, three-quarters of older persons live in cities. Although proportionately more older persons live in rural areas in the developing world, rapid urbanization

is gradually reversing the picture: large cities already count substantial numbers of older adult residents.

Many aspects of urban settings and services can contribute to the participation, health, independence and security of older persons in an age-friendly city.

Several Canadian cities have agreed to participate in this project, and there is a Canadian initiative to include rural and remote areas as well as urban centres. Focus groups are being formed to find out from seniors what is needed to make their environments more age-friendly. The results will be compiled by the WHO to produce "Age-Friendly City" guidelines that could be used by cities around the world.

For more information, visit the IA website at www.phac-aspc.gc.ca/seniors-aines/pubs/age_friendly/index.htm.

Post Doctoral Fellowship Program launched

The Institute of Aging of the Canadian Institutes of Health Research and the National Institute on Aging of the National Institutes of Health (CIHR-IA and NIH-NIA) have signed an agreement to invest resources to enhance the scope of research training and to further the role of Canada and the United States in enhancing research capacity in the field of aging. In recognition of the continuing and expanding need to train new researchers in aging research the CIHR-IA and NIH-NIA have joined together to establish a three-year Post Doctoral Fellowship Program for Training in Research on Aging in Canada (TRAC).

CHARACTERISTICS OF AGE FRIENDLY CITIES

PARTICIPATION

- Positive images of older persons
- Accessible and useful information
- Accessible public and private transportation
- Inclusive opportunities for civic, cultural, educational and voluntary engagement
- Barrier-free and enabling interior and exterior spaces

HEALTH

- Places and programs for active leisure and socialization
- Activities, programs and information to promote health, social and spiritual well-being
- Social support and outreach
- Accessible and appropriate health services
- Good air/water quality

SECURITY AND INDEPENDENCE

- Appropriate, accessible, affordable housing
- Accessible home-safety designs and products
- Hazard-free streets and buildings
- Safe roadways and signage for drivers and pedestrians
- Safe, accessible and affordable public transportation
- Services to assist with household chores and home maintenance
- Supports for caregivers
- Accessible stores, banks and professional services
- Supportive neighbourhoods
- Safety from abuse and criminal victimization
- Public information and appropriate training
- Emergency plans and disaster recovery
- Appropriate and accessible employment opportunities
- Flexible work practices



Research News: Seniors tango their way to fewer falls

Nine of 14 seniors (aged 62-90) who took tango lessons dramatically reduced their risk of a severe fall, compared to only three of the ten seniors who walked twice a week, in a study by **Dr. Patricia McKinley** from McGill University. All of the volunteers in the study had suffered a fall within the past year and had developed a fear of falling -- one of the biggest factors inhibiting seniors' autonomy. Dancing led to better coordination and balance and to improvements in "working" memory -- tasks such as reordering random letters and numbers in a logical sequence. The mem-

ory improvements were significant and lasted for weeks after the end of lessons; less significant improvements in the walking group didn't last past the end of the walking. The study, funded by the CIHR-IA and the Drummond Foundation, focuses on the specificity of exercise for both balance and cognition, tango being an example of a fun activity that is useful and that it is sustainable in the community environment.

A report has been submitted to the Drummond Foundation and two articles will be published shortly in scientific journals.



Research News: UBC discoveries may yield new therapies

New possibilities for treating Alzheimer's disease New possibilities for treating Alzheimer's disease and dementia in Down Syndrome (DS) patients have been identified in two related discoveries by a University of British Columbia and Vancouver Coastal Health Research Institute (VCHRI) researcher.

A team led by Psychiatry **Professor Weihong Song** has found that accumulation of a gene product, called Beta-site APP Cleaving Enzyme 1 (BACE1), is the molecular mechanism that produces the Alzheimer's disease symptoms which affect virtually all DS patients in middle age. He also discovered that a related gene product, called BACE2, may be useful in treat-

ing Alzheimer's disease and dementia in DS patients.

"Now that we've found the molecular mechanism that underlies development of Alzheimer dementia in DS patients, we have a new therapeutic target," says Dr. Song, who is a Canada Research Chair in Alzheimer's disease. "If we can suppress the activity of the BACE1 gene -- an established process called down regulating -- then we can reduce plaque formation in Alzheimer's disease and Down syndrome."

UBC Media Release, July 25, 2006. The complete article can be found on the IA website at www.cihr-irsc.gc.ca/e/32647.html#research

Kudos

CIHR-IA RECOGNITION PRIZE IN RESEARCH IN AGING

Awardees are identified by CIHR as the highest ranking candidate in the field of aging in each of the CIHR New Investigator, Fellowship and Doctoral Research Awards. The prize consists of a supplement to the research allowance component of \$5,000 for the New Investigator Award, \$2,500 for each of two Fellowship Awards, and \$1,000 for the Doctoral Research Award. The prizes for 2005-06 will be awarded at the Canadian Association on Gerontology (CAG) Conference in Quebec City, October 26-28). The 2005-06 winners are: **Loren Martin, Ratan Bhardwaj, Brent Richards** and **Carsten Wrosch**.

CANADIAN ACADEMY OF HEALTH SCIENCES

Dr. Anne Martin-Matthews, Institute of Aging Scientific Director, **Dr. Max Cynader**, Director of the Brain Research Centre at the University of British Columbia and an IA Advisory Board member, and **Dr. Yves Joannette**, Director of the Centre de recherche de l'Institut universitaire de gériatrie de Montréal and former IA Advisory Board member, were inducted into the Canadian Academy of Health Sciences on September 27th in Ottawa.

ROYAL SOCIETY OF CANADA

Congratulations to CIHR-IA -funded researcher, **Dr. Teresa Liu-Ambrose** of the University of British Columbia who has received the **Alice Wilson Award from the RSC Academies of Arts, Humanities and Sciences of Canada** for her research into the role of cognitive and physical function on movement planning and execution in older adults. Dr. Liu-Ambrose will be presented with a medal and an award for extraordinary achievement in the social sciences, humanities, and sciences at a ceremony in Ottawa on November 19th.

CANADIAN ASSOCIATION ON GERONTOLOGY (CAG) AWARD FOR CONTRIBUTION TO GERONTOLOGY

Dr. Réjean Hébert, Dean of the Faculty of Medicine and Health Sciences at the University of Sherbrooke and former IA Scientific Director (2000-2003), will receive this award at the CAG Annual Meeting, October 26th-28th, in recognition of his outstanding



Loren Martin
University of Toronto
Doctoral Award



Ratan Bhardwaj
University of Toronto
Fellowship Award



Brent Richards
McGill University
Fellowship Award



Carsten Wrosch
Concordia University
New Investigator Award

Funding Opportunities

RESEARCH ON AGING ADVANCEMENT PROGRAM (RAAP)

Support for activities such as workshops, consensus meetings, network and partnership development, and other activities intended explicitly for the advancement of Canadian aging-related health research and its translation.

Applications are accepted 3 times a year. Next application deadline: January 4, 2007.

MORE: www.cihr-irsc.gc.ca/e/4105.html

THE BETTY HAVENS AWARD FOR KNOWLEDGE TRANSLATION IN AGING

This award honours the distinguished life and career of the late Betty Havens, a pioneer in gerontology who made significant contributions to health services research and its translation, towards improving the quality of life of older Canadians. The award is for activities at the local or regional level.

Application deadline: May 1, 2007

MORE: www.cihr-irsc.gc.ca/e/30156.html

AGE PLUS AWARD

The CIHR Institute of Aging Age Plus Award recognizes excellence in research on aging carried out in Canada. It is awarded monthly to the author of a published, scientific article on aging. Age Plus Award is primarily aimed at graduate and postdoctoral students and residents from all disciplines, working in the field of aging.



MORE: www.cihr-irsc.gc.ca/e/26987.html

NIH-NIA/CIHR-IA POST DOCTORAL FELLOWSHIP PROGRAM: TRAINING IN RESEARCH ON AGING IN CANADA (TRAC)

Open to US citizens who wish to join multidisciplinary research teams in research on aging in Canada.

Applications are accepted 3 times a year. Next application deadline: December 5, 2006

MORE: www.cihr-irsc.gc.ca/e/31570.html#2

MORE INFORMATION

For complete information on all funding IA funding opportunities, visit the IA website at :

www.cihr-irsc.gc.ca/e/26838.html

FUNDING DECISIONS

Recent IA funding decisions can be seen on the IA website at www.cihr-irsc.gc.ca/e/28534.html

Conferences and Workshops

Nov 27-Dec 01, 2006

36th Annual Meeting of the International Continence Society, Christchurch, New Zealand

www.ics2006.co.nz/index.cfm/pageid/1

March 21-23, 2007

The Greying Nation: A conference on issues of aging, Edmonton, AB
Abstract submission deadline: November 1, 2006

March 30-31, 2007

Edmonton Aging Symposium: Repairing the damage, Edmonton, AB
www.edmontonagingsymposium.com

May 02-05, 2007

Canadian Gerontological Nurses Association. 14th National Conference: The Vitality of Aging: Embracing the Spirit, Winnipeg, MB
cgna.net/CGNAConference2007/tabid/83/Default.aspx

June 11-15, 2007

The 19th IUHPE World Conference on Health Promotion & Health Education, Vancouver, BC

Abstract submission deadline: November 24, 2006

www.iuhpeconference.org

June 16-19, 2007

FICCDAT (Festival of International Conferences on Disability, Aging

and Technology), Toronto, ON

Abstract submission deadline: November 6, 2006

www.ficdat.ca

June 18-21, 2007

TRANSED 2007 (11th International Conference on Mobility and Transport for Elderly and Disabled Persons), Montreal, QC

www.tc.gc.ca/pol/en/transed2007/home.htm

July 5-8, 2007

VI European Congress of IAGG (International Association of Gerontology and Geriatrics), St. Petersburg, Russia

Abstract submission deadline: February 1, 2007

www.onlinereg.ru/gerontology

September 24-25, 2007

2nd National Conference of the Canadian Coalition for Seniors' Mental Health: New Directions in Seniors Mental Health, Toronto, ON

Abstract submission deadline: November 24, 2006

www.ccsmh.ca/en/about/whatsHappening.cfm

Oct 10-13, 2007

23rd International conference of Alzheimer's Disease: New Perspectives, New Hope, Caracas, Venezuela

www.adi2007.org