

# Institute of Aging

Biennial Report 2007 – 2009

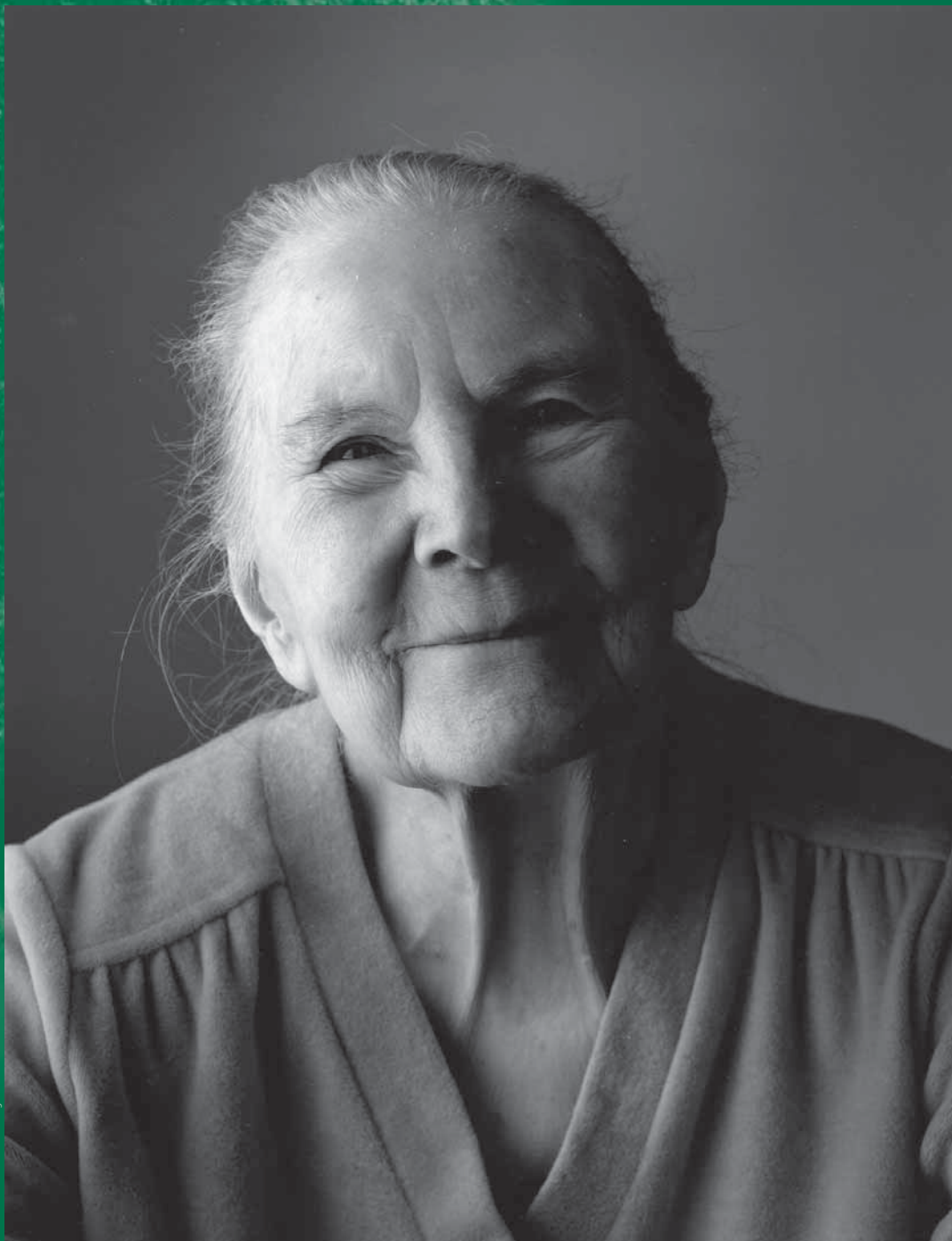


Photo: Mark Nowaczynski

**INSTITUTE OF AGING**  
Canadian Institutes of Health Research  
University of British Columbia  
6303 North West Marine Drive  
Vancouver, BC V6T 1Z1  
Tel: (604) 822-0905; Fax: (604) 822-9304  
E-mail: [aging@interchange.ubc.ca](mailto:aging@interchange.ubc.ca)  
[www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca)

Cat. No. MR2-14/2009E-PDF  
ISBN 978-1-100-13191-7

**INSTITUTE OF AGING**  
Canadian Institutes of Health Research  
160 Elgin Street, 9th Floor  
Address Locator 4809A  
Ottawa, ON K1A 0W9  
Tel: (613) 946-1270  
Fax: (613) 954-1800  
E-mail: [sharon.nadeau@cihr-irsc.gc.ca](mailto:sharon.nadeau@cihr-irsc.gc.ca)  
[www.cihr-irsc.gc.ca](http://www.cihr-irsc.gc.ca)

## Institute of Aging Biennial Report • 2007 – 2009

- 2 Message from the Scientific Director  
of the CIHR Institute of Aging
- 4 Advances in Health Knowledge
- 11 Emerging Researchers
- 16 Translating Health Research into Practice
- 20 Partnerships and Public Engagement
- 25 Institute Advisory Board
- 26 Institute Staff

### THE PORTRAITS

---

We are grateful to Dr. Mark Nowaczynski, MD, PhD, for allowing us to reproduce his poignant photographs on the covers and within this report.

Dr. Nowaczynski practiced family medicine where his primary interest quickly became the home-based care of frail seniors. In the late 1990's, he began to photograph this hidden and vulnerable population in order to advocate for change. His ongoing photo-documentary project has been profiled in national print, radio, and television media and is the subject of

the Gemini Award winning National Film Board of Canada documentary film "House Calls". Working with a group of community partners, Dr. Nowaczynski is part of an interdisciplinary community-based team ("House Calls") that promotes aging in place and improves the health and quality of life of seniors by providing ongoing integrated home-based primary care. In July 2007 he closed his family practice in order to spend all of his clinical time outside of the office setting caring for frail house-bound seniors.

# Message from the Scientific Director of the CIHR Institute of Aging



**T**he Institute of Aging's primary goal is the development and transfer of new knowledge that will improve the health and wellbeing of older Canadians. With that goal in mind, I am pleased to highlight some of the Institute of Aging's significant accomplishments over the past two years.

Our greatest success has been the launch of the Canadian Longitudinal Study on Aging (CLSA), in the spring of 2009, following Treasury Board of Canada approval of \$23.5M in CIHR operating funding over the next five years. Infrastructure funding of \$29M, linked to a successful proposal to the Canada

Foundation for Innovation, will further enable the CLSA to become a major national research platform for Canada. Principal Investigators, Drs. Parminder Raina, Susan Kirkwood and Christina Wolfson, are to be congratulated on this success after six years of project development. The Institute of Aging is delighted to see that our years of effort in conceiving, nurturing and supporting the CLSA have now come to fruition in this way. The CLSA is now well poised to examine crucial issues in the transitions and trajectories associated with aging.

Our Mobility in Aging (MiA) strategic initiative, originally launched in 2005, has also reached maturity over the past two years, due in large part to early Institute investments in capacity-development programs. Three Emerging Teams and four Demonstration Projects have now been funded, each examining unique elements of the intrinsic and extrinsic challenges to mobility that can accompany advancing age.

Cognitive Impairment in Aging, the Institute's inaugural strategic initiative, continues to be supported by a formal national Partnership established to collectively drive the research agenda and optimize available funding.

Issues of aging are of global relevance and the Institute's growing involvement in international partnerships reflects this. We have joined other CIHR Institutes in a research collaboration with the National Natural Sciences Foundation of China (NSFC), and, more recently, with China's Ministry of Science and Technology (MOST). The Institute of Aging has also developed over the past two years a unique collaboration with the UK's New Dynamics of Ageing (NDA) program to support Canadian collaborators on UK research grants within the NDA program.

The Institute continues its drive to develop the Canadian research community in aging, notably with support and skills development for trainees, through our Age+ prize, Recognition Prizes, travel awards, poster prizes, and our flagship annual Summer Program in Aging (SPA).

Throughout the past two years, the 14 New Emerging Teams (NETs), funded by the Institute early in its mandate, came to the end of their grants. As a previously untested model of research support, these NETs have much to teach both CIHR and IA about the challenges and opportunities of developing team science. In conjunction with this Institute Report, we are pleased to publish a collection of the individual stories of these teams, *New Emerging Teams in Aging: Innovation and Impact*.

We remain committed to our engagement with the public and particularly with seniors' groups and the volunteer sector. Our hosting of Cafés Scientifiques on topics related to aging and our support of the World Health Organization's Age-Friendly Cities initiative in Canada illustrate this commitment.

In February 2008, I completed my first four-year term as the Institute of Aging Scientific Director, and was honoured to be appointed for a further three years in this capacity at a time when there is clearly still much to be accomplished.

This report showcases a sample of the Institute of Aging's activities over the past two years. Perhaps more importantly, it brings you the voices of researchers who are committed to their science, and to the ultimate goal of improving the health and wellbeing of both current and future older Canadians. I hope you enjoy reading this report.



Dr. Anne Martin-Matthews  
Scientific Director,  
CIHR Institute of Aging



# Advances in Health Knowledge

## The Canadian Longitudinal Study on Aging (CLSA)



*Front row:* Dr. Anne Martin-Matthews, Dr. Christina Wolfson, Dr. Parminder Raina, Dr. Susan Kirkland.  
*Back row:* David Sweet, MP for Ancaster-Dundas-Flamborough-Westdale; Dr. Ronald Bayne, Professor Emeritus of Medicine, McMaster University; Dr. Peter George, McMaster University President; Dr. Stephen Collins, Associate Dean, Research, Faculty of Health Sciences, McMaster University

**T**he Canadian Longitudinal Study on Aging (CLSA), one of the Institute of Aging's founding initiatives, was officially launched in the spring of 2009 with CIHR funding of \$23.5M for the 5-year implementation phase of the 20-year study.

CLSA was delighted to receive more good news in June when further federal support was competitively awarded through a Canada Foundation for Innovation (CFI) grant of \$10.2M for infrastructure, to be matched by provincial and other partner commitments of up to \$15.8M. These various sources of support establish the CLSA as a major national research priority for decades to come.

The CLSA will follow approximately 50,000 Canadian men and women between the ages of 45 and 85 for a period of at least 20 years. The longitudinal design and extended follow-up will provide a unique opportunity to examine health transitions and trajectories over time, with the goal of better understanding the complex interplay among the vast array of determinants of health, from gene-environment interactions to transitions to retirement. The CLSA will advance aging research in Canada and enable researchers to move beyond providing a snapshot of the adult Canadian population to observing and understanding the evolution of diseases, psychological attributes, function, disabilities, and psychosocial processes that frequently accompany aging. Even in its early years of data collection, the CLSA will establish one of the most comprehensive research platforms of its kind, not only in Canada, but around the world.

---

"The committee recognized that the CLSA is a significant research endeavour of a magnitude that is unique. The size and scope of this study has not been seen before in population aging. Overall, the committee considered that this is an excellent study."

"...the project leader demonstrated his excellent leadership...The team definitely has the knowledge and expertise to deliver top quality research based on the infrastructure for many years to come." *CFI Expert Committee Report*

---

Dr. Parminder Raina, McMaster University, is the lead Principal Investigator, and Dr. Christina Wolfson, McGill University and Dr. Susan Kirkland, Dalhousie University, are Co-Principal Investigators of the CLSA. Drs. Raina, Wolfson and Kirkland, along with a team of more than 200 investigators and collaborators from 26 Canadian universities, have worked tirelessly in the development of this innovative, interdisciplinary program of research.

In addition to the three Principal Investigators, seven working groups provide valuable input on the scientific content for the CLSA. The theme leaders for the working groups are:

- **Clinical**  
Dr. Christopher Patterson, Department of Medicine, McMaster University
- **Psychology**  
Dr. Holly Tuokko, Department of Psychology, University of Victoria
- **Health and Lifestyle**  
Dr. H el ene Payette, Centre de recherche sur le vieillissement, Universit e de Sherbrooke
- **Social Health**  
Dr. Margaret Penning, Department of Sociology, University of Victoria
- **Health and Healthcare**  
Drs. Parminder Raina, Susan Kirkland and Christina Wolfson
- **Biomarker/Genetic/EpiGenetic**  
Drs. Michael Kobor and Michael Hayden, Centre for Molecular Medicine and Therapeutics (CMMT) at the University of British Columbia; Dr. Russell Hepple, Faculty of Kinesiology, University of Calgary; Dr. Cynthia Balion, Department of Pathology and Molecular Medicine, McMaster University
- **Methodology**  
Dr. Christina Wolfson; Dr. Harry Shannon, Department of Clinical Epidemiology and Biostatistics, McMaster University; Dr. Richard Cook, Department of Statistics and Actuarial Science, University of Waterloo

In preparation for the launch, the CLSA conducted pilot and validation studies activities for a field trial, in collaboration with Statistics

Canada, in spring of 2008, and finalized standard operating procedures and training manuals. Approaches to address the complex ethical and legal issues unique to aging and longitudinal population-based studies were designed. These outputs were published in a Canadian Journal on Aging (CJA) Supplement (CJA/RCV 28 (3)) in June 2009.

The recruitment of the first 20,000 Canadians commenced early in 2009 in collaboration with Statistics Canada, who will identify citizens from their own surveys willing to be contacted by the CLSA.

International relationships have been developed over the past two years. A joint CIHR-Medical Research Council (UK) Workshop on Cohorts for Life-Long Health held in March 2009 brought together key UK Leaders in population-based longitudinal studies in aging with CLSA scientists. Following CLSA representation in the Harmonization of Aging Surveys and Cross-National Studies on Aging meeting in early 2009, discussions with principals in the US Health and Retirement Survey are underway.

To follow the CLSA's progress, visit their website at [www.clsa-elsv.ca](http://www.clsa-elsv.ca).

The following article illustrates just one of the many areas of research that will benefit from the Canadian Longitudinal Study on Aging.



Photo: Mark Nowaczynski



## Taking a long look at genes and environments

Do the genes that we're born with become our destiny?



Absolutely not, says **Dr. Michael Kobor**. In fact, Dr. Kobor, a researcher at the Centre for Molecular Medicine and Therapeutics (CMMT) at the University of British Columbia knows that genes can change over time in response to environmental factors. The study of these interactions between genes and the environment is called epigenetics. Dr. Kobor is taking advantage of a unique opportunity to study these interactions over time through



the Canadian Longitudinal Study on Aging (CLSA).

“We’re exploring the gap between nature and nurture,” says Dr. Kobor’s co-investigator, **Dr. Michael Hayden**, director of the CMMT. “We believe the CLSA will have sufficient power and numbers to follow the relationship between genes and the environment and their relationship to healthy aging or the progression of disease.”

Studying epigenetic change in a large cohort over time has never been done in the world, says Dr. Kobor. This makes his and Dr. Hayden’s work unique. As well, he adds, because the CLSA will be storing biological samples from participants for future analysis, he and Dr. Hayden will be able to apply new methods of analysis as the technology, which is now in its infancy, develops.

“The technology is developing rapidly and what we do today will be very different in 20 years,”



Photo: Mark Nowaczynski



says Dr. Kabor. “We are truly privileged to be part of this study. It’s very unique and special to be able to follow epigenetic markers in the same group of people over 20 years.”

“This study reflects Canadian values, such as cooperation and research done in a collegial spirit,” adds Dr. Hayden. “Canadians are among the longest-lived people in the world. Now we have the opportunity to find out why, to learn about the determinants of healthy aging and gain fundamental insights into gene-environment interactions and their involvement in the progression of disease.”

“The leadership of the Institute of Aging in gaining support for this project and the admirable leadership of the Principal Investigators can’t be overstated,” Dr. Hayden adds.

## Mobility in Aging (MiA)

Mobility is key to independence and aging well, yet many chronic conditions associated with aging affect mobility and functional autonomy. In 2005 the Institute of Aging identified Mobility in Aging (MiA) as a major strategic initiative and a focus for research and knowledge implementation.

Early consultations with leading researchers and those who would need the outputs of mobility research (including older persons, health practitioners, NGOs, industry, and policy makers), identified the following key themes that have guided the development of the MiA initiative:

- Understanding and defining mobility in aging: trajectory of mobility status in health and disease, and from function to impairment
- Maintaining and restoring mobility in aging: impact of behaviour, prevention, intervention and health system models
- Measures, tools, and technologies in research, assessment and mobility aids
- Supportive designs for mobility in aging: housing, communities, and transportation

MiA’s goal is to create and transfer new knowledge across the range of mobility challenges associated

with aging in Canada. Topics supported to date by MiA include aging muscle structure and function, physical activity to optimize mobility, frailty and falls, and assistive devices and technologies.

**Canada meets UK on Design and Technology for Quality of Life in Old Age**, held in June 2007, provided a forum for the identification of opportunities for Canada-UK research collaboration. One of the outcomes of this meeting was the formation of a bi-national research group from disciplines as diverse as engineering, occupational therapy and neurosciences, to investigate assistive technologies for people with dementia and their caregivers. This group has developed proposals for the collaborative development of devices that will enhance the safety, health, and quality of life of cognitively impaired adults living in the community.

**The National Forum on Mobility in Aging: Mobilizing Researchers and Stakeholders**, held in September 2007, was organized in response to earlier consultations that identified the need to bring together experts from a broad spectrum of disciplines and sectors to generate research and knowledge translation addressing critical deficits in mobility in aging. Participants from a wide range of perspectives, including municipal, provincial and federal decision makers; charitable organizations; industry; and diverse disciplines in science, were given an opportunity to:

1. Gain an understanding and appreciation of how different disciplines and sectors approach research-to-action in Mobility in Aging.
2. Share best practices and realities in crossing disciplines and in researcher-stakeholder collaborations aimed at knowledge transfer.
3. Provide guidance on future useful partnered activities and funding opportunities under the MiA Initiative.

The Institute has used the Forum’s recommendations in its development of research opportunities within the MiA initiative such as Dr. Demers’s project that follows.

## Assistive technologies target people with dementia

Imagine a home safety system that prompts you to wash your hands after using the bathroom – and then reminds you to turn off the water when you're done. It's a small action, but it helps people with dementia to live independently longer and eases pressure on their caregivers.



Integrated home safety systems are part of a growing area of research to provide people with dementia with the assistive technologies that help them overcome the effects of their disease. Such technologies also include devices that can detect falls

and monitor whether a patient has wandered outside. But the difficulty can lie in determining whether the technologies function as they're supposed to. That's where **Dr. Louise Demers** comes in. She's a researcher in rehabilitation at the University of Montreal and an expert in assessment and evaluation.

"People with dementia are a very special group in their ability to respond to the usual evaluation tools, like questionnaires," she says. "But it's very important to know if devices will work as they are intended to and if they respond to the needs of patients and their caregivers."

Dr. Demers is part of a group of Canadian and UK researchers working together to develop assistive technologies for people with dementia; the Canadian researchers are part of the Institute of Aging's Mobility in Aging strategic initiative. The group has held two workshops—one in Toronto in October 2008 and one in Bath in the United Kingdom in March 2009.

"The workshops were intended to put some brains together to make advances in this

area," says Dr. Demers. "The basic issues and problems are the same in both countries. We share the need for technology and knowledge." By combining both nations' scarce experts, a critical mass of inspiration and know-how was forged.

At the second workshop, participants developed a list of seven joint projects for which they are seeking funds. Dr. Demers is involved with one of the projects, to develop outcomes measures for technology in dementia. Without the right measures, there is no way of knowing if the new technologies are needed or if they actually help.

"We want to delineate and define what we should assess, what we can assess, and what tools we need to develop to do this," she says. "We also want to be able to identify needs from the outset and ensure that needs, not technology, drive the process."



Photo: Mark Nowaczynski

## Mobility in Aging Research

Over the course of the MiA initiative, the Institute of Aging has released a graduated program of funding opportunities, starting with one-year Catalyst and Synthesis grants designed to develop research capacity across the spectrum of Mobility in Aging issues. The years 2007-2009 mark the mid-point of the MiA strategy, during which larger and longer term Emerging Team and Demonstration Project funding programs were launched.

### Emerging Teams for Alliances in Mobility in Aging

Emerging Team grants support the establishment of Teams in Mobility in Aging that cross disciplines, professions and sectors, with the purposes of both accelerating research to action and providing opportunities for research career development. The first three of nine projected Emerging Teams in Mobility in aging were funded in 2008 for a five-year period.

**Project:** *Team for the Development, Testing and Knowledge Translation of Innovative Approaches to Optimize Gait and Balance of Older Adults*

**Team Leader:** Dr. Brian Maki, Sunnybrook Health Sciences Centre

**Issue:** How to meet the complex demands of moving about safely in daily life for seniors.

**Solution:** The team is developing and testing innovative, cost-effective approaches to improve gait and balance and prevent falls, through developing new gait and balance assessment and training methods, sensory aids, mobility aids, footwear, garments and handrail systems, and transferring these technologies and knowledge to consumers, health-care providers and policy makers.

**Impact:** Improving the mobility of seniors will reduce the physical and fiscal effects of falls and loss of gait and balance, improving health and quality of life.

**Project:** *Centre for Hip Health and Mobility: A Team Approach to Mobility in Vulnerable Seniors*

**Team Leader:** Dr. Karim Miran-Khan, Vancouver Coastal Health Research Institute

**Issue:** Studies on falls have largely focused on those causing no injury, yet falls that are injurious have significantly more influence on individual health and health services. Risk factors for injurious falls need to be identified.

**Solution:** The team is running a prospective observational study of 850 women aged 65 -75 years to measure fall risk in all three domains of cognitive function, bone fragility and gait/ balance abnormalities.

**Impact:** Identifying the risk factors will help prevent injurious falls, benefiting the health of vulnerable seniors, and avoiding the high costs of care and treatment.

**Project:** *Canadian Longitudinal Study on Aging Mobility Initiative (CLSA-MI) – An Emerging Team in Mobility in Aging*

**Team Leader:** Dr. Parminder Raina, McMaster University

**Issue:** The factors that contribute to an individual's level of mobility during the aging process are not well understood.

**Solution:** This multidisciplinary team is describing and evaluating physical, psychological and social factors, and the relationships among these factors, on mobility in adults aged 45 to 85 years.

**Impact:** A better ability to prevent mobility impairment with age will emerge from the knowledge of how the environment, intrinsic factors, and age itself influence the transitions of mobility status over time. Further preventive strategies will be developed from a new understanding of the impact of mobility status on important health outcomes and diseases.

## Demonstration Projects

Consultations with researchers and research-users revealed that there is a body of knowledge and evidence in Mobility in Aging that is not being used to the full advantage of research-users and stakeholders. Demonstration projects serve to enhance the capacity of research-users (health institution administrators, health care providers, caregivers, social and frontline workers, policy decision makers, the media, health charities, the private sector and the general public) to apply research evidence to their decisions on approaches (products, programs, services, and health system models) that contribute to improved Mobility in Aging. One of four projects funded under this program is described below.

**Project** *Effectiveness of physical training and cognitive stimulation for improving mobility in frail elderly persons*

**Researcher:** Dr. Louis Bherer, Institut universitaire de gériatrie de Montréal

**Issue:** Physical and cognitive training have been independently shown to improve health indicators in older adults. It has yet to be demonstrated whether combining a physical-training program with cognitive stimulation sessions can improve the physical and cognitive capacities associated with mobility, or whether such interventions affect the quality of life of the frail elderly.

**Solution:** Programs of physical activity and cognitive training will be offered to older participants. The effects will be measured by a multidisciplinary team of geriatricians, physiotherapists, and psychologists.

**Impact:** This project will provide a rigorous scientific evaluation of the effectiveness of physical activity and cognitive exercise prescriptions for older adults. It will also demonstrate the feasibility of establishing physical and cognitive activity programs for frail elderly persons.

## Catalyst Grants: Planning and Development in Mobility in Aging

These grants provide support for planning and/or development activities to enable researchers to prepare for proposals for complex, multi-stakeholder and/or team research programs in the context of the MiA initiative. Below is one such example.

**Project:** *Bridging the Gap between Identified Need and Adherence to Osteoporosis Care after a Fragility Fracture*

**Researcher:** Dr. Joanna Sale, St. Michael's Hospital (Toronto)

**Issue:** Many osteoporosis patients either give up treatment within a year of starting it or do not treat their osteoporosis according to the recommendations they receive.

**Solution:** Dr. Sale is examining what older patients with osteoporosis fractures know about treatment recommendations received and what they are doing to take care of their osteoporosis on a daily basis.

**Impact:** This research is helping the design of protocols that will enable individuals to follow treatment recommendations. This will decrease their chance of future fractures this maintaining their mobility and quality of life as they age. The Canadian health care system will ultimately benefit from reduced costs associated with hospitalization, rehabilitation, and nursing home admissions.



# Emerging Researchers

**E**xpanding research capacity was identified in the Institute of Aging's 2007-2012 Strategic Plan as a key process for the advancement of research in aging. The relatively small size of Canada's current research community in aging and the urgent need for new knowledge as national and world populations age, call for capacity development across all research domains. The Institute of Aging's investments in this area cover support for emerging scholars in priority and strategic themes, funding and offering training programs, engaging scientists from other research sectors, and preparing capacity to support the Canadian Longitudinal Study on Aging (CLSA).

The programs described below are designed to attract emerging scholars to research in aging and to support, encourage and motivate them.

## Recognition Prize in Research in Aging

Honouring our rising stars, this prize is awarded to the highest ranking applicant in aging in each of the regular CIHR competitions for Doctoral, Fellowship and New Investigator Awards.

### Recognition Prize Winners, 2007–2009

**Dr. Meghan Donaldson**, University of British Columbia

#### **Fellowship Award, Spring 2007**

*The study of osteoporotic fractures: A novel hip fracture prediction algorithm and knowledge translation*

**Dr. Chantal Dumoulin**, University of Montreal  
**New Investigator Award, Fall 2007**

*Improving continence care in older women: Linking anatomy to rehabilitative interventions*

**Dr. Anthony Perruccio**, Toronto Western Research Institute

#### **Fellowship Award, Fall 2007**

*The influence of comorbidities on the trajectory of key health outcomes in the elderly: A longitudinal study of patients undergoing total joint replacement*

**Alexander Goldberg**, Concordia University  
**Doctoral Research Award, Fall 2007**

*Mechanisms of aging in yeast*

**Graeme Schwindt**, University of Toronto  
**Doctoral Research Award, Fall 2008**

*Functional and structural brain imaging in Alzheimer's Disease: Towards a biomarker of treatment response and decline*

**Dr. Véronique Provencher**, University of Montreal

#### **Fellowship Award, Fall 2008**

*Evaluation d'activités liées à la préparation de repas au sein des milieux clinique et domiciliaire auprès de personnes âgées fragiles.\**

**Dr. Suzanne Cadarette**, University of Toronto  
**New Investigator Award, Fall 2008**

*Improving Medication Use, Health Care and Quality of Life Through Innovative Health Outcomes Research*

\*Research titles are listed in the language in which they were provided.

## 1 The VALUE of RECOGNITION



Back in 2006, **Dr. Alex Clark** was awarded the Institute of Aging's *New Investigator Recognition Prize*. Now an associate professor of Nursing at the University of Alberta, Dr. Clark is continuing his research on care for seniors in rural areas who suffer from heart failure.

"The prize provided an essential and hugely encouraging boost to my confidence as an establishing researcher," he says. "Given the extremely high standards and diversity of the applications, it is an achievement that I will remain proud of throughout my career. It has helped my research program move forward in this exciting and challenging area."

## Réjean Hébert Prize in Geriatric Research

Awarded in partnership with the Canadian Geriatrics Society (CGS), this \$1,000 prize is offered for the best scientific presentation by a Medical Resident in a core (or primary) residency training program at the CGS Annual Scientific Meeting.

### Réjean Hébert Prize Winners, 2007–2009

2007

**Cary Cunic**, University of British Columbia  
*Older Adults after Discharge from an Acute Care for Elders Unit (ACE)*

2008

**Dr. Vikram R. Comondore**, University of British Columbia  
*The Quality of Care in Private For-Profit and Private Not For-Profit Nursing Homes: A Systematic Review*

2009

**Dr. Quynh-Dao Dinh**, University of British Columbia  
*Documenting Code Status at the Time of Admission to Hospital*

## Age+ Award

The Age+ Prize recognizes excellence in research on aging carried out in Canada. Awarded throughout the year to 10 to 15 authors of a published, scientific article on aging, the Age+ Prize is given to graduate students, postdoctoral fellows and clinical residents from disciplines, ranging from basic biosciences to population health, publishing their research in aging. 27 prizes were given out in 2007–2009.

Applications that meet the requirements of a relevance review (i.e., the article addresses one or more of IA's five priority research topics, and the research deals with issues of aging and/or the aged as essential elements of the research) proceed to a comparative peer review according to the following criteria:

1. Significance of the candidate's contribution to the article (e.g., design, conduct, analyses) in the context of the candidate's experience;
2. Quality and comprehensiveness of the research project (including stature of journal within the context of the area of inquiry or substantive focus of the research);
3. Impact of the research on the advancement of knowledge in aging, gerontology or geriatrics;
4. Accessibility and understandability of the lay summary to a general audience.

Winning articles have been published in such journals as *Journal of the American Geriatrics Society*, *Canadian Journal on Aging*, *Archives of Gerontology and Geriatrics*, *Journal of Neuroscience* and *Journal of Experimental Medicine*.

## Age+ Winners, 2007–2009

**Jonathan Afilalo**, McGill University  
**Beatriz Alvarado Llano**, McGill University  
**Karen Bell**, McGill University  
**Allison Bielak**, University of Victoria  
**Robin Blanchard**, University of Waterloo  
**Danielle Bouchard**, University of Sherbrooke  
**Sienna Caspar**, Simon Fraser University  
**Andrea Charise** (formerly Dumbrell), University of Toronto  
**Meghan Donaldson**, San Francisco Coordinating Centre  
**Sacha Dubois**, Lakehead University  
**Alexandra Fiocco**, McGill University  
**Dawn Gill**, University of Western Ontario  
**Stanley Govenlock**, McMaster University  
**Susan Jo**, University of Ottawa  
**Debby Koonen**, University of Alberta  
**Martin Lavallière**, Laval University  
**Catherine Lord**, McMaster University

**Gail Low**, University of Victoria  
**Phillip Ly**, University of British Columbia  
**Daniel Mandell**, University of Toronto  
**Marissa Mendelsohn**, University of Western Ontario  
**Susan Muir**, University of Western Ontario  
**Sean Nestor**, University of Western Ontario  
**Dror Ofir**, Queen's University  
**Melanie Plourde**, University of Sherbrooke  
**Jeff Poss**, University of Waterloo  
**J. Brent Richards**, King's College, London  
**Eugenie Roudaia**, McMaster University  
**Julia Rozanova**, University of Alberta  
**William Tays**, Brock University  
**Jeremy vanRaamsdonk**, McGill University  
**Nathalie Veillette**, University of Quebec at Trois-Rivières  
**Sylvia Villeneuve**, University of Montréal

Visit the IA website at [www.cihr-irsc.gc.ca/e/26987.html](http://www.cihr-irsc.gc.ca/e/26987.html) for details of the winning articles.



Photo: Mark Nowaczynski



## 2 The VALUE of RECOGNITION



**Dr. Jean-François Gagnon**, a researcher at the Centre for Studies on Sleep and Biorhythms at the Hôpital du Sacré-Coeur de Montréal, has been studying sleep and neurodegenerative diseases such as Lewy Body

Dementia, Parkinson's disease, and Alzheimer's disease for nearly 11 years. In his research on Alzheimer's disease, he showed the rareness of REM sleep behaviour disorder in persons with Alzheimer's disease, thereby earning the Institute of Aging's **Age+ Prize** in January 2007.

As Dr. Gagnon explains, the Age+ Award has given him confidence, credibility, and a sense of reward: "Let's say that prizes help us to justify all the efforts that we make, and the Age+ Award definitely plays this role well."

## Summer Program in Aging (SPA)

The Institute of Aging's annual Summer Program in Aging was launched in 2006 with the overarching goal of bringing trainees in aging research together. Often only one or two students within an academic program or at a single university are studying aging with little knowledge of or access to fellow trainees at other Canadian universities.

The program offers four days of plenary and practical workshop sessions on multidisciplinary collaboration, grant preparation, peer review, communication, knowledge translation, professionalism and ethics in the context of research on aging.

In addition to offering a unique program of academic skill development, SPA creates an environment where participants meet other graduate students from a wide diversity of research fields and universities, to hear different perspectives, and to establish a network of future collaborators.

Equally importantly, participants have a unique opportunity to learn from and communicate closely with their mentors, who give generously of their time to share their wide range of knowledge and experience. Mentors not only present and lead the sessions but also interact with the participants over meals and free time, a chance for an open exchange of ideas and opinions. Many of the mentors, among them several members of the Institute's Advisory Board, have enjoyed the experience of collaborating with the enthusiastic and motivated participants so much that they have returned to successive SPAs.

**SPA 2007** was held in collaboration with the British Columbia Network for Aging Research (BCNAR) at Harrison Hot Springs in British Columbia. From 84 applicants, 52 Master's and PhD students and post-doctoral fellows were selected as participants, representing 20 different disciplines and 22 universities across Canada. Mentors, under the guidance



of Dr. Lynn Beattie, included several academic members of BCNAR from BC universities, researchers from other Canadian universities, and experts from CIHR. In addition to plenary sessions and practical exercises, a highlight was a comical but realistic improvisational play on multidisciplinary collaboration, staged by the mentors.



---

“One thing I really appreciated was the real life research stories—choices mentors have faced, what they did and what they learned. As someone seriously considering a career in academia, it was good to hear their stories—it gave a balanced view of the rewards and challenges of research.”

–SPA 2007 participant

---

**SPA 2008** was hosted at the Delawana Inn on Georgian Bay in Ontario by members of Dr. Bruce Schneider’s Strategic Research Training Program (STIHR) in Communications and Social Interactions in Healthy Aging. Here, the 48 participants (selected from over 100 applicants) became quickly engaged in the challenges and rewards of multidisciplinary research and were treated to a session on communicating with the media led by Jay Ingram host of the Discovery Channel’s Daily Planet. Trainees from the STIHR presented a session “Stories from the Trenches” on the challenges and rewards for emerging researchers working in a multidisciplinary

environment. On its final day, SPA 2008 joined the NICE (National Initiative for the Care of the Elderly) Annual Knowledge Exchange Conference in Toronto, where they were given an opportunity to learn about issues relating to knowledge translation in aging, and to meet researchers, policy makers and practitioners from around the world.



---

“It was a great combination of research discussions, skill development, net-working (and fun). The experience was quite extraordinary and the longer I was there the more I realized what an amazing opportunity this was for me as a new researcher. I would have no problem, after just three days, contacting another participant(s) to discuss collaborations. Which is quite extraordinary given the diversity of backgrounds and the limited time-frames.”

–SPA 2008 participant

---

# Translating Health Research into Practice

## Canadian Dementia Knowledge Translation Network

**T**he Cognitive Impairment in Aging (CIA) Partnership, established in 2002, is a consortium of private, non-governmental, voluntary and government organizations established to work together to further research in Alzheimer's Disease and other dementias and the application of that research to improve the quality of life of those suffering with dementia.

After several years of funding strategic research initiatives in biological aspects of dementia, vascular dementia and caregiving in dementia, the CIA Partnership decided in 2007 to launch a national initiative on translating research on dementia to action in dementia care and treatment. It called for a single national collaborative proposal to bring together academics in all fields of dementia research, Alzheimer societies, health care providers (e.g., physicians, nurses, physiotherapists), formal and informal caregivers, social and frontline workers, and especially persons living with dementia, to focus on the exchange of knowledge and best practices relating to Alzheimer's disease and dementia.

The Canadian Dementia Knowledge Translation Network (CDKTN) was funded in March 2008 in response to that call, with a five-year \$3.45M grant. Although there are many researchers and clinicians across the country whose work makes a significant impact on dementia care, they often operate in isolation from one another. The CDKTN is designed to build on existing capacity for Knowledge Translation and Exchange.

Activities of this network will result in:

- Increased and enhanced Knowledge Translation and Exchange so that effective dementia treatments, services, and products can be developed and put into practice;
- More experts trained in Knowledge Translation and Exchange;
- A research culture shift in which Knowledge Translation and Exchange are essential components of research activities;
- Enhanced dissemination of research findings via novel means (technology-based, arts-based);
- Enhanced knowledge and skills (best practices) of caregivers;
- Development of clinically-relevant and patient-centred research;
- Increased patient and caregiver access to information, resources, and tools; and
- Strengthened links between industry, researchers, clinicians, caregivers, and persons with dementia.

## Improving care for people with dementia



Throughout his career, **Dr. Kenneth Rockwood's** biggest commitment has been to patients with dementia and their caregivers.

"Patient comes from the Latin word *patiens*, which means 'to suffer'," says the Dalhousie

University researcher. "I want to relieve suffering and I see that we have a real opportunity to do so."

The opportunity lies in the Canadian Dementia Knowledge Translation Network (CDKTN). Dr. Rockwood leads the Network and is also responsible for one of the three themes in which the Network is concentrating its efforts – the patients and caregivers theme.

---

Dr. Rockwood views the CDKTN as an opportunity not only to get information out to patients and caregivers, but also to listen to what is important to them – knowledge exchange as much as knowledge translation.

---

“As an example, if you talk to caregivers, you find that repetitive questioning by their family member with dementia is particularly maddening,” says Dr. Rockwood. “When I deal with this, I tell the caregiver that the patient is anxious and needs reassurance, not just answers. And being able to use this strategy validates the caregiver and recognizes the importance of their role.”

A second theme, led by Dr. Lynn Beattie of the University of British Columbia, is education and training in knowledge translation. Its goal is to teach young trainees how to incorporate knowledge translation into their research programs. Using the model of “follow the money”, the Network is making additional funding available for those trainees who engage in knowledge translation as part of their work.

The final theme is knowledge translation among front-line health care workers. This theme is based on a successful strategy, the Alzheimer Knowledge Exchange, implemented by the theme’s lead, Dr. Kenneth Le Clair of Queen’s University, in Ontario.

The three themes complement each other as vital components that contribute to the same goal: To make care better for people with dementia.

## Betty Havens Award for Knowledge Translation in Aging

Honouring the distinguished life and career of the late Betty Havens, a pioneer in gerontology and inaugural member of the Institute of Aging’s Institute Advisory Board (from 2001 to 2004), this annual award recognizes individuals, teams or organizations that have advanced the translation of research in aging in Canada.

### Betty Havens Award Winners



**Dr. Heather Keller**, an associate professor in the Department of Family Relations and Applied Nutrition at the University of Guelph, was the 2007 recipient of this award for the development of SCREEN® (Seniors in the Community

Risk Evaluation for Eating and Nutrition), and an associated toolkit to help with its use in the community.

Assessing nutrition is extremely complex, says Dr. Keller. SCREEN® helps physicians identify patients early, by looking at factors ranging from the physical – difficulty chewing or swallowing – to the social, such as eating alone or difficulties with shopping or cooking.

SCREEN© and its successor, SCREEN® II, are being used by more than 100 practitioners throughout Canada, and Japan as well as several European countries have expressed use in translating and adapting the tool for their use.

Dr. Keller has also developed, with the Dieticians of Canada, an online knowledge translation vehicle called Bringing Nutrition Screening to Seniors (BNSS) to help practitioners steer their patients to community-based supports.



**Dr. Marnin Heisel**, a clinical psychologist at the University of Western Ontario and **Dr. Sharon Moore**, an associate professor of nursing at Athabasca University, were the 2008 Betty Havens Award recipients. Dr. Heisel knows a lot about how to identify and

help older adults who are suicidal. Now he wants to make sure that others know it too. So he and his colleagues from the Canadian Coalition for Seniors' Mental Health developed Canada's first-ever interdisciplinary, evidence-based Guidelines on the Assessment of Suicide Risk and Prevention of Suicide in Seniors, as well as a suite of online and hard-copy tools and products to promote the guidelines' widespread usage.

"Front-line care providers told us that they found the guidelines valuable; however, they weren't likely to pull them out and start thumbing through them when they were with a patient. They needed something smaller and more accessible," says Dr. Heisel. So, among the hard-copy tools is a pocket card that highlights the guideline's key messages and suggests assessment and intervention procedures for immediate reference by health-care professionals.

Now Dr. Heisel and Dr. Moore plan to use the funds provided by the award to evaluate the guidelines' effectiveness, to see if the thousands of copies that have been distributed and downloaded actually enhance clinicians' knowledge levels and attitudes regarding working with at-risk older adults.

## Canadian Research Forum on Aging (CRFA)

The CRFA is a program of events presented by the Institute of Aging in association with the Annual Scientific Meeting of the Canadian Association on Gerontology. A key component of the CRFA is a pre-conference symposium which highlights a major research initiative funded by the Institute of Aging.

**2007: Frailty – From Concept to Research to Practice**, explored the concept of frailty with the objective of enhancing clinical care, public health, and health services policy concerning the elderly. The symposium was organized and chaired by Dr. François Béland, professor in the Health Administration Department of the University of Montreal and a member of the University of Montreal *Groupe de recherche interdisciplinaire en santé* (GRIS), as well as the Co-founder and co-director of SOLIDAGE – McGill University/University of Montreal Research Group on Frailty and Aging. Topics ranging from basic biological indicators of frailty through to care and policy ramifications of this challenging syndrome engaged clinicians, public health practitioners, researchers and decision-makers in discussions.

**2008: Mobility and Cognition in older adults – An entangled relationship** was co-sponsored by the Lawson Research Institute and chaired by Dr. Manuel Montero-Odasso of the Department of Medicine at the University of Western Ontario. Mobility and cognitive impairment appear to become more related as people age. Specifically, gait slowing and dementia often co-exist in the same individual and have been attributed to changes in specific brain regions and may contribute to an increased risk of falls and disability. The symposium examined the links and interrelationships between mobility and cognition as people age, exploring possibilities for a unified research approach to prevalent syndromes.



## Knowledge Synthesis Grants

These grants support teams of researchers and knowledge users to produce scoping reviews and syntheses that respond to the information needs of decision makers in all areas of aging. Knowledge synthesis transforms scientific knowledge into a form that is reliable, relevant and readable for knowledge users and decision makers. Scoping reviews are exploratory projects that systematically map the literature available on a topic, identifying the key concepts, theories, sources of evidence, and gaps in the research. Dr. Ann Cranney's research is an example of one of these projects.

**Project:** *Research Syntheses of Driving in Older Individuals with Arthritis*

**Team Lead:** Dr. Ann Cranney, Ottawa Hospital Research Institute

**Issue:** As more Canadians get older, the number of people with arthritis will increase. Arthritis causes physical limitations resulting in difficulties with driving, which is important for older adults as it allows them to maintain their mobility and independence. However, the association between the physical limitations due to arthritis and a person's driving performance is not clear.

**Solution:** In order to develop tools to assist both health care providers and arthritis patients, Dr. Cranney's team of researchers will conduct a literature review to examine the effect of arthritis on driving performance and identify/evaluate existing driving resources developed for people with arthritis. Consumers with arthritis, health care providers and policy makers will help define the scope of the review, interpret the results and put them into practice.

**Impact:** Ultimately, the results of this review will be used to develop recommendations and tools to assist the health care provider and arthritis patient to optimize safe driving and independence.



Photo: Mark Nowaczynski

# Partnerships and Public Engagement

## Partnerships

The spirit of partnerships is a fundamental principle at CIHR. Throughout the past two years, the Institute of Aging has continued to build new collaborations with organizations with a common goal of greater sharing of knowledge, efficient use of resources, effective dissemination of results, and ultimately, improved quality of life for older Canadians. As this report demonstrates, many of the Institute's activities are the product of partnerships with provincial, federal and international departments and agencies, hospitals, voluntary health organizations, professional organizations, industry, and CIHR Institutes and Branches. The following list recognizes the many partners with which the Institute of Aging has collaborated between 2007 and 2009:

- Alzheimer Society of Canada\*
- Astra Zeneca Canada Inc.\*
- Canadian Association on Gerontology
- Canadian Geriatrics Society
- Canadian Gerontological Nurses Association
- Canadian Nurses Foundation\*
- Canadian Occupational Therapy Foundation
- Canadian Stroke Network
- CIHR's Institute of Circulatory and Respiratory Health, Institute of Gender and Health\*, Institute of Genetics, Institute of Health Services and Policy Research, Institute of Musculoskeletal Health and Arthritis, Institute of Neurosciences, Mental Health and Addiction\*, Institute of Nutrition, Metabolism and Diabetes, Institute of Population and Public Health

- CIHR Ethics Office\*
- CIHR Knowledge Translation and Commercialization Branch\*
- Fonds de recherche en santé du Québec/ Réseau québécois de recherche sur le vieillissement\*
- Heart and Stroke Foundation of Canada\*
- Janssen-Ortho Inc.\*
- Merck Frosst Canada Ltd. \*
- Ministry of Science and Technology (China)
- National Institute of Aging – (U.S.) National Institutes of Health
- National Natural Science Foundation of China
- Neuroscience Canada\*
- New Dynamics of Ageing (UK)
- Newfoundland and Labrador Centre for Applied Health Research
- Nova Scotia Health Research Foundation\*
- Novartis\*
- Pfizer Canada Inc.\*
- Physiotherapy Foundation of Canada
- Public Health Agency of Canada\*
- The Consortium of Canadian Centres for Clinical Cognitive Research (C5R)\*
- Veterans Affairs Canada\*

*\* These partners are also members of the Cognitive Impairment in Aging Partnership*

## Partnership highlights include:

### Canada-UK Aging Initiative

The UK's innovative New Dynamics of Ageing (NDA) programme is a seven year research funding initiative that is a unique alliance among five UK Research Councils aimed at advancing understanding of the dynamics of ageing from a multidisciplinary perspective. In 2007, the Institute of Aging formed a groundbreaking partnership with the NDA that enabled Canadian researchers to acquire CIHR-IA funding to conduct collaborative research with NDA-funded scientists. Two rounds of grants were supported through this Canada-UK Aging Initiative, advancing international investigations in productive and healthy environments for the older workforce, assistive technologies for nutrition and incontinence, and connectivity of older adults in rural communities.

### China-Canada Joint Health Research Initiative

As recently as 25 years ago, China was concerned by the alarming number of children it had to support. In the intervening decades, increased longevity and its successful one-child policy has created a national population that is now aging faster than any other. As a partner on CIHR's China-Canada Joint Health Research Initiative, the Institute of Aging is building on its goal to stimulate and strengthen alliances with nations that are addressing issues of population aging.

### China-Canada Joint Health Research Initiative Grants

Jointly managed and funded by CIHR, the aim of this program is to promote Canadian-Chinese scientific co-operation between universities, hospitals, research institutes or affiliated research organizations in Canada and China. Proposals, which must include one researcher from Canada and one from China, are jointly reviewed by CIHR and NSFC peer review teams.

Three international teams in aging research received grants in 2007 and a further four teams in 2008.

---

"The collaboration allows us to utilize a multidisciplinary—genome scanning, molecular, cellular, physiological and behavioural—approach to further examine the role of TMP21 gene in the pathogenesis of neurodegenerative disorders. The team will also provide great training opportunities for graduate students and postdoctoral fellows from both countries."

*Dr Weihong Song, University of British Columbia, co-principal investigator with Dr. Kun Xia, Central South University, China, on the project Function of TMP21 and its role in Alzheimer's disease pathogenesis.*

---

### Canada-China Workshop on Aging Research

Delegates from the National Natural Science Foundation of China met at UBC with scientists from across Canada for a Canada-China Workshop on Aging Research in September 2008. This one-day meeting was hosted by the Institute of Aging in collaboration with the Quebec Network for Research on Aging of Le Fonds de la recherche en santé du Québec (FRSQ). Covering research from the biological mechanisms of aging to epidemiology and public health, this bi-lateral exchange was successful in fostering new relationships among investigators from the two countries.

### China-Canada Collaborative Teams in Health Research Grants

Building on the success of the China-Canada Joint Health Research Initiative Grants, the Institute of Aging joined another CIHR collaboration with China's Ministry of Science and Technology (MOST) to launch this

program in March 2009. The aim is to foster long-term institutional partnerships involving basic/fundamental and applied (including both clinical and population health) researchers from both countries, and training opportunities for PhD students and/or postdoctoral fellows, teams, etc.). Proposals related to research in aging are now under review.

## Veterans' Affairs Canada

As a continuation of the linkages formed between CIHR-IA and Veterans Affairs Canada, the IA Advisory Board (IAB) and the VAC Gerontological Advisory Committee (GAC) held a joint meeting in June 2007. The discussion covered simplification of research knowledge so that it informs decision-makers, the limitations of research evidence considered to be good, and the need for documentation of the process that the VAC will be following in knowledge translation and for evaluation of the outcomes. Subsequent discussions resulted in the creation of a joint fellowship, funded by the Institute of Aging in partnership with Ste. Anne's Hospital - Veterans Affairs Canada, St. Joseph's Health Care London Veterans Care Program and Capital Care Group Inc. The purpose of the three-year Fellowship in the Area of Aging, Veterans and Dementia is to build research capacity to advance clinical knowledge and practice in the field of Dementia and Veterans Care. Since the program's inception, three fellowships have been awarded to:

- **Anne-Marie Bostrom**, University of Alberta  
*Enhancing research use in elder care*
- **Stéphane Protat**, Hôpital Sainte-Anne, Sainte-Anne-de-Bellevue, QC  
*Mise en place et évaluation de l'efficacité d'une intervention non-pharmacologique multisensorielle adaptée aux personnes atteintes de maladie d'Alzheimer\**
- **Briana Zur**, St-Joseph Hospital, London, ON  
*An enhancing best practice in dementia care: examination of the Cognitive Competency Test*

\*Research titles are listed in the language in which they were provided.

## CIHR Institute of Genetics/Institute of Aging – New Principal Investigators Meeting

Facilitating the career development of “newly hatched” (in their first four years) health researchers has been a focus of CIHR Institute of Genetics (IG) since 2002. In 2008, IA joined IG in hosting their annual workshop for almost 100 new faculty, including new scientists and clinician scientists in the genetics and aging research communities. The meeting fostered the formation of peer networks between the New PIs working in related or overlapping areas of research. New PIs were counseled on grant & paper writing, on running a lab, managing budgets, and interacting with lab personnel. A significant portion of the meeting was devoted to mentoring, both through formal presentations by “star” senior scientists followed by discussion, as well as many informal interactions.

---

“The round-table offering insights into the CIHR grant peer review process was especially helpful for those of us new to grantsmanship. However, the most important advantage for new PIs was the opportunity to meet others shouldering new and similar burdens and to begin to develop a network of potential collaborators. I would strongly encourage those feeling uneasy about their role as a new PI to attend this well organized conference—it should help them get off to a better start.”

*Dr. Brent Richards, Assistant Professor,  
Faculty of Medicine, McGill University*

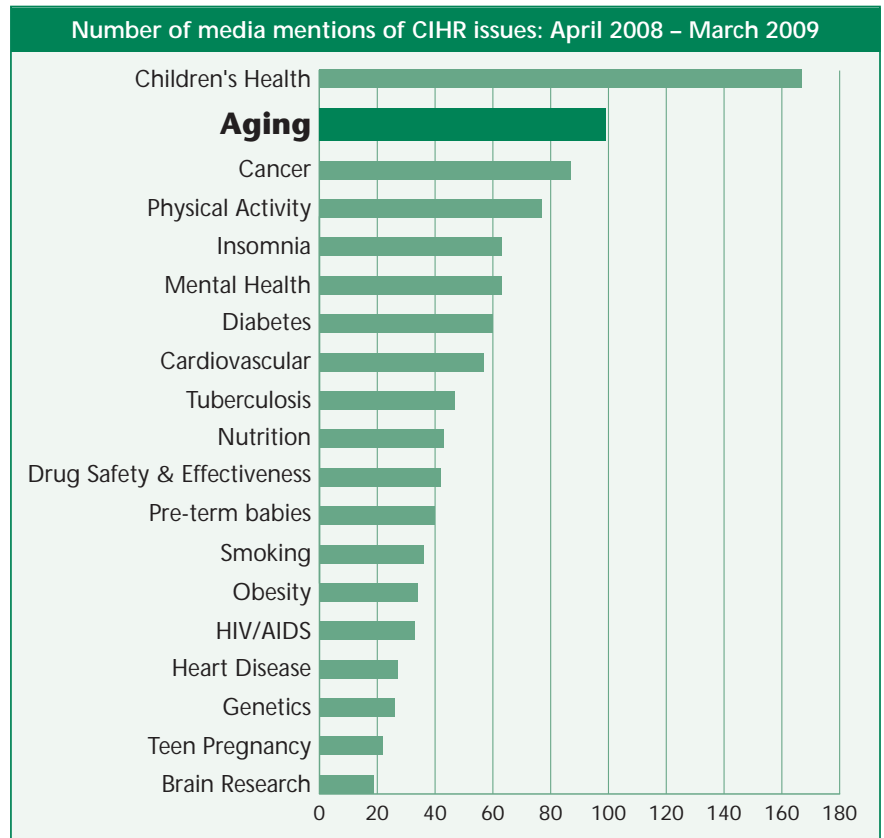
---



# Public Engagement

## Media Coverage

Media coverage has increased dramatically over the past two years, due in part to such high profile topics as the baby boomer generation reaching retirement and advances in research on Alzheimer's disease. Within CIHR, the topic of aging jumped in one year from near the bottom to second place for the number of media mentions.



## "The Future is AGING" Journalist Workshop

Journalists are instrumental in bringing research findings to the public's attention, as well as helping Canadians value the research enterprise itself.

Eight of Canada's most distinguished researchers in the field of aging and health research participated in the March 2009 journalist workshop on "The Future is AGING". Essentially, it connected researchers and journalists in an effort to facilitate networking, foster relationships and ultimately enhance knowledge.

"This is an issue which affects all parts of journalism – because we all age. It is important to consider, regardless of your field." *Journalist attendee*

Confirming 'aging' to be a topic of great interest to the media, this workshop broke CIHR's record for media participation. Twenty-five journalists, including freelancers and reporters from national newspapers, magazines, radio and television, and electronic media, participated in discussions on why we age, how to make our cities age-friendly and the importance of brain fitness.

## CIHR Café Scientifique – “I’m Not Getting Older, I’m Getting Smarter!”

CIHR Café Scientifiques are informal discussions about various health-related issues of popular interest to the general public. The Cafés, from the first one hosted by the Institute of Aging in October 2006, have proved a successful way of allowing researchers explain their work to the lay public who in turn have plenty of opportunity to ask questions.

A full house of 75 engaged seniors participated in the CIHR Café Scientifique “I’m Not Getting Older, I’m Getting Smarter!” hosted by IA in partnership with the Mental Health Commission of Canada (MHCC) as part of a CIHR-MHCC series of cafés across Canada.

The participants in the Café, which was held in Halifax on June 12 in conjunction with 50+ Expo, an annual seniors’ fair, heard presentations on the aging brain, brain plasticity, and the relationship between aging and depression and anxiety from Dr. Kenneth Rockwood, Dr. Sultan Darvesh and Dr. Keri-Leigh Cassidy, all from Dalhousie University. A lively discussion on these topics followed the presentations. The Café was co-chaired by Dr. Anne Martin-Matthews, IA Scientific Director and Dr. Marie-France Tourigny-Rivard, Clinical Director of the Royal Ottawa Hospital Psychiatry Program.

---

“I feel better prepared to talk to the doctors about my wife’s Alzheimer’s now.”  
– *Café scientifique attendee*

---



## Institute Advisory Board

A multidisciplinary Institute Advisory Board (IAB), meeting three times a year, provides essential community input and guidance into everything the Institute does. The IAB plays an active and vital role in the success of the Institute.

**Dr. Howard Bergman (Chair)**

McGill University

**Dr. Denise Cloutier-Fisher**

University of Victoria

**Dr. Max Cynader**

University of British Columbia

**Dr. Louise Demers**

Université de Montréal

**Norma Drosdowech**

Manitoba Council on Aging

**Dr. Carole Estabrooks**

University of Alberta

**Margaret Gillis (2007-2008)**

Public Health Agency of Canada

**Dr. Russell Hepple**

University of Calgary

**Dr. Janice Keefe**

Mount Saint Vincent University

**Dr. Daniel Lai (2004-2008)**

University of Calgary

**Dr. Peter Lansley**

University of Reading, UK

**Dr. Verena Menec**

University of Manitoba



**Gael Page**

Canadian Hospice Palliative Care Association

**Dr. Christopher Patterson**

McMaster University

**Dr. H el ene Payette**

Universit  de Sherbrooke

**Frances Pennell (2007-2008)**

Human Resources and Social Development  
Canada

**Dr. Dorothy Pringle  
(Past Chair)**

University of Toronto

**Douglas Rapelje (2004-2008)**

Consultant

**Dr. Rebecca Jane Rylett (Vice-Chair)**

University of Western Ontario

**Dr. Gary Teare**

Health Quality Council of Saskatchewan

**Dr. Huber Warner (2004-2008)**

National Institute on Aging (U.S.) and University  
of Minnesota

# Institute of Aging Staff

## Vancouver

---

**Dr. Anne Martin-Matthews**  
Scientific Director

**Dr. Susan Crawford**  
Assistant Director

**Rowena Tate**  
Project Manager

**Bonnie McCoy**  
Project Officer

**Marian Chong-Kit**  
Administrator

**Lynda Callard**  
Finance Clerk



## Ottawa

---

**Dr. Linda Mealing (2003 - 2009)**  
Assistant Director, Partnerships

**Dr. Michelle Peel**  
Assistant Director, Partnerships

**Sharon Nadeau**  
Associate, Institute Strategic Initiatives