

SIMON FRASER UNIVERSITY
Office of the Vice-President, Academic
MEMORANDUM

To: Senate

From: J.M. Munro, Chair, Senate Committee on Academic Planning

Subject: Master of Arts in Gerontology

Date: January 25, 1995

Action undertaken at the meeting of the Senate Committee on Academic Planning on January 11, 1995 gives rise to the following motion:

Motion: "That Senate approve and recommend to the Board of Governors as set forth in S.95- 10 , approval of the Master of Arts in Gerontology."

The proposal for an M.A. Program in Gerontology first came to the Senate Committee on Academic Planning in June, 1994 after consideration by the Faculty of Arts, the Assessment Committee for New Graduate Programs and the Senate Graduate Studies Committee. After consideration, SCAP referred the program back asking that it be redesigned as a more applied program. The program was resubmitted in December, 1994 to the Dean of Graduate Studies who approved the revised proposal on behalf of the Senate Graduate Studies Committee. At its meetings in December, 1994 and January, 1995, SCAP considered the revisions and now recommends approval of this program.

The program has been redesigned so that it is clearly defined as a professional program with two streams: Aging and the Built Environment and Health Promotion and Aging. While the focus of the program is clearly applied, there will be an opportunity for a small number of students to take a thesis option if their preference is for a research-oriented degree.

When this program has the approval of Senate and the Board of Governors, the normal practice will be followed of sending documentation on the new program to the other provincial universities for comment. Also, we expect the Ministry of Skills, Training and Labour to institute a province-wide new degree program approval process in the near future and this program would be subject to this process.

Since the implementation of this program would be contingent on additional funding, it would be considered again by SCAP after approval by Senate, the Board of Governors and the Ministry. At that time, SCAP will review and make recommendations on priorities for new program funding.

J.M. Munro

OFFICE OF THE DEAN OF GRADUATE STUDIES

Memorandum

TO: Evan Alderson
Dean of Arts

FROM: Bruce P. Clayman
Dean of Graduate Studies

SUBJECT: MA in Gerontology

DATE: December 4, 1994

Thank you for your memorandum of November 22 describing and enclosing the revised proposal for an MA in Gerontology. I regret that my absence from campus delayed its consideration until now.

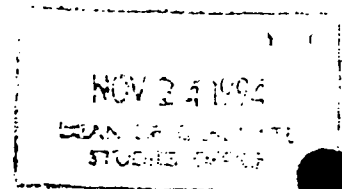
I agree with you that the proposal appears to satisfy the earlier concerns of SCAP, as well as those raised by members of the Senate Graduate Studies Committee and by me. The revisions comprise a focusing and tightening of the proposal to areas of strength.

Accordingly, I am pleased to be able to approve the revised proposal on behalf of the SGSC and forward it directly to SCAP.



c. A.J. Watt
G. Gutman
J.M. Munro

SIMON FRASER UNIVERSITY
Office of the Dean, Faculty of Arts
MEMORANDUM



To: Bruce Clayman
Dean of Graduate Studies

From: Evan Alderson
Dean of Arts

Subject: Revised M.A. in Gerontology
Proposal

Date: 22 November 1994

I am forwarding to you a revised proposal for a Master's program in Gerontology. Following the SCAP meeting which referred back the previous proposal, there have been several discussions within the University regarding appropriate revisions, and the proposal has undergone a number of further iterations within the Faculty of Arts.

Associate Dean Andrea Lebowitz, who chairs the Faculty of Arts Graduate Studies Committee, and I are both of the view that the current proposal satisfies the earlier reservations of SCAP and that in very substantial measure it answers the critical comments by some of the external reviewers. We do not believe the current proposal needs to be re-addressed within the Faculty of Arts, and we hope that you will agree with us that the matter can be passed directly back to SCAP.

The essential changes from the earlier proposal are as follows:

1. The program has been clearly defined as a professional program, designed to teach applied research skills and wide gerontological knowledge to practitioners in a variety of employment categories. The program will retain a small and select thesis option, but everyone will be admitted to the "project" stream. Only a few students who have more academic inclination will move into the thesis stream. The increased expectation of methodological expertise for these students will be met by a course requirement from another department.
2. The projected cost of implementing the program has been substantially reduced. The two new faculty requested will handle undergraduate courses now taught largely by sessionals as well as contributing to the M.A. program. A total faculty complement of four for both programs, together with collaborative arrangements with Sociology & Anthropology, will in my view provide an appropriate balance of faculty strength and variety of expertise for a program of this type. The co-operation with Sociology & Anthropology and the postponement of the "Administrative Services" stream pending further discussions with Business Administration are well advised on both academic and financial grounds.

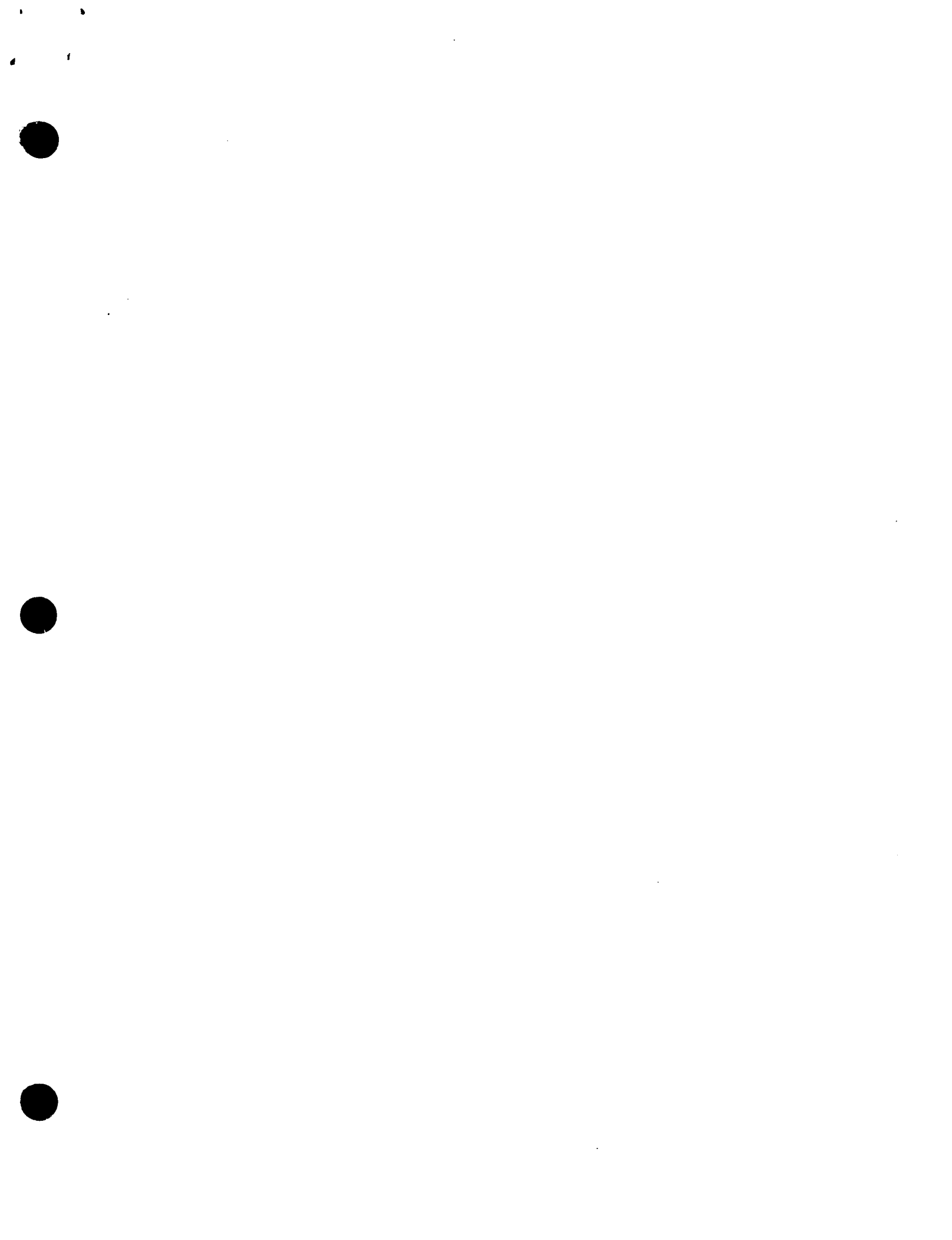
Having re-read the original letters of external review, it appears to me that the proposed revision responds appropriately, within the SFU context, to the reservations expressed therein. Perhaps these reservations can best be summarized by quoting a sentence from the letter of Allen Dobbs: "Although I am sceptical about the program turning out researchers, I do think it is very well suited to turning out qualified professionals." In my view the program proposal has now focused on its primary strengths and potentials in ways that will be academically sound and cost effective. I urge you to expedite its return to SCAP.



Evan Alderson
Dean of Arts

EA/hj

cc: A. Wister
G. Gutman
A. Lebowitz



SIMON FRASER UNIVERSITY

DEAN OF GRADUATE STUDIES

Memorandum

TO: B. P. Clayman, Chair
Senate Graduate Studies Committee

FROM: Phyllis Wrenn
Associate Dean

SUBJECT: MA in Gerontology

DATE: March 25, 1994

The Assessment Committee for New Graduate Programs (ACNGP) has approved and recommends to the SGSC for approval a proposal for an **MA in Gerontology**. The first draft of the proposal was received on 20 April 1993. In making this recommendation, the committee noted, and wishes to draw your attention to, the following points:

- 1) The committee noted, and expressed concern regarding anomalies in the external reviews, particularly with respect to the assessment of faculty resources. It noted also, however, the lack of substantive or concrete comment on the program proposal itself in the case of the dissenting reviewer.
- 2) The committee suggested that BUS 527 - Financial Accounting, and BUS 528 - Managerial Accounting, be added as recommended electives for students in the professional option.
- 3) The committee noted concerns expressed by reviewers regarding the research option, and faculty strength in this area. It noted the difficulty of assessing a new program proposal which relies for its instruction on as-yet-unidentified faculty; it noted assessments of the research records of the cohort of associated / adjunct faculty, as well as the recognition gained by the two core faculty members.

Please place this proposal on the agenda of the next meeting of the SGSC. By copy of this memo, I am inviting G. Gutman and A. Wister to attend this meeting as representatives of the proposed program.

c: G. Gutman
A. Wister
A. Lebowitz
M. McGinn

Phyllis Wrenn

PROPOSAL FOR MA IN GERONTOLOGY

- 6 Nov 1991 Approved "in-Principle" by Senate Committee on Academic Planning
- 11 Mar 1993 Approved by Faculty of Arts Graduate Studies Committee
- 20 Apr 1993 Received by Dean of Graduate Studies
- 27 May 1993 Revised version received by Dean of Graduate Studies
- 21 June 1993 Reviewed by Assessment Committee for New Graduate Programs
- 5 Aug 1993 Second revised version received by Dean of Graduate Studies
- 13 Sept 1993 Reviewed by Assessment Committee for New Graduate Programs
- 09 March 1994 Revisions received by Dean of Graduate Studies
- 18 March 1994 Assessment of external reviewers and revised proposal reviewed by Assessment Committee for New Graduate Programs

MAR - 0 1994
DEAN OF GRADUATE
STUDIES OFFICE

GERONTOLOGY RESEARCH CENTRE AND DIPLOMA PROGRAM

SIMON FRASER UNIVERSITY AT HARBOUR CENTRE

MEMO

TO: Dr. P. Wrenn, Associate Dean of Graduate Studies,
Chair, Assessment Committee for New Graduate Programs

FROM: Dr. Andrew Wister, Chair, Gerontology Graduate
Committee, and Dr. Gloria Gutman, Director, Gerontology
Research Centre and Program

SUBJECT: External Reviews of the Proposal for a Master's Program in
Gerontology

DATE: February 22, 1994

This memorandum is in response to the four reviews of the proposal to establish a Masters in Gerontology at SFU submitted to the Assessment Committee for New Graduate Programs. Each of the reviewer's comments will be addressed separately.

Dr. Friedsam's Review

It should be noted that Dr. Friedsam is the only reviewer who has personally developed and directed a Master's Program in Gerontology. It is worth emphasizing that Dr. Friedsam strongly supports our proposal for an M.A. in Gerontology. For example, with respect to the academic merit and structural integrity of the proposed program, he notes that it is at a higher standard than recommended in the guidelines of the Association for Gerontology in Higher Education. Unlike some of the other reviewers, Dr. Friedsam recognizes that this is possible because:

...The "psychosocial cluster," for example, will presumably have been met or be required to be met as prerequisite to admission to the Master's program.

On the question of adequacy of the faculty and other resources, he states that the resumes appended to the proposal "reveal appropriate backgrounds, extensive experience, and excellent records of professional activity related to their roles in the proposed program." He comments favorably on the credentials of the Director, stating that she has an international reputation in gerontology.

Dr. Dobbs' Review

Dr. Dobbs, who for the past several years has directed the Gerontology Centre and Diploma Program at the University of Alberta (both were developed by the late Dr. Brendan Rule), concurs with Dr. Friedsam's assessment that graduates of the proposed Master's program will find employment. He also concurs that there will be student demand for the program, noting that:

...It clearly is the case that the Diploma program has been in high demand and it has had similar foci. Perhaps that is the best predictor.

His judgment on these points is particularly important since he is knowledgeable of the Canadian context. His preliminary remarks concerning competition between Canadian universities to develop graduate programs in Gerontology and the desire of some individuals to delay other university's progress should also be noted.

There are only two shortcomings of the proposed program that Dr. Dobbs identifies. The first relates to entry requirements for the program; the second with the training of researchers. Dr. Dobbs feels strongly, as we do, that a basic level of undergraduate training in the core areas of gerontology (i.e. in the psychology, sociology and biology of aging) as well as in the integration of the three (as is done in our GERO 300 - Introduction to Gerontology) is highly desirable. In prior drafts of the proposal, the required courses of the Diploma Program were listed as pre-requisites for admission to the Master's Program. These included GERO 300- Introduction to Gerontology; PSYC 357 - Psychology of Aging; S.A. 460 - Sociology of Aging, KIN 461 - Physiology of Aging; GERO 301 - Research Methods in Gerontology and GERO 400 - Seminar in Applied Gerontology -- the latter, containing a very strong research component. After considerable consultation, it was decided to remove these as formal requirements for admission. They were replaced by the paragraph at the top of page 7 of the current version which states:

...Students may be required to complete courses from the existing Diploma Program in Gerontology as a condition of admission, or to register as a Qualifying Student before consideration for admission to the M.A. program. A detailed educational and work biography will be required as part of the admissions procedure. This information, in conjunction with a personal interview in some cases, will be evaluated by the Admissions Committee to determine if the student requires preparatory course work and to establish whether an internship is necessary (see next section).

The rationale for the above procedure is that it will provide more flexibility in the admission of students originating from outside SFU's Gerontology Diploma program as well as enable us to meet the changing needs of the program. Dr. Friedsam understood that students will still be expected to have the basics (among them, what he termed in the quote above "the psychosocial cluster") which most definitely is the intention of the SFU Gerontology Graduate Committee.

Dr. Dobbs also feels that Master's students need more training in research methodology and recommends extending the number of weeks covering multivariate statistics in the course outline for GERO 802 Advanced Research Methods in Gerontology. In response:

a) Dr. Wister has revised the outline for GERO 802 (see Appendix 1) in line with Dr. Dobbs' suggestion. The recent addition of GERO 301 Research Methods in Gerontology (offered both by distance independent study and on campus) as a required course for the Gerontology Diploma Program provides training in the fundamentals of gerontology research and has facilitated the upgrading of GERO 802.

b) GERO 831 - Development and Evaluation of Health Promotion Programs for Older Persons and GERO 832 - Epidemiology of Aging contain extensive instruction in research methodology. We have revised the program requirements (see p.9) such

that now students selecting the Non-Thesis option must take either GERO 831 or GERO 832 as part of their course load (seven courses). Furthermore, both required courses in the Built Environment concentration have a strong research focus.

While it might be desirable to have another research methods course in addition to GERO 802 that all students must take, it is not feasible given the course load (five courses) for students taking the Thesis option. Also, we are in disagreement with Dr. Dobbs that research training is not gained during the undertaking of a Master's thesis. In fact, the opinion of most faculty is that writing a Master's thesis affords students an opportunity to integrate and extend their educational skills, especially the design, implementation and presentation of original research. It should also be recognized that most Master's programs in the Faculty of Arts require only one graduate level methods course.

In his summary, Dr. Dobbs expresses some doubt that skilled researchers are a likely outcome of the proposed M.A. in Gerontology, but that skilled professionals are a likely outcome. We are offering an applied program that we feel has a strong research base. Regardless of the type of work or work setting in which graduates of the proposed program are employed, they will have the basic skills to conduct, administer, report and critique research relevant to their sub-field of gerontology. It is also our conviction that students, especially those choosing the thesis option, will have the necessary grounding to undertake a Ph.D. should they so choose. Further, the proposed program builds on the active and expanding research agenda of SFU's Gerontology Research Centre, which is poised to support graduate level research on a wide variety of topics.

In support of the proposal, Dr. Dobbs notes that the concentrations that have been selected "are the strengths of the Centre and its affiliates". He states that "the quality of the core staff seems acceptable, both in terms of teaching and graduate supervision". He also speaks positively about the Director, stating that:

Dr. Gutman herself is well known and vigorous and as Director of the program I have little doubt that she will continuously improve the program. To my mind, this is very important. Few new programs, especially interdisciplinary ones, the leader is probably as important as is the early draft of the program. Dr. Gutman is competent, dynamic and a builder. She will make it work.

Dr. Connelly's Review

Dr. Connelly raises a number of questions about the proposal, although he expresses no doubt about the need for an M.A. in Gerontology at SFU. At the outset it should be recognized that Dr. Connelly's response is coloured by his preoccupation with budgetary decisions of universities, which he states, "have driven much of my interest in sorting through the teaching faculty and curriculum issues."

Regarding the program's academic merit and structural integrity, Dr. Connelly requests more information on the relationship between the Diploma Program and the proposed M.A. Program. Section 6e of the proposal (p. 12) addresses the relationship between the two programs. If further elaboration is required it is to point out that although a degree is required for admission, the Diploma Program is technically an undergraduate program that offers a range of 300 and 400 level courses. Students with a Diploma in Gerontology will not receive credit against the

proposed graduate level M.A. courses. They will, however, have completed all or most of the entry requirements for the Master's program in a manner analogous to a qualifying year in a traditional department. The Diploma Program will continue after the Master's program is established and will be integral to it by offering courses that provide a basic understanding of the field of Gerontology. These points are explicitly stated in the proposal.

It should also be noted that the Diploma Program was reviewed in Spring, 1992 by Dr. J. Birren and Dr. A. Martin Matthews, both internationally acclaimed gerontologists, and received a positive evaluation. The only points on which it was faulted were the lack of a faculty-level practicum supervisor and too heavy reliance on sessional instructors. Both of these criticisms are addressed in the Master's program proposal. Specifically, the new CFLs would teach in both the Master's and Diploma programs, which would satisfy Dr. Connelly's concern about over-loading them and thereby, interfering with their progress towards promotion and tenure. Also, one would serve as Practicum/Internship supervisor in lieu of teaching one course.

Dr. Connelly also requests more information about the graduates of the Diploma program. Specifically, he is interested in employment statistics. The survey of graduates conducted in the spring of 1991 that was used to identify interest in the three streams of the proposed M.A. in Gerontology did not include the information that Dr. Connelly seeks. However, a subsequent survey focusing on the post-diploma educational and employment experience of SFU Diploma students is currently being conducted. Thus far, 37 mailed questionnaires have been returned from the 107 students who have graduated since 1983. Tracking of students who have changed residence is still in progress. Based on the initial results, we found that:

a) 57% (21) currently work full-time, 16% (6) work part-time, 5% (2) are not employed but seeking employment, 2% (1) are not employed and 19% (7) are not seeking employment at the present time.

b) A striking 84% (31) work in aging-related jobs. Aging-related jobs were defined in the questionnaire as those in which one does one of the following with, for, or about the elderly (over 60) population: 1) administer or plan programs; 2) provide direct service or direct care; 3) conduct research; 4) train or teach; or 5) consult. Approximately 62% (23) stated that they actively sought an aging-related job after graduation from the Diploma Program in Gerontology. Some of those currently working in aging-related jobs were in those positions before graduation.

c) When graduates were asked how useful they found the Diploma Program curriculum for their current employment, 49% (18) rated it as "very useful", 46% (17) as "useful", and only 5% (2) as "not useful".

Taken together, these preliminary results clearly address Dr. Connelly's concern that Diploma students are finding jobs related to their gerontological training. The recent survey data has been integrated into the proposal (see page 19).

Dr. Connelly's questions about the relationship between graduates' current jobs and the Master's program streams are best addressed by noting Diploma Program graduates' response to the first survey enquiring about interest in the proposed concentrations of the M.A. program.

The argument proposed by Dr. Connelly that a research-based program requires a Master of Science instead of a Master of Arts fails to recognize that many Arts faculties and Social Science departments (e.g. Psychology) offer both professional and research degrees. With specific reference to Gerontology and to Canada, it should be noted that just last month a Master's in Gerontology similar to the one proposed for SFU was approved at Laval University. It will be offered within the Faculty of Social Sciences.

Dr. Connelly also questions the accessibility of pre-requisites for students entering the SFU Master's Program. For the Aging and the Built Environment stream, GERO 401 Aging and the Environment or GEOG 490 Housing for the Elderly are required. Dr. Connelly is incorrect in stating that GERO 401 is offered only every other year. While initially it was offered by Dr. Gutman, since 1991, it has been offered, and will continue to be offered, every year by Dr. Watzke, permanent Research Fellow in Environmental Gerontology or the second permanent Research Fellow in Environmental Gerontology who will join the Centre in June, 1994. GEOG 490 Special Topics: Housing the Elderly is also offered regularly, initially by Dr. Wilson and currently, by Dr. Hodge. For the Health Promotion and Aging stream, students require GERO 404 Health and Illness in Later Life and any one of four other courses offered regularly within the Diploma Program. Again, Dr. Connelly is incorrect, GERO 404 is offered at least twice a year, once on campus and once or twice by correspondence. In fact, there are now six Diploma courses offered by distance education:

CRIM 411 - Crime and Victimization of the Elderly
GERO 300 - Introduction to Gerontology
GERO 301 - Research Methods in Gerontology
GERO 404 - Health and Illness in Later Life
KIN 461 - Physiological Aspects of Aging
PSYC 357 - Psychology of Adulthood and Aging

Students taking the Administration of Services for Older Adults concentration (offered in 1996 under the phase-in plan) require two business courses - BUS 527 Organizations and Human Resource Management and BUS 528 Accounting. Dr. Connelly takes issue with the fact that our proposal contains a letter from Dean Stanley Shapiro that guarantees slots in BUS 527 and 528 for Gerontology M.A. students in years 1994, 1995 and 1996, but not beyond. Obviously, such guarantees can only be made for interim periods.

He also is concerned that GERO 301 Research Methods in Gerontology may not be taught each year. As suspected by Dr. Connelly, it was previously offered as GERO 412 Special Topics before becoming regularized in 1993. As indicated above, GERO 301 is available by correspondence as well as being offered once a year on campus by Dr. Wister. All of the pre-requisite courses (or equivalent) offered in the Diploma Program are available at least once each year for students who require upgrading before entrance into the M.A. Program.

Dr. Connelly identifies several problems with respect to information presented in the proposal concerning faculty and other university resources. First, he notes that several faculty listed in the Calendar are not listed as Adjunct Professors of the Gerontology Program. Second, he states that the role of the Steering Committee members is not clear. Third, several faculty require updated CVs. Regarding the latter, we have updated all of the faculty CVs included in the original proposal. We also have added CVs for Drs. Ames, Gee, Fattah and Kimball, four of the five

members of the Steering Committee who actually teach in the Diploma Program (Dr. Bhakthan is out of the country and a recent CV is unavailable).

The issue of the role of Steering Committee members with respect to the proposed Master's Program has been discussed extensively at each stage of the proposal's development and revision. At each stage it has been pointed out that while some Steering Committee members teach in the Diploma Program, none have the time and/or the necessary expertise to teach the proposed Master's Program courses. It has been argued that four new Gerontology CFLs are needed to support the proposed M.A. Program and to correct inadequacies within the existing Diploma Program. A high quality graduate program requires a core of committed faculty. The Gerontology Steering Committee is comprised of full-time faculty who teach for their respective departments. Several teach Diploma program courses as part of their departmental responsibilities, specifically: CRIM 411 (Fattah); PSYC 357 and PSYC 456 Psychology of Adulthood and Aging (Ames; Kimball); SA 420 Sociology of Aging (Gee); and KIN 461 Physiology of Aging and KIN 460 Cellular Mechanisms and Theories of Aging (Bhakthan). Members of the Steering Committee have explicitly stated that they could not commit to teach for the proposed M.A. program. The description of their role has therefore been confined in all iterations of the proposal to only include serving on thesis committees for Gerontology M.A. students. Given this role, it was not felt necessary to include their CVs. Adjunct Professors and Associate Members, on the other hand, may cover courses/do some team teaching when Gerontology Faculty are on sabbatical and will also serve on thesis committees. Most however, are employed full-time elsewhere. Dr. Connelly's suggestion that the proposed Master's Program could be mounted by re-training existing Diploma faculty and Steering Committee members, in other words, is totally non-feasible.

He also over-estimates existing teaching resources. In his Table 1, in addition to non-teaching Steering Committee members, virtually everyone who has ever taught a Diploma Program course is listed. These include graduate students appointed by Psychology to teach the occasional course (e.g. Ashfield, Barker-Gaato, Hearn); staff no longer with the Centre (e.g. Milstein); as well as one time only sessional instructors (e.g. Finlayson).

Dr. Connelly's suggestion that the Diploma pre-requisites be converted into graduate level courses to bolster the academic credibility of the proposed M.A. Program in Gerontology has been previously debated and rejected. After extensive consultation, the originally proposed course load was, in fact, decreased to conform with other graduate programs at SFU and other universities in Canada. In addition, the internship was changed from mandatory to an "as-needed" basis because the originally proposed program was deemed too heavy.

Dr. Connelly believes that most of our prospective students will originate from other disciplines rather than from undergraduate and diploma level gerontology programs. We, and Dr. Dobbs disagree. Other criticisms pertaining to demand and resources for the proposed program appear contradictory. For example, on the one hand, Dr. Connelly feels that even with additional CFLs, 30 to 40 students is more than can be handled in the first two years. On the other hand, he believes that we could mount the first two concentrations under the phase-in plan without any new CFLs. (In fact, the proposal indicates an intake of 15 students in the first year, some of whom are part-time, increasing to a total of 20 in the second year under the phase-in plan and only 30 in total when all three concentrations are operational.)

Dr. Connelly also is not fully convinced that the proposed program can attract 10 students in each stream. Again we disagree. Based on the volume of inquiries that we continue to receive from very promising students from across the country and internationally, we anticipate having the luxury of selecting from a pool of highly qualified individuals. For example, the last inquiry came from a recent graduate of McMaster's B.A. in Gerontology. She has a grade point average of 10.8 out of 12 and received the award for the highest average in gerontology. This student expressed a keen desire to enter our proposed program.

Regarding post-graduate employment, Dr. Connelly contends that there is more demand for graduates of programs in Administration of Services for Older Adults and for persons trained as program evaluators than there is for program planners, developers, and health educators, at least in the United States. The Health Promotion stream has a strong focus on evaluation (see required course GERO 831 Development and Evaluation of Health Promotion Programs for Older Persons) as does the advanced research methods course (GERO 802). In fact, our 1991 survey indicated greater demand for the Health Promotion concentration than for the other two. Furthermore, the Diploma Program continually receives requests for people with the type of training proposed in the M.A. program. It is our firm conviction that graduates of our applied program will be more employable than the majority of graduate students from more traditional departments.

Dr. Connelly also believes that most of our students will be older and already employed and that therefore the proposed program must be structured differently. Actually, interest in the program has originated from a variety of prospective students. Moreover, it has been tailored to accommodate both full and part-time students as well as continuing and returning students.

Finally, the Gerontology Steering Committee acts as the "single advisory board to provide guidance regarding the three foci." There is no need to create another committee.

Dr. Chappell's Review

We profoundly disagree with Dr. Chappell's assessment and wish to draw attention to several omissions and inaccuracies. These include:

- a) claiming that Drs. Parin Dossa, Michael Hayes and Wade Parkhouse all have primary appointments at UBC.
- b) failing to note the other relevant qualifications and, surprisingly, given the weight attributed to peer reviewed articles, the publication records of non-Ph.D.s. She is also selective about which Ph.D.s' publications she counts.

While it is true that Drs. Dossa, Hayes and Parkhouse (and Drs. Gutman and Birch) are held in sufficiently high esteem by UBC colleagues to have been appointed Adjunct Professors or Associate Members of various departments at that university, their primary appointments are clearly identified in the proposal as being at SFU, Dr. Dossa in Sociology/Anthropology, Dr. Hayes in Geography and Dr. Parkhouse in

Kinesiology. All three are shown as Associate Members of Gerontology, having been formally appointed by the Dean of Arts. Additionally, Dr. Dossa is affiliated with Gerontology by virtue of teaching S.A.319 - Culture, Ethnicity and Aging and serving on the Gerontology Steering Committee in 1992-93 in place of Dr. Kimball.

Dr. Chappell also contends that "it is doubtful that individuals with Bachelor's degrees should be teaching in a Master's program." It should first be noted that the two individuals to whom she is referring, Ms. Trottier and David Jackson, are not shown on any of the course proposals as primary instructors for Master's Program courses. Rather, they teach courses in the Diploma Program (Trottier GERO 403 - Drug Issues in Gerontology and Jackson GERO 406 Death and Dying) for which they very clearly are qualified. As indicated in the copy of her CV included with the proposal Dr. Chappell reviewed, Trottier is an Assistant Professor (part-time) in the Faculty of Pharmaceutical Sciences at UBC and also the Pharmacy Supervisor and Clinical Pharmacy Specialist in Geriatrics at the Harry Purdy Extended Care Unit, University Hospital's 300-bed extended (chronic) care teaching hospital. She also is a published researcher (her current CV lists a dozen articles and chapters). David Jackson is Director of Pastoral Care for the Pacific Health Care Society. The Society operates Queen's Park and Fellburn Hospitals which together offer some 425 extended care beds as well as community out-reach programs.

While we may be faulted for not having up-dated the CVs included in the proposal (it is now almost two years since it was originally submitted to the Faculty of Arts), Dr. Chappell seems to have lost sight of the fact, clearly stated in the proposal, that four new CFL faculty have been requested. It is these individuals who will teach the bulk of the Master's program courses and who, together with Drs. Wister and Gutman, will have primary responsibility for graduate instruction.

Further, and as previously explained, we did not include CVs nor show as directly involved in the Master's Program such respected researchers as Dr. Ellen Gee and other members of the Steering Committee because, realistically, they hold administrative appointments and/or are otherwise sufficiently engaged in other activities to preclude their taking on any more responsibility.

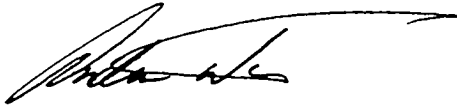
Finally, Dr. Chappell's views about gerontology being "a substantive area that requires multidisciplinary exposure" and therefore not "a discipline in its own right" are outdated and not shared by the gerontological community. There are many departments (such as Criminology at SFU) that have developed in an analogous manner to Gerontology. The point is further supported by the recent approval of a new Master's in Gerontology at Laval University. Their Master's program will also offer Thesis and Non-Thesis streams (just as in our proposal). Their program also builds on a Gerontology Research Laboratory and a multidisciplinary Certificate in Gerontology, at the bachelor's level, established in 1982. There will now be two Master's Programs in Gerontology within Quebec, the other currently being offered at Sherbrooke.

Conclusion:

Drs. Freidsam and Dobbs are very supportive of the proposed M.A. in Gerontology at SFU. Dr. Connelly raises several specific issues that we have addressed. However, as he states in his covering letter, he believes that an M.A. Program in Gerontology is needed and that we have the expertise to establish it. In weighing Dr. Chappell's review, we trust that the Assessment Committee for New Graduate Programs will

take into account the fact that Dr. Chappell is in a conflict of interest position and that we voiced concerns at the outset at having her as a reviewer.

Respectfully submitted,



Andrew Wister, Ph.D.
Associate Professor and Chair,
Gerontology Graduate Committee



Gloria Gutman, Ph.D
Professor and Director.

cc.

Dr. Ellen Gee
Chair, Gerontology Steering Committee

Dr. Evan Alderson
Dean of Arts

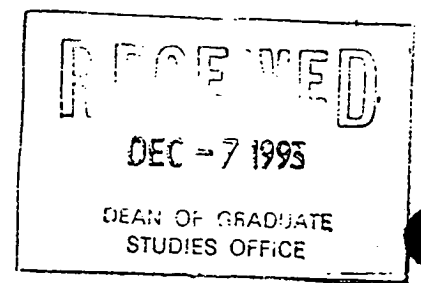
EXTERNAL REVIEW FOR MASTER'S IN GERONTOLOGY

**Dr. Neena L. Chappell
Director, Centre on Aging
University of Victoria,
Victoria, B.C.**



UNIVERSITY OF VICTORIA
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November 30, 1993

Dr. Phyllis M. Wrenn
Associate Dean, Graduate Studies
Simon Fraser University
Burnaby, B.C. V5A 1S6

Dear Dr. Wrenn:

Attached is my review of the proposed Masters of Arts in Gerontology at Simon Fraser University. I hope it is helpful. If you have any questions or would like to discuss anything with me, don't hesitate to call.

Sincerely,

A handwritten signature in cursive script, appearing to read "Neena L. Chappell".

Neena L. Chappell, Ph.D.
Director, Centre on Aging
Professor, Dept. of Sociology

NLC/mh

Review
Masters of Arts in Gerontology
Simon Fraser University

In reviewing this proposal, I have passed it on to Lou Costa, Dean of Social Sciences and Gordana Lazarevich, Dean of Graduate Studies at UVic. I have had extensive discussions with both of them regarding this proposal.

For the reasons outlined below, we cannot support this as a program which will train future gerontological researchers in Canada. However, a vastly revised proposal which would offer a Masters Degree for applied service professionals could legitimately be offered through SFU.

In terms of structural integrity, it is estimated that approximately one-third of the students would not do a thesis. Furthermore, one 4-credit course in advanced research methods in gerontology does not make a researcher. Many topics absolutely necessary for research competence are covered as part of one lecture when they could be trimester courses on their own. Relatedly, there is no discussion of what research is. If we accept that research is adding to the body of knowledge, one advanced level course is inadequate. Presumably graduates of the proposed program would be able to take some research instruments and apply them within an agency setting. It is doubtful that they would be able to contribute to the international body of research.

In terms of existing faculty, their strength is clearly in working with the community rather than in research. Research in gerontology, like research in other areas of the academy, is generally judged by publication in peer-reviewed outlets. While there is no question that Dr. Gutman has been active in editing books, these are edited (rather than written) and are produced by her own centre rather than through a peer-reviewed outlet. She has marked 23 publications in refereed journals, by my count I would give her 27 "academic" publications. Either way, that works out to about one a year. She is clearly very strong in terms of research reports and briefs and her activity within the community.

Andrew Wister is a strong researcher associated with the program, with 20 publications in peer-reviewed journals and having received his Ph.D. in 1985. He is known in the gerontological community as a good researcher and there is no question he has a lot to offer this program. The first page of the C.V. is missing for the next individual and I cannot tell whose C.V. it is. The others are not strong researchers and tend not to be university faculty members. Most have an applied rather than an academic strength. Birch is the Director of Research and Development at the Neil Squire Foundation and does have a Ph.D., Brink also has a Ph.D. and is a senior policy analyst with CMHC in Ottawa, Crawford is the Director of Rehabilitation Services at Pacific Health Care Society, Susan Crawford is a Ph.D. student, Doyle received her Ph.D. in 1990, Gallagher has her Ph.D. and is at UVic, Hollander is a Ph.D. student, Jackson has a bachelor in Theology, Lomas has a Ph.D. and is a consultant from what I can tell, Trottier has a Bachelor of Science from what I can tell, Watzke has a Ph.D. and is at Gerontology Centre, Dossa has a Ph.D. in Anthropology and is at UBC, Michael Hayes has a Ph.D. and is

at UBC. Hayes is strong, having received his Ph.D. in '89 and now has around 17 publications. The extent to which he is involved with the program is not clear. Parkhouse has a Ph.D. and is in Zoology at UBC. He is also a strong researcher; again his affiliation with the program is not clear. In other words, the research strength is not particularly evident for centre affiliates. It is doubtful that individuals with bachelors degrees should be teaching in a masters program. Other researchers at the University have not included their C.V.'s and do not have letters of support stating their involvement in the program, so it is assumed that they will not be involved in the program. The clear strength is on community involvement and not on research activity.

In terms of the demand for the proposed program and for graduates of the program, there are no real figures included here, but I suspect the argument is correct that there would be a demand for individuals from an applied program. However, there is another issue which is not discussed here. The proposal makes much of the fact that there are few programs in gerontology offered through universities in Canada. It is not pointed out, however, that this is because the majority philosophy in gerontology is that it is not a discipline in its own right but rather is a substantive area which should have multi-disciplinary exposure. The clear trend has therefore been to establish specialization in gerontology which students can take through existing disciplines and schools. Indeed this was the explicit strategy adopted at the University of Manitoba where they now have an established undergraduate option in aging (not mentioned in the SFU proposal). Students enrol in established areas (for example, social work, pharmacy, nursing, family studies, etc.) and graduate with degrees in those areas but take a prescribed number of core and optional courses in aging where they get multi-disciplinary exposure and their parchment says they have an Option in Aging. This is similar to the well-established undergraduate program at McMaster University where individuals take gerontology plus another discipline. At most universities students will enrol, for example, in sociology and major in sociology, plus receive multi-disciplinary exposure to gerontology. The couple of masters programs that are available are very much applied programs for professionals working in the field. My recent contact with American gerontologists indicates that graduate programs carrying the name of "gerontology" in the U.S. tend to be professional in nature. Gerontology is not considered an independent discipline. My understanding has been and continues to be that this is the majority opinion in gerontology.

In sum, we do not feel that we can support a research oriented masters program in gerontology at this time. Neither the course content nor the research strength of faculty warrant it. However, a substantially revised proposal which focuses on an applied or practice oriented masters program could well be appropriate.

NLC/mh

EXTERNAL REVIEW FOR MASTER'S IN GERONTOLOGY

**Dr. J. Richard Connelly
Gerontology Center
University of Utah
25 South Medical Drive
Salt Lake City, Utah**



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
500 Foothill Blvd
Salt Lake City UT 84148

JAH - 61994
DEAN OF GRADUATE
STUDIES OFFICE

December 30, 1993

Dean Phyllis Wren
Associate Dean of Graduate Studies
Simon Fraser University
Burnaby, British Columbia
Canada V5a 1S6

In Reply Refer To: 660/182

Dear Dean Wren,

Thank you for your patience with my delay in returning a review of the proposed Master of Arts in Gerontology. I became ill with the flu shortly after our telephone conversation and it has taken some time to recover.

I have completed a comprehensive and time consuming review. There are several concerns addressed in the report. These concerns are raised as cautions which I am sure the authors of the proposal will be able to work through and provide satisfactory approaches.

These are difficult economic times for higher education and it is a challenging time for gerontology as a field that is coming into its own academic credibility coupled with the demographic and economic demand of an aging population. There is no question in my mind that a MA Program is needed and that there seems to be a wide range of faculty and community resources available at SFU to assist with the development of a quality graduate program.

But, to develop a quality graduate gerontology program without answers to the concerns raised in my report is risky. Four new academic positions requested along with space, support staff and supplies is a major investment. You are privy to the resources of the University and of the Gerontology Diploma Program and the Gerontology Research Center, and can determine the feasibility of working the budgets and resources of these entities with the proposed master's program. The budgetary decisions, though remain a concern and have driven much of my interest in sorting through the teaching faculty and curriculum issues.

I hope that this report proves useful to you. If you have any questions please feel free to call or write. I am in a much better position with my work load and other responsibilities to respond in a speedy manner.

Sincerely,

J. Richard Connelly, PhD
Associate Director Education/Evaluation
SLC GRECC

Enclosure

REVIEW: Proposal for Master of Arts in Gerontology at Simon Fraser University, Burnaby, British Columbia, Canada

REVIEWER: Richard Connelly, PhD
Associate Director for Education/Evaluation
Salt Lake Geriatric Research, Education and Clinical Center
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and
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INTRODUCTION: When I was asked by Dr. Gloria Gutman if she could add my name to a list to review the proposal, and later by Dean Phyllis Wren to review the proposal I agreed. I was concerned, however, about the time that it would take to do a thorough review. I have completed a comprehensive review of the proposal which has, in fact, been very time consuming, but I hope that it will prove useful.

I am in agreement of the need for a Masters Degree in Gerontology at Simon Fraser University. Graduate level education in gerontology is needed, especially in British Columbia because of the expected increase in the elderly population in that Province. The degree is needed further because of the current lack of graduate gerontology programs across Canada.

Documentation provided in the proposal (pages 12-16) is somewhat convincing, but there are several reservations. The major concern is employability of the graduates especially those in the Health Promotion and Aging Concentration. Other concerns will be apparent to you as you read this review. Assessment of these concerns is required if wise decisions are to be made about funding and support for a Master of Arts in Gerontology Program.

Dean Wrenn asked that I respond to four questions. I have taken the liberty to address several concerns under each question.

A. The academic merit and structural integrity of the proposed program.

The Diploma Program in Gerontology began at Simon Fraser in 1983. There have been 107 graduates as of August 1993 which translates into an average of 10 graduates per year. Even though there are currently 101 active students in the Diploma Program, there is no indication as to how many are likely to graduate or if there has been a steady increase in enrollment since the inception of the program.

The relationship between the Diploma Program and the proposed MA Program in Gerontology is not clear. The issue of SFU Diploma graduates enrolling in the MA Program is not addressed. Will any of the courses taken at the Diploma level be credited to the MA Program requirements? How many of the credit

hours will be transferable? This missing data is important in deciding on the usefulness of the Diploma Program as a feed-in to the proposed MA Program.

Also missing is data regarding employment statistics of Diploma graduates. We need to know the types of jobs these graduates are able to obtain and if these jobs are related to the three foci of the proposed program. A November/December 1991 survey of SFU Diploma graduates indicates that 33 of the 50 who returned the questionnaire were definitely interested in applying for the program. What is the current employment status of not only these 33, but of the 17 others who were uncertain or not interested? And, what is known about the 57 graduates that did not return a questionnaire?

The stated objectives of this proposed MA Gerontology Program are to (1) "increase the supply of Canadian applied gerontology researchers," and (2) "fill an important gap for professional persons from across the country requiring an advanced level of training in the administration, policy and program planning and evaluation of services." If the number one objective is to increase the supply of researchers and as also stated on page 4 of the proposal that the "MA program is primarily research based..." then why is not the program a Master of Science instead of Master of Arts? And, why is there not a major foci or concentration devoted to methods and statistics?

It is stated that the students applying for the Master's degree will be female who are already employed and want to upgrade their knowledge and skills to advance their careers. Whether the students are mostly female or male, they will likely be employed and have time constraints that will hamper them in making up academic deficiencies. Their deficiencies will be either in the level of their knowledge and skills and/or the area of their previous learning. The proposal indicates under the section on entry requirements that deficiencies will need to be made up from Diploma courses and that there are specific prerequisites or their equivalent that must be met before entering one of the three foci of the MA Program. From the information provided in the proposal, there are major problems in course accessibility required to make up deficiencies. A number of the gerontology courses that are required as prerequisites for each of the foci (page 8) are not offered frequently enough. Gerontology 401 is offered every other year according to the teaching schedule in Appendix XI and Geography 490 is not listed in Appendix XI nor is it on Professor Hayes CV, if he is the instructor of the course. Neither one of these courses is a prerequisite for the Aging and The Built Environment concentration. The Health Promotion and Aging concentration has prerequisite courses that are offered about once a year which will present difficulties for working students. Prerequisites for the Administration of Services for the Elderly Concentration are two business courses 528 and 572 which have open slots reserved for students in the MA Gerontology Degree program for 1994, 1995, 1996 (letter in Appendix IV from Stanley Shapiro), but the likelihood of filling those slots by Fall of 1994 remains slim, and if the phase-in schedule for the MA program is selected, the administration concentration would not begin until 1996 and would the slots still be reserved?

B. The adequacy of the faculty and other resources available to the proposed program for achieving its intended goals.

There is a large number of faculty mentioned in the proposal that are associated with both the Diploma and the proposed MA programs. But the role of these faculty is not clear. The functions of adjunct faculty, associate members and the steering committee are not clarified either in the Calendar nor the proposal which are the only two documents that I reviewed. I created a table to attempt to understand the role of the listed faculty in the Calendar and the proposal. The current faculty and the project new CFLs are included (see Table 1: Faculty Associated with Gerontology Program and their Roles). There are several concerns; first, many of the faculty listed in the Calendar are teaching faculty and yet they are not listed as Adjunct Professors; second, several faculty need updated CVs, (in some cases the CV included in the proposal is from 1985); third, it is not clear as to why there are so many faculty teaching Psychology 357-"Psychology of Adulthood and Aging" and yet not one of them has a CV included in the proposal; fourth, what will be the role of the faculty who are replaced in the Diploma program by the new CFLs. Is this the best approach to hire 4 new faculty when there is indication that qualified faculty are already on campus and have expertise in the areas being proposed? For example, what about Gallagher, Stirling, Parkhouse and Hayes in the Health Promotion concentration, Watzke and Brink when he is available in the Aging and Built Environment Concentration, and Hodge, Herzog, and Stark in the Administrative Services concentration. From the teaching interest survey (Appendix VII) and publication records (Appendix IX) of these faculty, it seems that they have interest in the areas where new faculty are being proposed.

What consideration has been given to assisting current faculty with additional professional development through attendance at conferences or sabbatical leave to pursue gerontological interests with the goal that they will become the teaching faculty in the masters program rather than hiring four new faculty?

One of the advantages of retraining or enhancing current faculty is that many of them are well established at Simon Fraser and may already have tenure and been promoted to associate or full professors. Others may have selected the area as a place to live and would be most interested in enhancing their career opportunities at Simon Fraser University. Otherwise, to hire new faculty who will of necessity have a heavy teaching load and probably be at the Assistant Professor level will create a hardship on them to find time to do the amount of quality research required to be promoted and tenured.

Curriculum Vitas for faculty teaching the core courses in the Diploma Program should have been included in the proposal. Not one of the five instructors of Psychology 357/456 had their CV and there also was not a CV for Professor Bhakthan. It is difficult to evaluate the adequacy of the faculty without their CVs indicating their teaching and research records.

It is evident from a review of Appendix XI, "Listing of Instructors teaching DGT courses, Fall 1989-Summer 1993," that several of the required Diploma courses were not taught each year or even every other year. Gerontology 301, "Research Methods in Gerontology," which is a required course in the Diploma Program was taught by Dr. Wister in 93-2 but was not taught prior unless

Gerontology 412, "Research Methods," taught 91-3, 92-3 was to suffice. The diploma course in research methods will need to be taught every year and probably twice a year if it is going to be accessible to applicants of the MA program who are deficient in research methodology. I would have preferred to have seen the course outline of Gerontology 301, to compare it to the proposed Gerontology 802, "Advanced Research Methods in Gerontology" course in order to judge its adequacy.

A semester by semester course schedule would have been helpful to indicate how the Diploma courses intermix with the proposed masters level courses over a two year period to assess the feasibility of entering and graduating from the MA program within a two year period of time. This schedule would have shown the difficulty, if any, in having part-time master level students who have academic deficiencies and want to complete the deficiencies as well as the MA Program.

All the graduate students should have class exposure to Professor Gutman. As Program Director and a recognized researcher in the field, graduate students need to know of her expertise and she likewise needs contact with them in order to represent their abilities, etc., to other academicians who review the program and to future employers of these graduates. As the program is currently outlined, only the graduate students that select the Health Promotion and Aging track will have a class from her.

A review of the proposed concentrations indicates that students will have 6-9 credit hours of pre-requisites or have equivalent courses to take in each of the concentrations before they can enter the 20-28 credit hour MA Degree Program. I suggest that the pre-requisite courses be listed as required courses in their respective concentrations in the MA Degree Program rather than as pre-requisites. If the courses are listed as part of the concentration then it bolsters the academic credibility of the concentration. Otherwise each of the concentrations do not appear very substantial.

A Gerontology Internship should be required with academic credit awarded. Each graduate student should have relevant work experience in the area of his/her concentration. Knowledge and skills acquired as a result of current classroom instruction is what is to be applied during the required internship. Consideration should be given, of course to prior work experience but it is unlikely that the internship, in its entirety would be waived.

C. The demand for the proposed program among prospective students.

Justification in the proposal indicates that 33 of 50 SFU Diploma graduates who returned a questionnaire would apply for admission to the proposed master's degree program. In addition, reference is made to 300 inquiries to the SFU Gerontology Center since 1983 concerning graduate level education. The proposal also indicates that the majority of students who would apply for the MA program would come from existing gerontology diploma or baccalaureate programs of which there are only four (p.7). I believe, to the contrary, that the majority of applications will be from students who have undergraduate degrees and even master degrees in other fields. Thus, my concern is

providing certain diploma courses on a frequent basis in order to accommodate students who need to correct deficiencies.

The anticipated number of students for the first year may prove to be problematic. Graduate students require more personal attention with theses and career selections. Dr. Gutman's and Wister's administrative, research and teaching responsibilities are formidable and if all new faculty are hired, they may not be qualified to advise to the extent that some adjunct faculty would be able to advise. Acceptance of a smaller number of students during the first and probably the second year before moving to a 30-40 graduate student load seems advisable.

Evidence presented in the proposal that current resources of the Gerontology Diploma Program and the Gerontology Research Center are in the Health Promotion and Aging and the Aging and the Built Environment Concentrations is convincing. In fact, when I calculate the number of faculty as discussed on pages 19-20 and the courses to be developed and taught that it might be possible to begin these concentrations without hiring any new faculty. There would still need to be additional financial resources committed to the master level program, but probably less than is currently requested.

I am not convinced by the evidence presented in the proposal that within two or three years it will be possible to have ten students enrolled in each of the concentrations. I am even more skeptical about the long term future regarding employability of graduates in each of the specializations without more information regarding the number of potential employers in British Columbia and the other Provinces. It is critical to link the concentrations being developed with the employers needs and desires for the next five to ten years.

D. The demand for graduates of the proposed program.

There is more of a need for masters programs in Administration of Services and for people trained as applied evaluators of programs than as program planners, developers and educators, at least in the U.S. These needs vary by geographic location in the U.S., but I state this as caution. I am not in a position to question the authors assessment of the need in British Columbia or across Canada for people trained in the proposed concentrations. But negative feedback that can result from graduate students who do not find employment is a powerful detriment to future growth. It would be the worse publicity the Gerontology Center could receive if there is not available employment for the first and subsequent cohorts of graduates from these three proposed concentrations.

There will be a continuous need of people who are already employed in aging and non-aging positions to expand or to enhance their knowledge and skills in gerontology. This group of potential students differ from the younger student who has selected gerontology at either the undergraduate or graduate level as their primary choice for a career. It is a difficult task to plan a university-based curriculum for both of these potential student populations. I believe that the proposed program will appeal to the older, already employed population, but must be structured different than is currently described in the proposal.

The development of advisory boards for each of the concentrations or if feasible, a single advisory board to provide guidance regarding the three foci is advisable. Selection of the people to serve on the advisory board(s) will require contact with agencies and organizations representing the employment side. The advisory board members will provide continuous feedback regarding legislative and regulatory changes in their respective fields, indicate current salary levels and employment opportunities so that the concentrations will remain both up to date and attractive to students.

Table 1: Faculty associated with Gerontology Program and their roles

NAME	CV	DISCIPLINE	ROLE ***	APPENDIX XI	93/94 Calendar	TEACHING (Bold indicates required course) (<i>Italics</i> indicates multiple instructors)
AMES, E.	0*	Psychology	SC	x	x	Psych 357 -Psychology of Adulthood and Aging, <i>Psych 456</i> -Psychology of Adulthood and Aging
ANDERSON, K.	x	MSW CEO, LTC & Rehab	AP	0	x	
ANIS, A.	0		AP	0	x	
ASHFIELD, M.	0			x	0	<i>Psych 357</i> -Psychology of Adulthood and Aging
BARKER-GAATO, C.	0			x	0	<i>Psych 357</i> -Psychology of Adulthood and Aging
BHAKTHAN, G.	0		SC	x	x	Kin 461 -Physiological Aspects of Aging Kin 460 -Cellular Mechanisms and Theories of Aging
BIRCH, G.	x	Elec. Eng	AP	0	x	
BRINK, S.	x	Family Studies	AP	0	x	
BRISTOWE, E.	0	0		x	0	
CHOW, Y.L.	0	0	SC	0	x	Gero 403 -Counseling with Older Adults
CRAWFORD, J.**	x	Medical Sociology	AP	x	x	<i>Gero 300</i> -Introduction to Gerontology <i>Gero 400</i> -Seminar in Applied Gerontology <i>Gero 404</i> -Health and Illness in Later Life <i>Gero 410</i> -Nutrition and Aging SA 319 -Culture, Ethnicity and Aging
CRAWFORD, S.	x	Nutrition	AP	x	x	
DOSSA, P.	x	Sociology Anthro.	AM	x	x	
DOYLE, V.	x	Geront. Housing	AP	x	x	<i>Gero 300</i> -Introduction to Gerontology
FATTAH, E.	0	Crim	SC	x	x	Crim 411 -Crime and Victimization of the Elderly
FINLAYSON, J.	0			x	0	<i>Gero 410</i> -Nutrition and Aging
GALLAGHER, E.	x	Nursing/ Geront.	AP	x	x	Gero 404 -Health and Illness in Later Life
GEE, E.M.	0		SC	0	x	

GUTMAN, G.	x	Dev Psychology	DIR	x	x	x	Gero 300-Introduction to Gerontology Gero 400-Seminar in Applied Gerontology PROPOSED: Gero 831-Development and Evaluation of Health Promotion Programs for Older Persons
HAYES, M.	x	Geog	AM	x		0	
HEARN, S.	0			x		0	Psych 357- Psychology of Adulthood and Aging
HERZOG, J.P.	0	Econ/Bus	SC	0		x	
HODGE, G. Hollander, M	0	Human Services	AP	0		x	Gero 411-Aging in Rural Canada
HORSEFALL, R.B.	0	Geog	SC	0		x	
JACKSON, D.	x	Theology		x		0	Gero 411-Death and Dying
KIMBALL, M.	0	Psych	SC	x		x	Psych 357- Psychology of Adulthood and Aging Psych 456-Women and Aging GS 351- Family Development: II-Maturing and Extended Families
KOEPKE, J.	0			x		0	SA 420- Sociology of Aging Gero 410-Social Policy/Welfare: State GS 400-Hispanic Elderly in B.C. SA 319-Culture, Ethnicity and Aging
LOMAS, P.	x	Soc	AP	x		x	
PARKHOUSE, W.	x	Kin	AM	0		x	
MANLEY-CASIMIR,	0	Edu	SC	0		x	
MILSTEIN, S.**	0			x		0	Psych 456-Aging, Health and Health Care System ??? Elder Abuse
SPENCER, C.	0	Law					
STRAYER, J.	0	Psych		x		0	Psych 357- Psychology of Adulthood and Aging ??? Long Term Care
Tjosvold, (Dean)	0	Business					
TROTTER, L.	x	Pharm	AP	x		x	Gero 402-Drug Issues in Gerontology
WATZKE, J.**	x	Environment Psychology		x		0	Gero 401-Aging and Environment

Table 1 Page 3

WISTER, A.	x	Soc./ Demog.			x		Gero 301-Research Methods in Gerontology Gero 412-Research Methods Gero 410- Social Policy Gero 410-Sociological Aspects Gero 411-Health Promotion Gero 412- Sociological Aspects PROPOSED: Gero 802-Advanced Research Methods in Gerontology
Zarn, D.	o	Eng. Sci.	SC		o	x	GERO 801-Health Policy and Applied Issues in Gerontology Gero 832-Epidemiology of Aging ?? Gero 402 ?? Gero 404
PROPOSED CFL #1							Gero 830-Principle and Practice of Health Promotion Gero 822-Human Factors, Technology and Safety ?? Gero 400 ?? Gero 403
CFL #2							Gero 820- Community-Based Housing for Older People Gero 821-Institutional Living Environments ?? Gero 401 ?? Gero 405
CFL #3							Gero 810-Principles of Administration and Human Resource Management in Long Term Care Gero 811-Financial Information and Management Controls in Long Term Care Gero 812-Practical Issues of Administering Services for Older Persons ??Gero 411
CFL #4							Proposed to teach one course per year (p.19).
2nd Research Fellow	o	Environment Gerontology					

* Zeros and blanks indicates the information is missing in the proposal.

** Gerontology Research Center Faculty.

*** SC = Steering Committee

AP = Adjunct Professors

AM = Associate Members

EXTERNAL REVIEW FOR MASTER'S IN GERONTOLOGY

**Dr. Allen Dobbs
Director, Centre of Gerontology
University of Alberta
Edmonton, Alberta
T6G 2J9**



Centre for Gerontology

R E S E A R C H O N A G I N G

JAN - 5 1994

UNIVERSITY OF ALBERTA
EDMONTON, ALBERTA

Allen R. Dobbs, Director

20 December 1993

Dr. Phyllis M. Wrenn
Associate Dean of Graduate Studies
Simon Fraser University
BURNABY, BC
V5A 1S6
FAX: (604) 291-3080

Dear Dr. Wrenn:

I have read the Program Proposal: Master of Arts in Gerontology materials sent to me. As per your request, I will focus my comments on the four categories suggested in your letter. Because the categories concerning the program itself and the faculty are central to my evaluation, I will leave those to later in the review. Although not explicitly requested, I will begin by discussing the need for gerontology programs more generally in an attempt to put the current proposal in the Canadian context.

I am sure that everyone reviewing the proposal is well aware of the changing demographics so I will not discuss the topic of population aging. However, the changing demographics and, indeed, the changing world economics place a special emphasis on the challenges that are to be faced now and in the future. It is my view, that we simply will no longer be able to "do more of the same". Instead, we as a society are challenged to find alternative ways to accomplish more with fewer resources. This will require innovation and, given my unyielding faith in education, the innovation will most likely come from well trained personnel. The people will have to be trained in the basics, but with a strong emphasis on how to think about the problems in new and creative ways.

At present, I believe we have two barriers to overcome. One is a very limited pool of knowledgeable people to take on the challenges, and the second is that those people most often received their training outside the field of gerontology. Both Dr. Gutman and I are representatives of this self-trained generation, but the social and economic challenges are too immediate and are too important to continue to rely on that type of commitment and "training". I believe that it is imperative that appropriate graduate training programs be developed, and, it seems clear that they will be developed.

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Regarding this development, it appears that there is a race to put programs in place, with some elements of a 'fierce' competition to get programs in place early in the race. There is no doubt in my mind that early entries will have a competitive edge in attracting students and high calibre staff. In talking with others across the country who specialize in gerontology, many of us would like to develop graduate programs, and be early entries. Our problem is that these are not favourable economic times for introducing new programs. The conditions of our university, which is facing a 25% reduction in funding over the next three years, suggests the nature of these hard times. Because of the times or other reasons, it might be that some would like to see the development of other programs delayed. I would like to state categorically that I am not one of those persons—the need for the health and advancement of our society is too great for that focus. I do have some critical comments, but those are meant to be taken as constructive with the goal of at least raising some issues, with the possibility of accommodation.

Please excuse the lengthy prelude, but I wished to put my comments in context. Let me begin my comments on the proposal.

As an overview, it is clear that the proposers have done their homework. The document addresses most of the issues and provides extensive information about the program, university context, instructors and how it is to accommodate current needs. I did not call or write because all of the information I felt necessary was contained in the proposal. I will turn now to addressing the suggested categories of evaluation.

The Demand for graduates of the proposed program. This can be addressed in two ways: In terms of the current employment opportunities and/or in terms of the projected need. In terms of the employment opportunities, I think that it is fair to say that the program would fill the current opportunities within a few years. However, that is far from the whole story. The types of opportunities are strongly related to the types of personnel that are available, *especially* when talking about a "new" field. Gerontology programs are rare in Canada and administrators in diverse fields are just beginning to understand the value of personnel with explicit training in gerontology. This means that new opportunities will become available, and they will be filled with appropriately trained people. This certainly has happened in my own province, where a need was seen, a gerontology graduate was hired (from the U.S.) and subsequent job descriptions and hirings have been shaped by that person. There can be no doubt about the importance of the role of gerontologically trained personnel. As the unique contributions of these people become better known, new opportunities will become available. In short, I have no doubt that there will be opportunities for employment and that these will grow exponentially.

The demand for the proposed program among prospective students. I find this category to be the most difficult one to evaluate. There is no doubt that there is a growing number of students with an interest in gerontology. I just do not know how the students who are interested in gerontology divide up in terms of speciality areas. It clearly is the case that the Diploma program has been in high demand and it has had similar foci. Perhaps that is the best predictor.

..... 3

The academic merit and structural integrity of the proposed program. The programs clearly have high levels of structural integrity. In fact, the level of structural integrity is the basis for one of my criticisms. I find it to be most unfortunate that students would graduate from this program without at least an introductory level course in gerontology that attempted to take a broad perspective of this interdisciplinary field. As far as I can see, the students would not receive course material that examined and integrated the psychological, sociological and biological aspects of aging. The prerequisites to enter the program do not accommodate this shortcoming. In this sense, gerontology is disadvantaged because the students will not be coming from undergraduate programs in gerontology where this type of training would already have been accomplished (such as would be the case in chemistry, mathematics, psychology, etc.). I strongly believe that this is of considerable importance. Gerontology is an interdisciplinary field. That is what makes it different from the sociology or psychology of aging. I believe that this interdisciplinary perspective needs to be accommodated beyond what is proposed. Although the staff come from diverse fields, the range is much more restricted within a speciality area. Moreover, any interdisciplinary flavour will be restricted to the specialty topic, without any opportunity to acquire a perspective of the field. Perhaps I am a traditionalist, but I do not see how a person can have a degree in gerontology without a single course in gerontology that takes a broader perspective of the field than is offered by the course syllabi. This shortcoming can be accommodated and I think that it should be.

The second shortcoming concerns the training of researchers. I am sceptical of just how well researchers can be trained within this program, or for that matter, within the confines of any masters level program. Their data analytic training will be minimal. The course syllabus for the Advanced Research Methods... (Gero 802-4) can not possibly "train" in the methods listed. One of 13 sections of the course is devoted to Factor Analysis, Ordinary Least Squares Modelling, Logistic and Polynomial Regression, Structural Modelling in Multiple Occasion Research and LISREL. If each of the 13 sections is a week, then even a cursory examination of all the techniques listed for this section would be impossible within a week. Without the statistical tools, the researcher would be compromised. In addition, it seems that most of the "real" research training comes through the apprenticeship method. I do not see how this would happen in the program, and a thesis is not a substitute.

Having provided criticisms, let me also acknowledge the strengths. Although I am sceptical about the program turning out researchers, I do think it is very well suited to turning out qualified professionals. I would like their training to be broadened to include a perspective of the field of gerontology, but beyond that it seems that the course selection is justifiable for the specialities that have been selected. Moreover, the specialities that have been selected are the strengths of the Centre and its affiliates. The specialities and orientation within those specialities are a narrow slice of the field of gerontology, but the field is too broad to be accommodated within the staff limitations. Thus, I do not see the limitations of the specialities as problematic. Given the breadth of the field and the limitations of staffing, the narrowness of the specialities may be a positive attribute, enabling more in-depth, albeit narrow, training for professionals.

The adequacy of the faculty and other resources available to the proposed program for achieving its intended goals. Ideally, the faculty all would be full-time members of a "department" of gerontology. This is unlikely to happen anywhere in Canada. The more feasible option is to have staff who are from a variety of departments participate in the program as is proposed. In fact, the proposed program goes one step better in having a subset of the staff supported directly from Gerontology Funds. I think this is workable. At our university we have an M.Sc. and a Ph.D. program in Neurosciences. Only the Division Director is "on staff" in the Division of Neurosciences. The rest of us are from other departments. The program is successful and growing. There are problems that are being worked out, most of which are not addressed in the proposal. These concern reimbursement to departments for courses taught by their staff in another (neuroscience) program, which department gets "credit" for scholarships held by students in neurosciences but supervised by staff from, say, psychology, evaluation of staff from one department who are teaching in the interdisciplinary program in terms of teaching, graduate supervision, etc.

The quality of the core staff seems acceptable, both in terms of teaching and graduate supervision. Some of the adjunct staff do not appear to be qualified to supervise graduate research and some evaluation of staff for that purpose needs to be put in place.

I have no doubt that as the program develops, recruitment opportunities will be enhanced. This would be the case for positions that might become available within the gerontology program. But, it will also aid traditional departments that are interested in persons with expertise in discipline relevant aspects of gerontology (e.g., Psychology of Aging, Sociology of Aging, Biology of Aging).

In short, although I believe that the accolades given to some staff in the proposal are unwarranted, the staff are of a sufficient quality to initiate the program. Dr. Gutman herself is well known and vigorous and as Director of the program I have little doubt that she will continuously improve the program. To my mind, this is very important. For new programs, especially interdisciplinary ones, the leader is probably as important as is the early draft of the program. Dr. Gutman is competent, dynamic and a builder. She will make it work.

Summary. I find the proposal to be of sufficient merit to recommend acceptance of the program. It is narrow, but at the same time that is one of its strengths. I doubt that skilled researchers are a likely outcome of the program as it is currently structured. Skilled professionals *are* a likely outcome. Those professionals are needed now and the recognition of the need will continue to increase. The implementation of the program would be another unique feature of Simon Fraser University and it could grow to be as noteworthy as specialties such as your Criminology program. It would be unreasonable to expect a new program to have all the strengths of a program established and developed over many years. The proposed program has limitations, but it will develop as long as it is nurtured and the appropriate leadership is in place.

Dr. Phyllis M. Wrenn
20 December 1993

Page 5

I hope that my comments prove to be useful. Please call or FAX if any further information is needed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joe Dr. Allen R. Dobbs".

Joe Dr. Allen R. Dobbs
Director

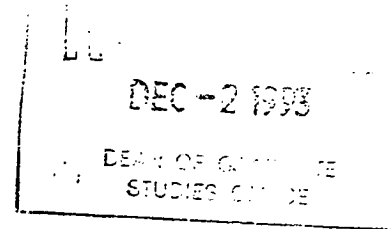
EXTERNAL REVIEW FOR MASTER'S IN GERONTOLOGY

**Dr. H. J. Friedsam, Professor Emeritus
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University of North Texas

Center for Studies in Aging



November 23, 1993

Phyllis M. Wrenn
Associate Dean of Graduate Studies
Simon Fraser University
Burnaby, British Columbia
CANADA V5A 1S6

Dear Dean Wrenn:

I am pleased to have had the opportunity to review the proposal for a Master of Arts in Gerontology at Simon Fraser University. The organization and content of the proposal indicate that the authors have devoted a great deal of time, effort, and planning to its preparation. It is more comprehensive and more detailed than similar proposals that I have reviewed for institutions in the U.S. My comments with respect to the four points listed in your letter of October 14 follow.

1. Academic merit and structural integrity of the proposed program.

Virtually all existing Master's programs in gerontology are applied in orientation, and many have a core/multi-concentration structure similar to that in the proposed program. The particular concentrations offered can and should vary from one institution to another depending upon an assessment of the needs of the institution's service area (in a broad sense of that phrase) and the limits imposed by the institution's resources. The proposed concentrations appear to rest upon such an assessment and, in large part, to represent an extension of a program area to which the institution is already allocating significant resources.

The proposal also demonstrates an awareness of the standards and guidelines for Master's programs in gerontology set forth by the Association for Gerontology in Higher Education. The proposed structure reflects those standards and guidelines. There are some differences between recommended required areas in the AGHE guidelines and the proposal, but the differences point to a higher standard in the proposed program. The "psychosocial cluster," for example, will presumably have been met or be required to be met as prerequisite to admission to the Master's program.

I have three suggestions for Professor Gutman and her associates to consider but none is essential to my endorsement of the proposal. The first is to consider making GERO 812-4 Practical Issues of Administering Services for Older Persons a core course for all concentrations or at least a required course for the Administration of Services and the Built Environment concentrations. The issues listed in the course outline are likely to require daily decisions in

37.

administering services and, in my opinion, are equal in importance to managerial and financial principles.

My second suggestion is related to the first. The Practical Issues course outline correctly includes a section on ethics, but it would be desirable to indicate that relevant ethical considerations will be included in all courses. As one example, research participation is listed under ethics in the Practical Issues outline but the Research Methods outline does not mention ethical issues (e.g. informed consent). Although I am confident that the instructor will discuss such issues during the course, making them explicit in the outline (or the calendar description) is still desirable.

My third suggestion relates to the plans for institutional and future external evaluation. My understanding of these sections of the proposal is that they are consistent with current practices at Simon Fraser University. I have no quarrel with that, but in addition I believe that a formal mechanism for securing "feedback" from graduates and their employers and from internship preceptors should be established. Our Center, for example, has surveyed each of these groups to ask for their opinions of the adequacy of the curriculum in preparing students for aging services and over time we have modified the curriculum as a result of their responses.

2. Adequacy of the faculty and other resources.

I have no question whatever concerning the faculty who are listed in the proposal. Their resumés reveal appropriate backgrounds, extensive experience, and excellent records of professional activity related to their roles in the proposed program. The program director has an international reputation in gerontology.

It is obvious, however, that the quality of the program will depend in no little part on the qualifications of the additional FTE faculty requested. It is not likely to be difficult to recruit gerontologists, but it is sometimes difficult to recruit ones who have experience and interests that are desirable in an applied program.

Good practicum sites are essential to the program. Although I am not familiar with those that are listed in Appendix III, that Appendix and the several letters of support from heads of service agencies indicate that finding practicum sites will not be a problem.

The library resources described appear to be quite adequate. In addition, the high level of activity of the Gerontology Research Centre should prove to be a valuable resource for students who select the thesis option and possibly as a source of student support.

3. Demand for the program.

The estimated numbers of students who will enter the program are modest and are likely

to be reached without difficulty. Students who are or have been in the diploma program are an obvious recruitment pool for the graduate program. Furthermore, the experience of many applied programs in the U.S. is that they attract many already-employed-in-the-aging-services persons who wish to upgrade their knowledge and skills. Applied programs in gerontology also tend to attract some persons from other fields who are interested in a career change or who believe that gerontology is an important adjunct area for their professions.

4. Demand for graduates of the program.

Because I am not familiar with aging programs in the program's probable service area, I can only speculate about this. Given that some students will be drawn from those already employed, the number of graduates seeking employment will not be excessive. They are likely to be those students who are required to complete an internship, and our experience has been that a student who performs well in that role is not infrequently offered a position in the agency. We have also found that faculty can be helpful in placing graduates through their professional contacts. Over time a program can feed upon itself in placing graduates. That is, graduates who can influence employee selection in an agency may turn to the program as a source of new employees.

In summary, my evaluation of the proposal is very positive. Despite the careful planning, implementation will undoubtedly reveal some unforeseen problems and the program will change as it matures. I am confident that the director and faculty can meet those challenges when they occur.

Sincerely,



Hiram J. Friedsam
Professor Emeritus

HJF/nd



PROGRAM PROPOSAL:

MASTER OF ARTS IN GERONTOLOGY

AT

SIMON FRASER UNIVERSITY

January 1995

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** Available upon request from Senate Secretariat Services

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** Available upon request from Senate Secretariat Services

I GENERAL INFORMATION

1. Title of Program: Master of Arts in Gerontology
2. Credential to be awarded to Graduates: M. A. in Gerontology
3. Program awarding the degree: Gerontology Program, Faculty of Arts
4. Date of senate approval:
5. Schedule for Implementation: September, 1995.

II PROGRAM DESCRIPTION

1. Objectives

The proposed M.A. program will build upon the existing Gerontology Diploma Program and the expertise, research activities and reputation of the associated Gerontology Research Centre. It will also utilize teaching and supervisory expertise of faculty within other departments.

The M.A. in Gerontology is aimed at preparing students to fill **professional roles** with a high level of current knowledge of the field, and substantial competence in the kinds of research tasks necessary to undertake those roles. It is also intended to provide focused, interdisciplinary training for individuals within occupations that provide services to older adults. Furthermore, the program will develop in students an appreciation of the complex ethical issues that are likely to be faced by persons working within the field.

The program leading to the Master of Arts in Gerontology is designed to offer advanced study in two defined areas within the field of gerontology. The two concentrations are: Aging and the Built Environment, and Health Promotion and Aging. The program is tailored to facilitate part-time study (such as by offering evening courses), since some of the prospective students will be employed.

a) Aging and the Built Environment

This concentration will train students in the conceptualization, planning, research and evaluation of working, living, and recreational environments for older persons. Students will be taught the necessary research skills to conduct community needs assessments, environmental assessments, and post-occupancy evaluations. Instruction will cover person-environment theories, as well as planning frameworks and models of social policy. Students attracted to this concentration will have backgrounds in architecture,

interior design, urban and regional planning, social/human ecology, recreation and leisure studies, human factors, human geography, occupational therapy, sociology, or environmental, or social psychology.

b) Health Promotion and Aging

This program branch is designed to train students to conceptualize, plan, research and evaluate health promotion programs for aging persons. It will necessitate knowledge building in behavioural, educational and participatory models of health promotion, health resources and constraints, health potential, empowerment and social marketing. Students with degrees in psychology, sociology, demography, medical geography, social work, nursing, health education, physiotherapy, and physical education or kinesiology would be candidates for this concentration.

2. **Relationship of Program to Role and Mission of the University**

The proposed M.A. program responds to several key points articulated in the planning agenda of Simon Fraser University described in Challenge 2001: The President's Strategic Plan. Specifically, the development of a Master's Program in Gerontology will support: 1) the expansion of a nationally recognized cross-disciplinary program; 2) stimulate professional training in a growth field; 3) increase the number of graduate students; 4) recruit female graduate students; 5) attract high calibre graduate students to SFU for further study; and 6) build the graduate curricula at the Harbour Centre campus and help to meet its enrolment targets.

To date, approximately 85% of the graduates from the Diploma Program in Gerontology are women. A similar pattern would be expected for the proposed Master's Program. The emphasis on training female professionals in the field of gerontology is appropriate given the fact that the client base is also primarily comprised of women.

The M.A. program is also consistent with the university's commitment to serving the needs of the community by upgrading the qualifications of persons already employed.

3. **Other Degree and Diploma Programs in Gerontology**

a) **British Columbia**

Since 1973, the University of British Columbia has had a Committee on Gerontology. Located administratively under the aegis of the Dean of Graduate Studies, the Committee assists students in identifying courses with gerontological content offered by the various departments and schools within the

university. UBC, however, does not offer a credential in gerontology (graduate, undergraduate or diploma); it is only within the Faculty of Medicine (Geriatrics; Rehabilitation Medicine) that a formal program of studies leading to specialization in work with older people has been established.

The University of Victoria offers a concentration in Gerontology (but not a credential) within the Interdisciplinary Master's Program in Human Services. Within the Department of Psychology, students may specialize at the graduate level in Life Span Developmental Psychology.

b) Elsewhere in Canada

In Canada at the present time, **only one** English language university offers a graduate degree in Gerontology. The University of Waterloo offers two types of Master's degrees, both within the Faculty of Health Sciences: a "Discipline Oriented Degree" in which Gerontology is taken in conjunction with another subject such as Biology, Psychology, or Recreation Studies, and a "Professional M.A. in Gerontology" which is usually taken by professionals in the field who wish to obtain additional qualifications. A Master's degree in Gerontology targeted at Francophones is offered by the University of Sherbrooke.

As in the Psychology Department at the University of Victoria, several other universities allow graduate sub-specialization within another discipline (e.g. in Family Studies at the University of Guelph).

Additionally, several universities (including Simon Fraser University, the University of Toronto, and the University of Alberta) offer post-baccalaureate diplomas in Gerontology. McMaster University offers a combined B.A. and Honours in Gerontology and another subject. The University of Waterloo offers an undergraduate minor in Gerontology.

4. **Relationship to Other Gerontology Programs**

The SFU Post-Baccalaureate Diploma Program, other Diploma Programs and the various undergraduate Gerontology Programs recently developed across the country will feed the proposed M.A. Program. The Program will also enable students with training in other areas (e.g. nursing, physiotherapy, occupational therapy, architecture, urban planning) to gain specialization in gerontology.

There are currently no universities in Canada offering Masters level gerontology training in Aging and the Built Environment, which represents the principal research strength of the SFU Gerontology Research Centre. The Centre's second area of

strength, which is encompassed in the Health Promotion and Aging stream, is also not reflected as a concentration in graduate curricula elsewhere. The two areas of concentration proposed for the SFU Master's Degree are, in other words, unique and fill an important educational gap in the field of gerontology in Canada.

5. Entry Requirements

The proposed program will conform to the General Regulations for graduate studies described in the SFU Calendar. The minimum requirements include: 1) a Bachelor's degree with a cumulative grade point average (CGPA) of at least 3.0 from a recognized university, or the equivalent; and 2) submitted evidence, usually in the form of references from qualified referees, of the student's ability to undertake advanced work in the area of interest (see pages 249-250 of the 1994-1995 Calendar).

Students may be required to complete some of the courses from the existing Diploma Program in Gerontology as a condition of admission, or to register as a Qualifying Student before consideration for admission to the M.A. program. A detailed educational and work biography will be required as part of the admissions procedure. This information, in conjunction with a personal interview in some cases, will be evaluated by the Admissions Committee to determine if the student requires preparatory course work and to establish whether an internship is necessary (see next section).

In addition, the following specific pre-requisites, or their equivalent, are needed for each concentration:

Aging and the Built Environment

GERO 401-3 Aging and the Environment, or
GEOG 490-4 (Special Topics) when offered as Housing for the Elderly or Geography of Aging

Health Promotion and Aging

GERO 404-3 Health and Illness in Later Life,
and one from

GERO 402-3 Drug Issues in Gerontology

GERO 403-3 Counselling with Older Adults

GERO 411-3 Health Promotion and Aging

GERO 407-3 Nutrition and Aging

6a. Curriculum and Description

There are five components to the program: I Core Courses, II Required Courses for each Concentration, III Electives, IV Project, and V Internship.

Students must complete six courses: two core courses, two required courses from their stream, and two electives. They must also complete a project. Under special circumstances, students may complete a thesis in lieu of the project (see section 6d.).

The structure and rigor of the curriculum is consistent with the Association for Gerontology in Higher Education (AGHE) guidelines and a survey conducted of Master's Programs in Gerontology offered at American universities (see Appendix I).

M.A. PROGRAM IN GERONTOLOGY

I Core Courses

These courses will be required of all students.

GERO 801-4 Health Policy and Applied Issues in Gerontology

GERO 802-4 Development and Evaluation of Health Promotion Programs for Older Persons

Students who complete a thesis will also complete the following course (see section 6d.).

SA 857-5 Research Design Seminar
(Or any other approved graduate research methods course.)

II Required Courses Specific to Concentration

These courses are required of students within each of the streams.

Aging and the Built Environment

GERO 810-4 Community-Based Housing for Older People

GERO 811-4 Institutional Living Environments

Health Promotion and Aging

GERO 820-4 Principles and Practices of Health Promotion

GERO 821-4 Epidemiology of Aging

III Elective Courses

Students may fulfil elective credit requirements by selecting from the following courses, completing required courses from another stream, or from outside the program if approved by their graduate advisory committee.

- GERO 830-4 Human Factors, Technology and Safety
- SA 886-5 (Selected Problems in Social Analysis) when offered as: Social Policy in a Changing Society
- GERO 889-4 Directed Studies

All seven of the GERO course offerings are new courses.

IV GERO 898 M.A. Project/GERO 899 Thesis

Students will be required to complete a project. The M.A. project is described in Section 6c. Under special circumstances, students may complete a thesis in lieu of the project (see section 6d).

V Internship

The internship is described in section 6e.

A complete calendar description can be found in Appendix II.

6b. Credit Hours

Completion of the Master's Degree in Gerontology will require 24 credit hours.*

2 core courses	8 credits
2 courses in concentration	8 credits
2 electives	8 credits
Project/Thesis	0 credits
Total	24 credits

* Students who complete a thesis will replace the two elective courses with SA 857-5 Research Design Seminar (or any other approved graduate research methods course.) This will total 21 credit hours for these students.

It should be noted that the Sociology/Anthropology Department has agreed to allow Gerontology Masters students into SA 857-5 Research Design Seminar and SA 886-5 (Selected Problems in Social Analysis) when offered as Social Policy in a Changing Society.

6c. Project

All students will be initially admitted into the project stream. Students will normally present a written project proposal to a faculty member chosen as a supervisor. After consultation with the project supervisor, a second member will be selected to complete the supervisory committee. Following approval of the project proposal by the supervisory committee, the student proceeds to conduct the project. Examples of projects include: evaluations of programs for older adults; design and implementation of environments or services for elderly persons; and analyses of secondary data. A project report will be evaluated by the supervisory committee and a qualified External Reader. The project requirement must meet the guidelines set out by Graduate Studies.

6d. Thesis

A small number of highly qualified students who wish to prepare for advanced graduate training may be permitted to elect a thesis option after one semester in the program. Students who are allowed to complete a thesis will replace the two elective courses with SA 857-5 Research Design Seminar (or any other approved graduate research methods course).

The thesis will provide an opportunity for students to undertake a focused research study of high quality. Students will be encouraged to engage in original and innovative research to meet this requirement. Committee selection and approval of the thesis proposal will follow the same steps as the project. The thesis requirement must meet the guidelines set out by Graduate Studies.

6e. The M.A. in Gerontology Internship

It is anticipated that more than half of the students will have had significant experience working with seniors in settings and positions relevant to their concentration, and therefore, will not require an internship.

Students lacking prior or concurrent relevant work experience will be required to supplement their program of study with an internship. Determination of the need for an internship will

be based on the student's biographical information submitted to the Admissions Committee and, if deemed necessary, a personal interview with the student. The length of the internship will normally be no longer than one semester of full-time work.

Where an internship is required, the student will work for an agency or organization in a position of responsibility. The student will gain from this experience the skills, knowledge and contacts necessary to work successfully in a similar work environment if they so choose. Students will normally be placed after they have completed all or most of their course requirements. Possible sites for the internship are: long term care facilities, community-based services targeting elderly, and government organizations. There are currently over 40 practicum sites available for the Gerontology Diploma Program of which many would be appropriate for the M. A. internship (see Appendix III).

An Internship Coordinator will act as a liaison and will be involved in the placement, monitoring and documentation of the internship. The person at the site overseeing the student will produce a written report on the student's work experience. Given that some students may gain access to information and data appropriate for the completion of a project or thesis, the student's senior supervisor is a logical choice for the final evaluation (satisfactory or unsatisfactory).

6f. Relationship Between the Graduate Program and Diploma Program

The Diploma in Gerontology offers a wide range of courses that are equivalent to undergraduate 300 and 400 level courses. The proposed graduate courses are more specialized and cover content at a significantly higher level than the diploma courses. Some of the diploma courses are necessary for specific stream courses and are listed as pre-requisites (see Entry Requirements). In addition, some general gerontology diploma-level courses are necessary to ensure that students entering the graduate program have a basic understanding of the field. These entry requirements are equivalent to a qualifying year in a traditional department for students with little or no formal training in their field of graduate study. The Diploma Program is therefore integral to the proposed M.A. in Gerontology.

6g. Related Graduate Courses in Other Departments

A systematic review of graduate courses offered at Simon Fraser University related to the field of aging generally, and to the program streams specifically, has been undertaken. The

results indicate that there are few regular graduate courses that deal explicitly with topics in gerontology. Kinesiology 806-3 (Special Topics) Biology of Human Aging deals with the human aging process, but does not fit within the proposed program curriculum. It is also not offered on a regular basis.

III NEED FOR THE PROGRAM

1. Cultural, Societal and Professional Need for the Program

It is well known that Canada's population is aging at a fast pace. The median age increased from 22.6 years in 1901 to 33.5 years in 1991. It is projected to increase to 41 years by 2006 and to 48 years by 2031 (Statistics Canada, 1985). At the top of the age pyramid, people 65 years of age and over comprised 11.6% of the population in 1991. It is estimated that by the turn of the century, this same group will comprise between 13% and 14% of the Canadian population. The proportion will rise to approximately 24% by 2031 when the bulk of the baby boom generation retire. It is also important to note that within the 65 and over population, the fastest growing segment are persons aged 80 and over, a group with special health and social service needs.

These dramatic demographic shifts in the age structure of our country have profound consequences for the demands placed on society to provide adequate financial and social support, housing and living environments, health care, leisure and recreation, and generally, the opportunity to maximize well-being for an aging population.

As recommended by the Canadian Medical Association's Committee on the Health Care of the Elderly (1987), there is a need to broaden our current knowledge base through more extensive and innovative applied research into the aging process and to identify ways to ameliorate its effects on function and autonomy. Further, it is stressed that continuity in support and services must be made available when needed to facilitate better use of the health care system and to promote self-confidence and security (p. 48).

Recently, we have witnessed an expansion of research, policy and programs that attempt to address these issues. This, in turn, has generated a need to train and upgrade the expertise of professionals working with or on behalf of the elderly. To date, colleges and universities have concentrated on filling this gap at the lower levels. As indicated in section II, only two other Canadian universities offer a graduate level degree in Gerontology, one in French and one in English. Responding to a similar need in the United States, the number of American educational institutions offering a Master's degree in

Gerontology increased from 19 to 40 between 1984 and 1990 (Rich, Connelly & Douglass, 1990).

To ensure an adequate quality of life for older Canadians today and in the future, it is important that our universities parallel this trend. It is particularly appropriate that a B.C. university should play a leadership role in the training of professionals within the multidisciplinary field of gerontology, since it is projected that between 1984 and 2006, this province will experience the most significant population aging of all Canadian provinces (Statistics Canada, 1985).

The existing Gerontology Diploma Program can only meet this need to a limited extent. A higher level of training is necessary for persons wanting to advance in their job or specialty. For example, within the health care and social service fields, a Master's degree is often required for professional advancement to upper level positions. There is also a need for professionals with multi-disciplinary training who are able to interact with the various and diverse professional groups that provide service to older persons. Additionally, there is a demand for persons with research training who are able to merge academic and applied skills and apply them to gerontological problems in their work settings.

The need for graduate level training in Gerontology has grown since the establishment of the Diploma Program in Gerontology and is reflected in the August 14th, 1991 letter written by Judy Gaudin-Riese, then Co-ordinator, Community Services, New Vista Society and President of the Alumni Association for SFU's Diploma Program in Gerontology in support of the proposed Master's Program in Gerontology (see Appendix IV).

Over the last decade, the number of long term care facilities, and the types of care offered (for example, multi-level care and care for persons with dementia) have increased significantly in Canada, particularly in British Columbia, which represents the "highest level of co-ordination and formalization" of long term care of any province (Kane and Kane, 1985:169-170). There were 390 residential care facilities for older people in British Columbia in 1989 (B.C. Ministry of Health, 1989) and over 2,400 facilities in all of Canada (Statistics Canada, 1984); numbers which certainly will continue to increase in the next century.

In tandem, we have seen a proliferation of community-based support services aimed at keeping the elderly in their homes for as long as possible. These include homemakers, home nursing, adult day care, peer counselling, etc. In British Columbia alone, there are 195 agencies providing homemakers, adult day care and group homes (B.C. Ministry of Health, 1989). There is an urgent need to train new administrators and

to upgrade the training of those who currently manage these services, however, no systematic graduate program designed to meet these goals is in existence in Canada. Deficiencies in the training of professional staff have been highlighted as a major issue in the 1990 Report of the Federal/Provincial/Territorial Subcommittee on Long-Term Care (Health and Welfare Canada, 1990).

The need for the Aging and the Built Environment concentration is extensive. It is widely recognized that issues pertaining to housing an older population transcend the provision of shelter. The living environment is fundamental to older adults and shapes their lives in a number of significant ways. In response to 'deinstitutionalization' and the concomitant view that we need a range of innovative housing and support options so that elderly may realize their frequently articulated desire to remain in the home for as long as possible, living environments have become central research foci. In addition, research into institutional design, especially for the cognitively impaired, has arisen as another key need.

Remarkably, there is no graduate level program in Canada offering training in this sub-field of gerontology. The Gerontology Program has received many inquiries into graduate level programs from architects, planners, and interior designers who have received their education in traditional departments and now desire specialized training in gerontology. These enquiries emphasize the need and demand to educate and retrain students and professionals from planning, architecture, interior design, environmental psychology, physiotherapy, occupational therapy, sociology and demography so that they can make more meaningful contributions to their specialized fields. The Gerontology Research Centre at SFU is renowned nationally and internationally for its expertise in this field. Three edited volumes by Gutman and Blackie entitled, **Innovations in Housing and Living Arrangements for Seniors** (1984), **Aging in Place** (1986), and **Housing the Very Old** (1988), one by Gutman entitled, **Shelter and Care of Persons with Dementia** (1992), and one edited by Gutman and Wister titled **Progressive Accommodation for Seniors: Interfacing Shelter and Service** (1994) represent the principal Canadian books in this field and originate from our Gerontology Centre. Further, Drs. Wister, Gutman and Watzke, all affiliated with the SFU Gerontology Program and Centre, are currently collaborating on a new book entitled, **Living Environments of Older Canadians** for which there is an interested commercial publisher.

Currently proposed by the Gerontology Research Centre, in partnership with the British Columbia Institute of Technology, is a state of the art simulated residential environment for the testing of new design and related technology for assisted

living. The **Living Lab** will allow for detailed assessment of a variety of environmental products and conditions targeting specific subgroups. This project will provide excellent research opportunities for students in this concentration. It also reflects an important need for innovative research and training in this expanding field.

The Health Promotion and Aging stream responds to a national impetus to disseminate knowledge about healthy living for the purpose of improving the health status of Canadians and producing cost savings in health care. We begin with the World Health Organization's definition of health promotion as "the process of enabling people to increase control over, and to improve, their health" and extend it to "healthy communities" and "empowerment," concepts that reduce the onus placed on the individual for inequalities rooted at the system level. This theme is useful because it encompasses a much broader meaning of health and health care than has previously been the case; one that stresses overcoming inequality and improving quality of life, as well as specific health outcomes. It also provides an excellent forum for evaluation and critical analysis of our health care system and of specific health promotion strategies. One common thread running through the proliferation of federal and provincial health promotion initiatives is the need for health educators.

Although older people (especially those disadvantaged economically and socially) have been identified as a group at risk, health promotion initiatives are only beginning to recognize the unique health-related circumstances that older people face. The University of Toronto and the University of British Columbia have established institutes for health promotion research, but these encompass the entire life span. The SFU Gerontology Research Centre is one of three partners in the British Columbia Consortium for Health Promotion Research (BCCHPR). The BCCHPR is one of six Centres of Excellence in health promotion research funded by Health Canada. Its activities provide opportunities for graduate students to obtain training in participatory research, which is the major methodological approach of the Consortium. A need remains, however, to offer graduate level training in program and policy evaluation of health systems from a gerontological perspective and to provide health professionals a critical understanding of the health care system as it pertains to an aging population. Health promotion is seen as an excellent vehicle upon which to disseminate health care knowledge as it pertains to older persons. Drs. Gutman and Wister have recently edited a book entitled: **Health Promotion for Older Canadians: Knowledge Gaps and Research Needs (1994)**, which forges new ground in this expanding field.

2. Enrolment

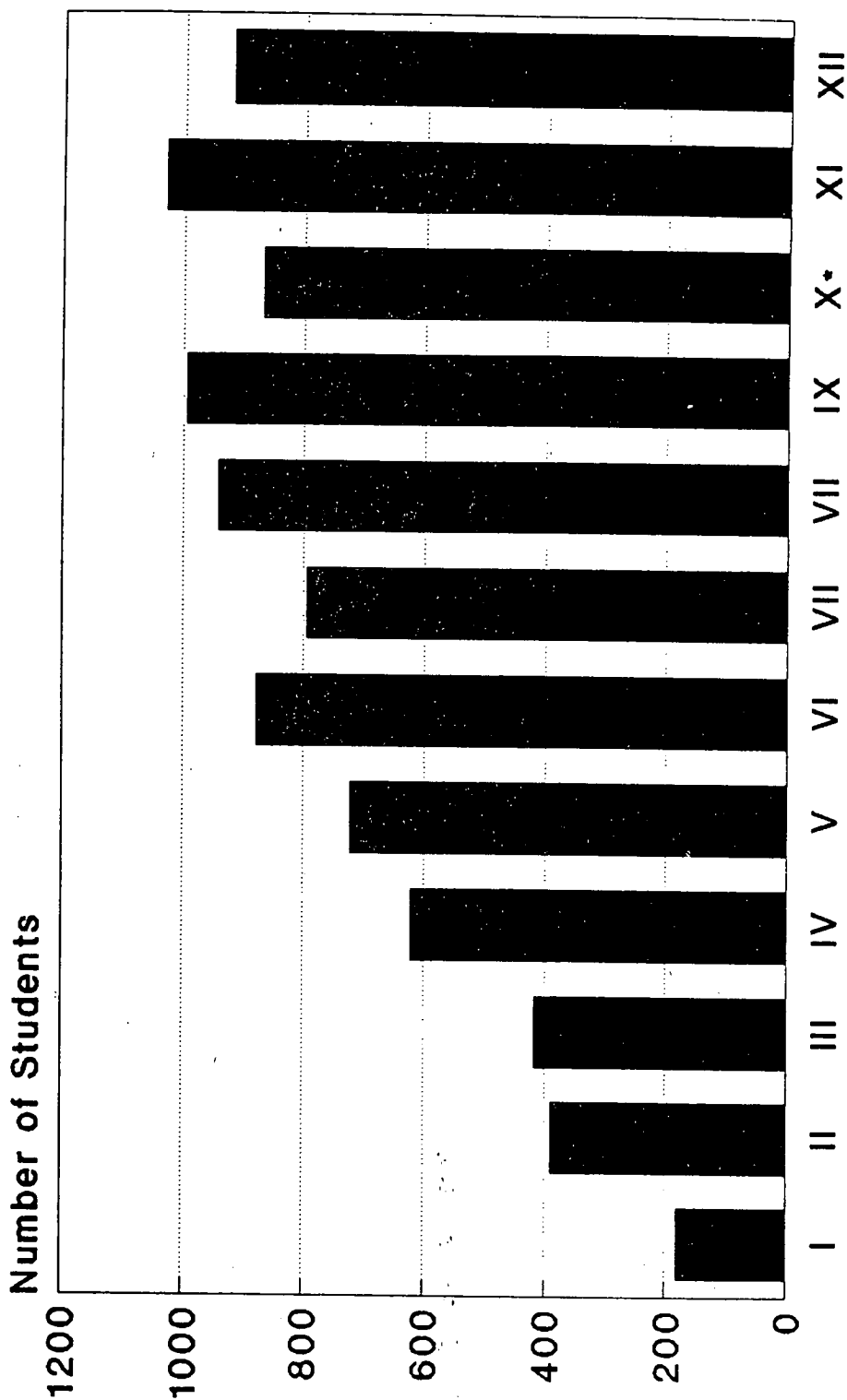
a) Evidence of student interest

The development of a Master's Program in Gerontology stems from continued enquiry and demands by students and by persons working in the field of gerontology for such a program. Since its inception at SFU in 1983, the Gerontology Diploma Program has received over 375 phone calls and letters from current or prospective students living across the country who are interested in a Master's level education. The characteristics of these prospective students tend to be as follows: they are mature students between the age of 25 and 40, mostly women, and many work in full-time or part-time positions in the fields discussed under section 1 above.

It is anticipated that about **one third** of the students will enrol part-time so that they may continue in their current job. In addition, some of the candidates for our program will be employed in the field of gerontology but will choose to return to school full-time. Another pool of prospective students will come from existing programs in Gerontology across the country. For example, to date, the SFU Gerontology Diploma Program has graduated **117** students. There are currently 101 active students in the Diploma Program (ie. students who have taken courses over the last year). It should be noted, however, that most Gerontology Diploma courses are open to students in other programs as well. As a result, total enrolment in Gerontology Program courses has been between 800 and 1,000 students per year over the last five years (see Figure 1). The University of Toronto Diploma Program in Gerontology has also graduated over one hundred students. It is anticipated that students will also come from among graduates of gerontology undergraduate degree and minor programs offered at universities in **Canada**, the **U.S.** and in **other countries**. Additionally, students will come from traditional departments in universities across Canada offering bachelors degrees in nursing, social work, psychology, sociology, planning, etc. A selection of letters reflecting interest of students from SFU and elsewhere is in Appendix V.

Further evidence of demand is reflected in the fact that two Ph.D. dissertations and two Master's degrees have been completed by Special Arrangements via the Gerontology Program. Another Ph.D. candidate is currently enrolled. It should also be noted that since the establishment of the Gerontology Centre in 1982, **31** students have completed an M.A. or a Ph.D. with a gerontological focus within the departments, schools, or faculties of Biological Sciences, Business Administration, Communications, Criminology, Education, Geography, Kinesiology, Psychology and Sociology. A list of all SFU Ph.D., Master's and Honours theses concerned with aging or the

Figure 1
Enrolment in Aging Courses at SFU
Years I-XII



*Based on two semesters only.

aged (including those by special arrangements) is presented in Appendix VI.

A mail survey of student interest in the proposed Master's Program in Gerontology at SFU was conducted in November and December, 1991 among all current and graduated Diploma students. A total of 50 questionnaires were returned. Of these, 33 (66%) indicated that they were definitely interested in applying to the program, 10 (20%) indicated that they were uncertain and 7 (14%) stated that they would not be interested in the proposed Master's Program in Gerontology.

b) Enrolment predictions

Fourteen students, approximately 7 students in each stream, would be admitted for the initial year of the program. An additional 3 per stream, plus replacements for students who complete the program in one year, would be admitted in the second year. It is anticipated that about one-third of the students will be part-time, and that an enrolment of 20 students in total will be maintained. The part-time/full-time ratio will be determined by the student market and the strengths of the program.

Example Year 1 Enrolment:

Year 1 - 14 students (10 full-time, 4 part-time)

10 full-time - about 53 GERO course selections; about 4 SA course selections

4 part-time - about 6 GERO courses; about 2 SA selections

This would result in a total of approximately 56 GERO course selections divided into 7 GERO courses, and an average GERO course size of 8 students. This assumes that most full-time students take all 6 courses in their first year, and that the four part-time students each take 2 courses in their first year. Also, it is assumed that there will be only 3 thesis students.

Example of Year 2 Enrolment:

Year 2 - 20 students (13 full-time, 7 part-time)

In addition to the assumptions stated above, it is anticipated that one-third of the students will complete their M.A. in Gerontology in one year, one-third will complete in 4 semesters and the final third will complete in 5 or 6 semesters. With replacement of graduands, this would result in an average GERO class size of 8. A detailed set of enrolment predictions for the first six semesters is shown in the

3. **Types of Jobs for Which Graduates will be Suitable**

The correspondence from prospective students suggests that many will already be employed in a position and/or setting relevant to their area of concentration. The Master's in Gerontology will provide the training needed for career advancement. The Gerontology Research Centre and Diploma Program regularly receive requests from a variety of organizations interested in persons with gerontological knowledge, and applied research and/or administration skills. The internship will also facilitate employment of graduates.

The Aging and the Built Environment concentration will produce graduates who could assume research and professional positions in government planning and housing departments, architecture firms, institutional and housing development companies, interior design companies, as well as private consulting firms. Generally, these students will leave the program with skills that are widely marketable.

Students graduating with a concentration in Health Promotion and Aging can be employed by governments, care facilities, hospitals or community programs with an emphasis on health promotion and disease prevention. For example, they may be employed by agencies to design, develop, implement and evaluate health promotion programs. Day health care, clinical or community outreach programs and seniors wellness centres are also probable employers of these graduates.

A survey focusing on the employment experience of graduates of the Diploma Program in Gerontology was conducted. Thus far, 37 mailed questionnaires have been returned from the 107 students who graduated between 1983 and 1993. Tracking of students who have changed residence is still in progress. Based on the initial results, we found that:

a) 57% (21) currently work full-time, 16% (6) work part-time, 5% (2) are not employed but are seeking employment, 2% (1) are not employed and 19% (7) are not seeking employment at the present time.

b) A striking 84% (31) work in aging-related jobs. Aging-related jobs were defined in the questionnaire as those in which one does one of the following with, for, or about the elderly (over age 60) population: 1) administer or plan programs; 2) provide direct service or direct care; 3) conduct research; 4) train or teach; or 5) consult. Approximately 62% (23) stated that they actively sought an aging-related job

after graduation from the Diploma Program in Gerontology. Some of those currently working in aging-related jobs were in those positions before graduation.

c) When graduates were asked how useful they found the Diploma Program curriculum for their current employment, 49% (18) rated it as "very useful," 46% (17) as "useful," and only 5% as "not useful."

IV PRESENT AND PROJECTED RESOURCES

1. Administrative Personnel

The proposed Master's in Gerontology will be guided by the Director of the Gerontology Research Centre and Gerontology Diploma Program, Dr. Gloria Gutman. Day to day administration of the Program will be the responsibility of Dr. Andrew Wister, Associate Professor (Gerontology). He will be guided in policy matters by a graduate subcommittee of the Gerontology Steering Committee comprised of Dr. Meredith Kimball (Associate Professor, Department of Women's Studies), and Dr. John Herzog, Professor (Economics and Business Administration), or by suitable replacements from the Steering Committee. The department graduate committee for the Master's Program will consist of Dr. Andrew Wister (Chair), Dr. Gloria Gutman, Dr. Ellen Gee and the two new CFLs (see next section).

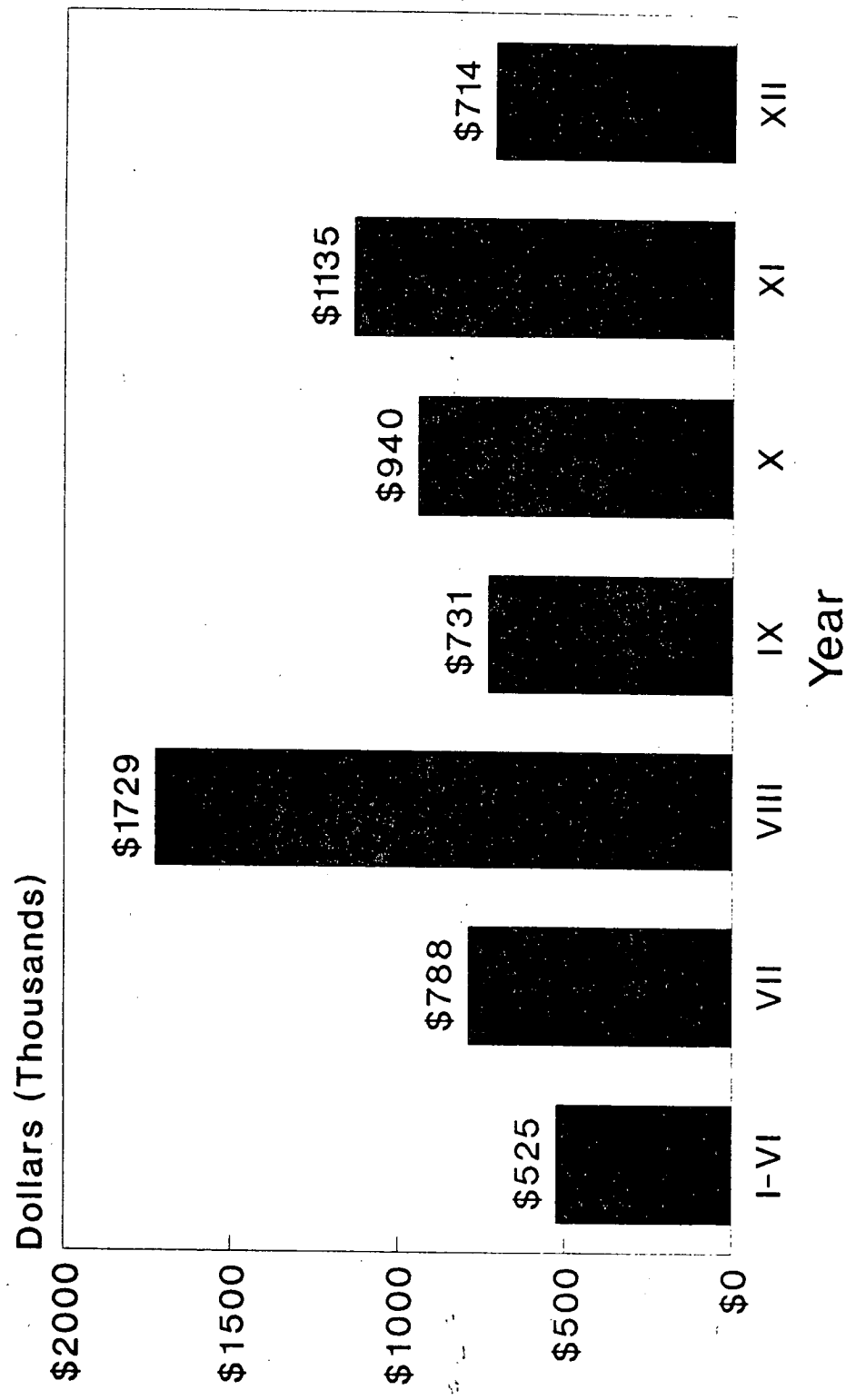
The existing support staff for the Diploma Program consists of one full-time Program Assistant who will function in this capacity for the Master's Program as well.

2. Existing and Required Faculty Resources

The Master's Program in Gerontology will build on existing resources within the Gerontology Diploma Program, the Gerontology Research Centre and elsewhere in the university. It is worth noting that in the twelve years since the Gerontology Research Centre has been established, a total of \$6,562,000 in grants and contracts have been awarded to SFU researchers working in the area of aging (see Figure 2).

A list of Gerontology faculty is given in the Calendar Entry (Appendix II). In the Aging and the Built Environment concentration, students will be supervised and/or courses will be taught by Professor and Director, Dr. Gloria Gutman; Associate Professor, Dr. Andrew Wister; and Research Fellow in Environmental Gerontology, Dr. James Watzke, all of whom have nationally recognized expertise in this area. Newly appointed

Figure 2
Funds Awarded to SFU Researchers
Years I-XIII



2/10

(August 1994) Research Fellow in Environmental Gerontology, Mary Ann Clark, MAIBC, M Arch., will serve as an additional resource. It should be noted that the Research Fellow positions are permanent positions within the Centre, funded by an endowment provided by the Real Estate Foundation of B.C. (\$600,000), which has been matched by the provincial government. The terms of reference of the endowment permit each Fellow to teach one course per year.

Drs. Gutman and Wister also have expertise in the Health Promotion and Aging field. They are SFU's principal and co-investigator, respectively on a project funded by NHRDP/SSHRC in December, 1992 that established a British Columbia Consortium for Health Promotion Research (BCCHPR). This is a collaborative endeavour with the University of British Columbia and the University of Victoria. The Consortium's letter of intent was one of 15 selected from 53 to go to the second phase of the competition and was one of only six actually funded (\$100,000 for each of five years). The project supports a full-time Research Associate in Health Promotion who is housed at the SFU Gerontology Research Centre. In conjunction with one other member of the BCCHPR, and two community researchers, Drs. Wister and Gutman have recently (Nov. 1994) been awarded a \$580,000 Seniors Independence Research Program grant through Health Canada, to study seniors' independence through self-care, self-help, and mutual aid.

Additional existing faculty resources in this area include: Professor Michael Manley-Casimir who has already supervised several Master's theses within the Faculty of Education that have focused on the health promotion and aging field and Associate Professor Michael Hayes, a medical geographer, who is a recognized scholar in the health promotion area.

Professor Ellen Gee, a renowned expert in the gerontological community, will teach **SA 886-5 Social Policy in a Changing Society**, which will be offered through the Sociology and Anthropology Department.

Additionally, members of the Gerontology Steering Committee, and a number of other individuals at SFU who have taught courses, conducted research, supervised theses and/or have interest in gerontology, could serve on project and thesis supervisory committees for the proposed Master's Program in Gerontology. A list of SFU faculty who have teaching and/or research interests in Gerontology is provided in Appendix VII. A complete listing of the research grants applied for and awarded to associated Gerontology faculty over the last three years is provided in Appendix VIII. A list of publications by faculty, staff and students in the area of population aging is provided in Appendix IX. Finally, the faculty curriculum vitae

can be found in Appendix X.

The following resources are required, at minimum, to initiate the proposed Master's Program:

1.0 new full time equivalent faculty position in Health Promotion; 0.5 new practicum/internship coordinator; 1.0 sessional instructor for the first year.

In order to support the M.A. program and to respond to the external reviewers' criticism of the large number of Diploma courses taught by sessionals (6 per year), the following additional resources would be required:

A second new full-time equivalent faculty position in Health Promotion or Environment and Aging in the second year.

See page 25 for rationale for additional faculty and staff.

3. Projected Sequence of Course Offerings, Instructors and Enrolment for the First Six Semesters

Based on the enrolment predictions discussed earlier, we plan to have 20 students in the program at any one time. It is assumed that of the 20 students, 13 will be full-time and 7 will be part-time. It is estimated that the 7 GERO graduate courses would draw, on average, about eight students (see page 17). A larger number of students will take the two required courses: GERO 801 Health Policy and Applied Issues in Gerontology and GERO 802-4 Development and Evaluation of Health Promotion Programs for Older Persons.

YEAR I (14 STUDENTS)

TERM 95-3

**GERO 801-4 Health Policy and Applied Issues in Gerontology
Dr. Gutman (12 students)**

**GERO 810-4 Community-Based Housing for Older People
Dr. Wister (7 students)**

**GERO 820-4 Principles and Practices of Health Promotion
Health Promotion CFL #1 (7 students)**

***SA 857-5 Research Design Seminar
Dr. Gates (3 GERO students)**

TERM 96-1

GERO 802-4 Development and Evaluation of Health Promotion Programs for Older Persons
Dr. Wister (12 students)

GERO 811-4 Institutional Living Environments
Dr. Gutman (7 students)

GERO 821-4 Epidemiology of Aging
Health Promotion CFL #1 (7 students)

**SA 886-5 (Selected Problems in Social Analysis) when offered as: Social Policy in a Changing Society
Dr. Gee (5 GERO students)

TERM 96-2

GERO 830-4 Human Factors, Technology and Safety
Dr. Watzke (7 students)

GERO 889-4 Directed Studies

YEAR II (20 STUDENTS)

TERM 96-3

GERO 802-4 Development and Evaluation of Health Promotion Programs for Older Persons
Dr. Wister (12 students)

GERO 811-4 Institutional Living Environments
Dr. Gutman (7 students)

GERO 820-4 Principles and Practices of Health Promotion
Health Promotion CFL #1 (7 students)

*SA 857-5 Research Design Seminar
Dr. Gates (3 GERO students)

TERM 97-1

GERO 801-4 Health Policy and Applied Issues in Gerontology
Health Promotion CFL #2 (12 students)

GERO 810-4 Community-Based Housing for Older People
Dr. Wister (7 students)

GERO 830-4 Human Factors, Technology and Safety
Dr. Watzke (7 students)

TERM 97-2

GERO 821-4 Epidemiology of Aging
Health Promotion CFL #1 (7 students)

GERO 889-4 Directed Studies

- * Only taken by thesis students.
- ** Offered every second or third year.

Including Drs. Gutman and Wister, there will be a total of 3 FTEs with Gerontology appointments to instruct and supervise 20 Master's students in the first year, and 4 FTEs in the second and subsequent years. This ratio is reasonable, given that about one third will be part-time students, and that supervisory support is expected from members of the Steering Committee (e.g., Drs. Gee, Manley-Casimir, and Kimball), as well as other faculty at SFU with expertise in aging.

During the first year, the new health promotion CFL will teach two graduate courses and two diploma level courses. The Diploma level courses will be GERO 300-3 and GERO 400-4, currently taught by Dr. Gutman. Dr. Gutman will teach GERO 801-4 and GERO 811-4 in support of the graduate program. Dr. Wister will teach GERO 802-4 and GERO 810-4, and two of the four courses that he currently teaches in the Diploma Program. One of his current DGT courses is Sociological Aspects of Aging, which is being phased out. A correspondence version of SA 420-4 Sociology of Aging is under development and will continue to be offered by Sociology/Anthropology. The other DGT course taught by Dr. Wister, GERO 411-3 ST - Health Promotion and Aging, will be taught by the second new CFL. Dr. Watzke, a permanent research fellow with the centre, will teach GERO 830 Human Factors, Technology and Safety, instead of GERO 401 Aging and the Built Environment, which he has taught for three years for the DGT program. One sessional stipend will be needed for the graduate program to cover the instruction of GERO 830 by Dr. Watzke. Under this arrangement, Diploma courses currently taught by sessionals must continue to be funded by Faculty of Arts/Continuing Studies stipends.

Alternate instructors can be drawn from the list of Adjunct Professors in the Calendar Entry (Appendix II).

The Diploma and Masters Program will share a half-time practicum/internship coordinator. The addition of this position responds to criticism voiced by the external reviewers.

The additional CFL to be added in the second year of the program will provide support for both the Diploma and Master's Programs. Currently, 6 sessionals are used in the Diploma

Program each year. The 7 sessionals required to support the two programs during the initial year of the Master's Program can be reduced to 3 after the addition of the second CFL. The second CFL will teach one core course for the Master's Program and 3 courses for the Diploma Program. This will allow Dr. Gutman to teach 1 course for each program.

4. Library Resources

The Gerontology Research Centre library currently houses 1,200 books, monographs and reports. The Centre library also holds 20 serials. The SFU library system has an additional 90 journals on topics relating to aging and can access another 40 through the SFU/UBC loan system. The SFU library system also has a large collection of books on aging and the aged, which were purchased through the assistance of a \$25,000 grant awarded in 1982 by the Social Sciences and Humanities Research Council of Canada under the Programme for the Strengthening of Specialized Collections. An updated report from the SFU library system has been completed and is in Appendix XI.

5. Capital Costs

No additional space will be needed beyond that which was planned in the move into Phase III of the SFU Harbour Centre campus.

The Gerontology Diploma Program currently has 1 micro-computer (MAC) and 1 laser printer (HP laserjet II). The Gerontology Research Centre has eight micro-computers (2 MACS, 6 IBM compatible), 3 laser printers (1 HP laserjet II and 2 Okidata 400s), 4 dot matrix printers (Roland and Toshiba), 1 fax machine and 1 photocopier. The Gerontology Research Centre will share some of its resources with the proposed Master's Program in Gerontology (e.g. photocopier, receptionist, fax, etc.). However, the new faculty members and the half-time internship/practicum supervisor will each require a new computer.

One-time only equipment needed in years one and two is as follows:

3 MAC computers	7,200
Software	3,000
Total	\$10,200

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6. External Funds: Anticipated and Received

No external sources of funding are anticipated at this time. Attempts will be made to solicit support for the Program from available sources.

7. Budget

The following is a list of the operating costs per annum for initiation of the proposed graduate program:

YEAR 1

RECURRING DIRECT OPERATING COSTS:

		FTE's
1 FTE Appointment	\$50,000	1.0
Internship/Practicum Supervisor	17,000	0.5
Sessional Stipend	6,000	
Library Resources	5,207	
TOTAL DIRECT RECURRING COSTS	\$78,207	

NON-RECURRING COSTS:

Equipment	\$6,800
Library Resources	18,853
TOTAL NON-RECURRING COSTS:	\$25,653

<u>YEAR 1 TOTAL NEW PROGRAM COSTS</u>	<u>\$103,860</u>
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YEAR 2

RECURRING DIRECT OPERATING COSTS:

		FTE's
2 FTE Appointments	\$100,000	2.0
Internship/Practicum Supervisor	17,000	0.5
Library Resources	5,207	
TOTAL DIRECT RECURRING COSTS	\$122,207	

2/ 66.

NON-RECURRING COSTS:

Equipment	\$3,400
TOTAL NON-RECURRING COSTS:	\$3,400

<u>YEAR 2 TOTAL NEW PROGRAM COSTS</u>	<u>\$125,607</u>
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V EVALUATION

1. Internal and External Consultation

The course development for the proposed Master's in Gerontology was assisted by consultations with persons having expertise in each of the concentrations.

For the Aging and the Built Environment concentration, Ann McAfee, Associate Director, Planning Department, City of Vancouver; Cheryl Kathler, Planner, Social Planning Department, City of North Vancouver and Scott Gordon, architect, were consulted.

For the Health Promotion and Aging stream, Dr. Larry Green, Director, UBC Institute of Health Promotion Research; Dr. Nancy Hall, North Shore Health; Margot Palmer, Health Promotion Directorate, Health and Welfare Canada and Dr. Michael Hayes, Geography Department, SFU were consulted.

We are also interested in introducing a third stream entitled Administration of Services for Older Adults, possibly in conjunction with the Faculty of Business Administration. However, this concentration will be postponed until such time as it will be economically feasible. The following persons were consulted for the courses under Administration of Services for Older Adults: Dr. Betty McGill, Administrator, St. Judes Anglican Care Home; Drs. Ronald Davidson, Lawrence Pinfield, Lois Etherington and John Richards, Faculty of Business Administration, SFU; Marcus Hollander, Continuing Care Division, B.C. Ministry of Health and Ph.D. candidate, Public Administration, University of Victoria; Elaine Freedman, Ph.D. candidate, Faculty of Business Administration, University of Alberta; Joanne E. Eschauzier, M.H.A., Care Facility Development Consultant; Keith Anderson, President and C.E.O. and Betty Lee Moore, Vice President, Financial Services, Pacific Health Care Society; Darren Kopetsky, Coordinator, Advisory Services, B.C. Health Association; and Ann Jarrell, Administrator, Crossreach Adult Day Care Centre and President, Adult Day Care Association of B.C.

Subsequent to course development, copies of the full proposal were sent to the following individuals at other B.C. institutions: Dr. Larry Green, Director, Institute of Health Promotion Research; Dr. Sandy Hirshen, Director, School of Architecture; Dr. Charles Christiansen, Director, Rehabilitation Medicine; Dr. Godwin Eni, Director, Health Services Planning and Administration Program, Department of Health Care and Epidemiology; and to Dr. James Thornton, Adult Education Research Centre at the University of British Columbia, and to Dr. Jim McDavid, Dean, Faculty of Human and Social Development at the University of Victoria.

As well, the proposal was sent to the National Advisory Council on Aging in Ottawa; Madame Vezina, Federal Minister of State for Seniors and Elizabeth Cull, B.C. Minister of Health and Minister for Seniors. See Appendix IV for their written reviews.

Additionally, copies were sent to the two individuals who conducted a site review of the Gerontology Research Centre and the Program in March, 1992: Dr. Ann Martin Matthews, Director, Gerontology Research Centre at the University of Guelph and Dr. James Birren, Director, Anna and Harvey Borun Centre for Gerontological Studies at the University of California at Los Angeles.

Based on the above consultations, a number of significant revisions were made to the proposal. In particular, major changes were made to the admissions criteria and the weight of the program, providing greater flexibility and rendering it more comparable to programs offered by other academic units.

2. Proposed External Reviewers

The following experts in the field of education in gerontology were recommended as referees for the Gerontology Master's Proposal: Dr. J. Richard Connelly, Director, Intermountain West Geriatric Education Center at the University of Utah and President, Association for Gerontology in Higher Education; Dr. Hiram J. Freidsam, Professor Emeritus, Center for Studies in Aging at the University of North Texas; and Dr. David A. Peterson, Director, Leonard Davis School of Gerontology at the University of Southern California.

3. Institutional Evaluation During and Subsequent to Implementation

The Gerontology Program Graduate Faculty Committee in consultation with the Graduate Sub-Committee of the Gerontology Program Steering Committee will be responsible for

evaluation of proposed courses and program policies.

4. Plans for Future External Evaluation

The Master's in Gerontology program will be reviewed on a periodic basis - at least once every seven years, as is the practise at Simon Fraser University. The invited reviewers will conduct a thorough evaluation of the curriculum, student theses, faculty research, and program policies with the purpose of making recommendations for change or improvement.

REFERENCES

- B.C. Ministry of Health. (1989). Continuing Care. Continuing Care Division, Vancouver B.C.: B.C. Ministry of Health.
- Gutman, G. (Ed.). (1992). Shelter and care of persons with dementia. Vancouver, B.C.:The Gerontology Research Centre, Simon Fraser University.
- Gutman, G. & Blackie, N. (Eds.). (1984). Innovations in housing and living arrangements for seniors. Burnaby, B.C.: The Gerontology Research Centre, Simon Fraser University.
- Gutman, G. & Blackie, N. (Eds.). (1986). Aging in place: Housing adaptations and options for remaining in the community. Burnaby, B.C.: The Gerontology Research Centre, Simon Fraser University.
- Gutman, G. & Blackie, N. (Eds.). (1988). Housing the very old. Burnaby, B.C.: The Gerontology Research Centre, Simon Fraser University.
- Gutman, G. & Wister, A.V. (Eds.). (1994). Health promotion for older Canadians: Knowledge gaps and research needs. Vancouver, B.C.:The Gerontology Research Centre, Simon Fraser University at Harbour Centre.
- Gutman, G. & Wister, A.V. (Eds.). (1994). Progressive accommodation for seniors: Interfacing shelter and services. Vancouver, B.C.:The Gerontology Research Centre, Simon Fraser University at Harbour Centre.
- Health and Welfare Canada. (1991). National Issues on Long-Term Care. Report of the Federal/Provincial/Territorial Subcommittee on Long-Term Care, Ottawa: Ministry of Supply and Services.

Kane, R.A. & Kane, R.L. (1985). The feasibility of universal long-term care benefits: Ideas from Canada. The New England Journal of Medicine, 312 (21), 1357-1364.

Rich, T., Connelly, J.R. & Douglass, E. (1990). Standards and guidelines for gerontology programs, 2nd ed. Washington D.C.: Association for Gerontology in Higher Education.

Statistics Canada. (1984). Hospital Annual Statistics, 1981-82, Tables 1 and 2. Ottawa: Ministry of Supply and Services Canada.

Statistics Canada. (1985). Population Projections for Canada and Provinces and Territories, 1984-2006. (Catalogue No. 91-520). Ottawa: Ministry of Supply and Services Canada.

The Canadian Medical Association. (1987). Health Care for the Elderly: Today's Challenges Tomorrow's Options. Report of the CMA Committee on the Health Care of the Elderly. Ottawa: Department of Communications and Government Relations.



COURSE OUTLINES FOR MASTER'S PROGRAM IN GERONTOLOGY

Master of Gerontology

SIMON FRASER UNIVERSITY

New Graduate Course Proposal Form

CALENDAR INFORMATION:

Department: GERONTOLOGY Course Number: 801-4

Title: Health Policy and Applied Issues in Gerontology

Description: The aim of this course is to examine linkages between long term care and other service sectors as well as to compare programs and services across community, provincial and national boundaries. A number of key policy issues will be discussed that pertain to the provision of health-related services to older adults.

Credit Hours: 4 Vector: 0-4-0 Prerequisites:

ENROLMENT AND SCHEDULING

Estimated Enrolment: 12 When will course first be offered: 95-3

How often will the course be offered: once per year

JUSTIFICATION: As one of the core courses, GERO 801-4 covers essential health policy concerns in gerontology with which all students must be familiar.

RESOURCES:

Which faculty member will normally teach the course: New CFL #2

What are the budgetary implications of mounting the course:
see proposal

- Appended: a) Outline of the course: attached
- b) Indication of the competence of the faculty member to give the course: see Appendix X
- c) Library resources: see proposal

APPROVED:

Dep't Grad. Studies Committee: [Signature]

Date: Jan 25/95

Faculty Grad. Studies Committee: [Signature]

Date: Jan 25, 1995

Faculty: [Signature]

Date: 25 Jan 95

Senate Grad Studies Committee: [Signature]

Date: 26 Jan 1995

Senate: _____

Date: _____

GERO 801-4: HEALTH POLICY AND APPLIED ISSUES IN GERONTOLOGY

Calendar Description:

Employing a broad conception of health, the aim of this course is to critically analyze the Canadian health delivery system as it pertains to seniors. This will entail examining linkages between Long Term Care (LTC) and other service sectors as well as comparing programs and services across community, provincial and national boundaries. The course will also address ways in which a wide range of system and individual factors, from changing demographic and client characteristics to organizational arrangements and provincial and federal regulations, impinge on the roles and responsibilities of the program planner, administrator and environmental designer.

Grading:

Student grades will be comprised of the following:

- 1) Seminar presentation(s) - 20%
- 2) Paper requirement - 40%
- 3) Final exam - 40%

Week by Week Outline:

1. SOCIO-HISTORICAL DEVELOPMENT OF THE HEALTH CARE SYSTEM
IN CANADA
2. THE CANADIAN HEALTH CARE SYSTEM: LINKAGES BETWEEN LTC AND
OTHER SERVICES

Interrelationships of Government Bodies
Provincial Variations
International Comparisons
3. CHANGING CHARACTERISTICS OF THE LTC FACILITY AND
COMMUNITY ELDERLY POPULATIONS: IMPLICATIONS FOR SERVICE
DELIVERY
4. RECENT DEVELOPMENTS IN ADULT PROTECTION LEGISLATION
5. REGULATORY BARRIERS IN HEALTH, HOUSING AND OTHER SERVICES
6. CHALLENGES IN ASSESSMENT FOR LTC AND COMMUNITY SETTINGS
7. DEMENTIA AND HEALTH POLICY
8. ARCHITECTURE AND DESIGN IN HEALTH CARE

9. POLICY ISSUES IN HEALTH AND TECHNOLOGY
10. PUBLIC POLICY AND FAMILY CARE OF THE ELDERLY
11. WOMEN, POLICY AND THE HEALTH CARE SYSTEM
12. HEALTH PROMOTION AND HEALTH POLICY
13. FUTURE DIRECTIONS IN HEALTH POLICY

BIBLIOGRAPHY *

* Available from Senate Secretariat Services upon request

Master of Gerontology

SIMON FRASER UNIVERSITY

New Graduate Course Proposal Form

CALENDAR INFORMATION:

Department: GERONTOLOGY Course Number: 802-4

Title: Development and Evaluation of Health Promotion Programs for the Elderly

Description: This course deals with the design, implementation and evaluation of health promotion programs and services for older persons. Students will participate in the development and critical analysis of a variety of health initiatives aimed at healthful aging.

Credit Hours: 4 Vector: 0-4-0 Prerequisites: GERO 301-3

ENROLMENT AND SCHEDULING

Estimated Enrolment: 12 When will course first be offered: 96-1

How often will the course be offered: once per year

JUSTIFICATION: This course teaches students strategies of implementing health promotion programs targeting elderly, as well as methods of evaluating such programs. It is one of the core courses for all of the students in the program. GERO 802-4 instructs students to undertake applied research.

RESOURCES:

Which faculty member will normally teach the course: Dr. A. Wister

What are the budgetary implications of mounting the course:
see proposal

- Appended: a) Outline of the course: attached
b) Indication of the competence of the faculty member to give the course: see Appendix X
c) Library resources: see proposal

APPROVED:

Dep't Grad. Studies Committee: [Signature] Date: Jan 25/85
Faculty Grad. Studies Committee: [Signature] Date: Jan 25 1995
Faculty: [Signature] Date: 25 Jan 95
Senate Grad Studies Committee: [Signature] Date: 25 Jan 1995
Senate: _____ Date: _____

GERO 802-4: DEVELOPMENT AND EVALUATION OF HEALTH PROMOTION
PROGRAMS FOR THE ELDERLY

Calendar Description:

This course deals with the design, implementation and evaluation of health promotion programs and services for older persons. Students will participate in the development and critical analysis of a variety of health-related programs aimed at healthful aging. Epidemiological, demographic, behavioural and cost-benefit approaches to evaluation will be covered.

Grading:

Student grades will be comprised of the following:

- 1) Seminar presentation(s) - 20%
- 2) Paper requirement - 40%
- 3) Final exam - 40%

Week by Week Outline:

1. THE GOALS OF HEALTH PROMOTION

Health Promotion and Aging
Prevention - Blaming the Individual
Changing Life-Styles
Changing Health Habits
Self-care & Mutual Aid
Community Development
Healthy Environments
Focused Health Programs
Implications for Health Costs

2. MODELS OF COMMUNITY-BASED PROGRAMS

Structured Programs
Wellness Centres
Social Empowerment
New Horizons
Healthy Environments

3. DESIGNING INSTITUTIONAL PROGRAMS

Challenges and Issues
An Institutionally-Based Exercise Program
Rehabilitation Programs

4. STRATEGIES OF HEALTH PROGRAM IMPLIMENTATION

Organizing Structured Programs
Training and Monitoring
Counseling Programs
The Mass Media
Home Visitation
Senior's Social Action
Innovative Approaches for the Elderly
Individual & Structural Barriers

5. HEALTH PROMOTION EVALUATION APPROACHES

Individual-Level Methodologies
Aggregate-Level Methodologies
Qualitative & Descriptive Approaches
Process Versus Outcome

6. RISK FACTOR ANALYSIS

Isolating Independent Effects
Cumulative Effects
Statistical Approaches

7. PROGRAM EVALUATION

Designing Program Evaluations
Special Problems in Data Collection
Measurement Issues
Internal and External Validity Threats
Length of Program Effect

8. HEALTH ECONOMICS AND AGING

Concepts and Models
Economic Analysis

9. COST-EFFECTIVENESS AND COST-BENEFIT ANALYSIS

Nonmonetary Outcomes
Economic Outcomes
Limitations and Critique

10. GOAL-ATTAINMENT AND IMPACT MODELS

Strengths and Limitation
Program Decision-making

11. QUALITATIVE METHODS OF EVALUATION

12. CLINICAL TRIALS & CASE CONTROLS

13. EVALUATION & REDESIGNING OF PROGRAMS

Suggested Texts:

1. Rossi, P.H. & Freeman, H. (1989). Evaluation: A systematic approach (4th edition). Newbury Park, California: Sage Publications.
2. Shadish, W.R., Cook, T.D. & Lenton, L. (1990). Foundations of program evaluation: Theories of practice. Newbury Park, California: Sage Publications.
3. Drummond, M.F., Stoddart, G.L., & Torrance, G.W. (1986). Methods for the economic evaluation of health care programs. Oxford: Oxford University Press.

BIBLIOGRAPHY *

* Available from Senate Secretariat Services upon request

Master of Gerontology
SIMON FRASER UNIVERSITY
New Graduate Course Proposal Form

CALENDAR INFORMATION:

Department: GERONTOLOGY Course Number: 810-4

Title: Community-Based Housing for Older People

Description: This course presents an in-depth examination of theory, research and policy related to planning, designing, developing and managing housing for independent and semi-independent older adults.

Credit Hours: 4 Vector: 0-4-0 Prerequisites:.

ENROLMENT AND SCHEDULING

Estimated Enrolment: 7 When will course first be offered: 95-3

How often will the course be offered: once per year

JUSTIFICATION: This course covers information integral to community-based housing for older adults. It is a required course for students in the Aging and Built Environment stream.

RESOURCES:

Which faculty member will normally teach the course: Dr. A. Wister

What are the budgetary implications of mounting the course:
see proposal

- Appended: a) Outline of the course: attached
b) Indication of the competence of the faculty member to give the course: see Appendix X
c) Library resources: see proposal

APPROVED:

Dep't Grad. Studies Committee: [Signature]

Date: Jan 25/95

Faculty Grad. Studies Committee: [Signature]

Date: Jan 28, 1995

Faculty: [Signature]

Date: 25 Jan 95

Senate Grad Studies Committee: [Signature]

Date: 26 Jan 95

Senate: _____

Date: _____

GERO 810-4: COMMUNITY-BASED HOUSING FOR OLDER PEOPLE

Calendar Description:

This course presents an indepth examination of theory, research and policy related to planning, designing, developing and managing housing for independent and semi-independent older adults. Topics will cover the range of housing alternatives available to these client groups; reasons they move; factors mediating housing/living arrangement preferences and choices; key design considerations; factors faciliating and impeding delivery of new construction; retrofitting to enable aging in place; needs assessment and post-occupancy evaluation.

Grading:

Student grades will be comprised of the following:

- 1) Seminar presentation - 20%
- 2) Paper requirement - 40%
- 3) Final exam - 40%

Week by Week Outline:

1. REVIEW OF ENVIRONMENT AND AGING THEORY

The Reciprocity of Theory, Policy and Practice
Ecological Theory as it Applies to Housing for Independent and Semi-Independent Older Adults
Behaviour Setting Theory
Competence-Press and the Environmental Docility Hypothesis
The Phenomenology of Housing and Home for Older People

2. PSYCHOLOGICAL AND HEALTH FACTORS IN HOUSING FOR OLDER PEOPLE

Psychological Well-Being and Housing
Residential Satisfaction
Attachment to Home
Environmental Cognition
Functional Health

3. SOCIAL AND ECONOMIC FACTORS IN HOUSING FOR OLDER PEOPLE

Housing as Social Intervention
Housing economics and public policy
Social and Political Changes and Trends Influencing Housing Needs and Expectations
Review of Current Federal and Provincial Housing Programs and Policies
Selected International Comparisons

4. CURRENT HOUSING AND LIVING ARRANGEMENT OPTIONS, PREFERENCES AND CHOICES
 - Review of Available Housing Forms, Tenure Arrangements
 - Seniors Responses to These Factors Mediating Preferences and Choices
5. CHANGES OVER TIME: PEOPLE AND BUILDINGS
 - Nature of Changes
 - Implications of Aging in Place Policies
6. RESPONSE TO CHANGES I: "STAYING PUT" OPTIONS
 - Home Modifications and Adaptations
 - Needs Assessment Tools and Techniques
 - Funding Mechanisms and Implementation Strategies
 - Reverse Annuity Mortgages
 - Other Ways to Age in Place with Income
7. RESPONSE TO CHANGES II. RESIDENTIAL RELOCATION
 - Relocation Issues and Assessments
 - Factors Mediating Choice of Options
 - Barriers to Residential Change
8. NEW CONSTRUCTION I:ISSUES AND OPTIONS FOR DEVELOPERS AND DESIGNERS
 - New Design Concepts in Housing for Seniors
 - Neighbourhood Planning: Site, Neighborhood and Community Amenities and Services
 - Residential Interiors
9. NEW CONSTRUCTION II:ASCERTAINING AND MATCHING LOCAL NEED AND DEMAND
 - Supply and Demand Analysis
 - Programming, User Participation and Assessment
 - Financial Analysis
 - Marketing Strategies
10. OUTCOME ANALYSIS: TOOLS AND TECHNIQUES TO ASSESS THE IMPACT OF HOUSING CHANGES/MODIFICATIONS
 - Critical Review of Selected Qualitative and Quantitative, Objective and Subjective Tools and Techniques and Research Designs Used in Post-Occupancy and Post-Home Modification Evaluation and in Residential Relocation Research.
11. CURRENT ISSUES
 - The Growing Numbers of Homeless Elderly
 - The Disappearance of SRO Hotels
 - Meeting the Need for Emergency Shelter

12. FUTURE DIRECTIONS FOR RESEARCH AND POLICY

13. PRESENTATION OF STUDENT RESEARCH PROJECTS

Suggested Texts:

1. Gutman, G.M. & Wister, A.V. (Eds.) (1994). Progressive accommodation for seniors: Interfacing shelter and services. Vancouver: Gerontology Research Centre, Simon Fraser University.
2. Windley, P.G. (forthcoming 1992). Handbook on housing and the elderly. Westport, CT: Greenwood Press.
3. Regnier, V. & Pynoos, J. (Eds.) (1987) Housing the aged: Design directives and policy considerations. New York: Elsevier Publishing Co.
4. Newcomer, R.J., Lawton, M.P. & Byerts, T.O. (1986) Housing an aging society: Issues, alternatives and policy. New York: Van Nostrand Reinhold.

BIBLIOGRAPHY *

* Available from Senate Secretariat Services upon request

Master of Gerontology
SIMON FRASER UNIVERSITY

New Graduate Course Proposal Form

CALENDAR INFORMATION:

Department: GERONTOLOGY Course Number: 811-4

Title: Institutional Living Environments

Description: This course focuses on design issues, theory, research and policy relevant to planning, developing and managing institutional living environments for dependent adults.

Credit Hours: 4 Vector: 0-4-0 Prerequisites:

ENROLMENT AND SCHEDULING

Estimated Enrolment: 7 When will course first be offered: 96-1

How often will the course be offered: once per year

JUSTIFICATION: This course covers the essential literature on institutional living environments for dependent adults complimenting GERO 810-4. It is a required course for the Aging and Built Environment stream.

RESOURCES:

Which faculty member will normally teach the course: Dr. Gloria Gutman

What are the budgetary implications of mounting the course:
see proposal

- Appended: a) Outline of the course: attached
b) Indication of the competence of the faculty member to give the course: see Appendix X
c) Library resources: see proposal

APPROVED:

Dep't Grad. Studies Committee: [Signature]

Date: Jan 25/95

Faculty Grad. Studies Committee: [Signature]

Date: Jan 25 1995

Faculty: [Signature]

Date: 25 Jan 95

Senate Grad Studies Committee: [Signature]

Date: 26 Jan 95

Senate: _____

Date: _____

GERO 811-4: INSTITUTIONAL LIVING ENVIRONMENTS

Calendar Description

This course focusses on design issues, theory, research and policy relevant to planning, developing and managing institutional living environments for dependent adults. Topics include the range and characteristics of these settings and their residents; service elements; techniques for identifying need and demand; programming and design needs of special groups; and environmental evaluation measures.

Grading:

Student grades will be comprised of the following:

- 1) Seminar presentation(s) - 20%
- 2) Paper requirement - 40%
- 3) Final exam - 40%

Week by Week Outline:

1. INTRODUCTION

The Definition of Institutional Care
History of Institutional Care
Changes in the Health Care system
The Impact of Demographic Changes

2. ORGANIZATION OF INSTITUTIONAL LONG-TERM CARE

Federal, Provincial and Community Roles
Levels of Institutional Long-Term Care
Types of Long-Term Care Facilities
Provincial Comparisons

3. CHARACTERISTICS OF THE INSTITUTIONALIZED ELDERLY

A Comprehensive Demographic, Health and Functional Status Profile
Predictors of Admission
Placement Problems and Issues
Changing Levels of Disability

4. ENVIRONMENT AND AGING THEORY IN INSTITUTIONAL SETTINGS

Competence-Press and the Docility Hypothesis
Ecological and Behaviour Setting Theories
Stress, Control, Coping and Hyper-Habituation
The Phenomenology of Place and Place Transitions

5. EVALUATING INSTITUTIONAL SETTINGS

Post-Occupancy Evaluation
Cost Benefit and Cost Effectiveness Analysis
Relocation Effects

6. FUNCTIONAL, BEHAVIOURAL, PSYCHOLOGICAL AND SOCIAL PROGRAM DEFINITIONS

Adjustment/Adaptation
Independence
Control
Privacy
Safety and Security
Awareness and Orientation
Stimulation and Challenge
Social Interaction/Relationships with Family and Friends

Recreation and Exercise
Sexual Behaviour

7. DESIGN STRATEGIES: INTERIOR SPACES

Shared Spaces
Private Spaces
Spaces for Staff, Visitors and Volunteers
Spaces for Community Outreach Programs (e.g. adult day care)
Circulation Spaces and Patterns
Environmental Legibility
Orientation and Wayfinding

8. DESIGN STRATEGIES: EXTERNAL SPACES

Orientation and Wayfinding
Therapeutic Functions

9. FURNITURE, EQUIPMENT AND PRODUCTS

Responsiveness
Safety and Security
Monitoring Systems and Other New Technology

10. ACCOMMODATING SPECIAL NEEDS GROUPS

Younger Adults in Long-Term Care Facilities
Dementia Patients
Persons with Severe Sensory Impairment
Ethnic, Religious, Cultural Subgroups

11. KEY STEPS AND OPTIONS IN THE DEVELOPMENT PROCESS

Mission and Philosophy (including range of services to be offered, resident groupings and special populations to be served)
Development Size and Type (unilevel versus multilevel)
Site Analysis: The Neighborhood and Community Context
Supply and Demand Analysis
The Approval Process
Financial and Marketing Considerations

12. SOCIAL ,POLITICAL AND ECONOMIC FACTORS

Economics and Public Policy

Changing Family Systems

Social and Political Trends Influencing Institutional Needs
and Expectations

13. FUTURE DIRECTIONS FOR POLICY AND RESEARCH

Suggested Texts:

Selected readings in lieu of text

BIBLIOGRAPHY *

* Available from Senate Secretariat Services upon request

Master of Gerontology

SIMON FRASER UNIVERSITY

New Graduate Course Proposal Form

CALENDAR INFORMATION:

Department: GERONTOLOGY Course Number: 820-4

Title: Principles and Practices of Health Promotion

Description: This course is designed to cover and critically evaluate concepts, models and theories of health promotion and wellness in the aging population. These methods of implementation will be discussed in relation to individual and structural health system issues facing the aged.

Credit Hours: 4 Vector: 0-4-0 Prerequisites:

ENROLMENT AND SCHEDULING

Estimated Enrolment: 7 When will course first be offered: 95-3

How often will the course be offered: once per year

JUSTIFICATION: This course provides the student with a critical appraisal of concepts, theories and models of health promotion applied to an older population. GERO 820-4 is a required course for students in the Health Promotion and Aging concentration.

RESOURCES:

Which faculty member will normally teach the course: New CFL #1

What are the budgetary implications of mounting the course:
see proposal

- Appended: a) Outline of the course: attached
b) Indication of the competence of the faculty member to give the course: see Appendix X
c) Library resources: see proposal

APPROVED:

Dep't Grad. Studies Committee: [Signature]

Date: Jun 25/95

Faculty Grad. Studies Committee: [Signature]

Date: Jun 25 1995

Faculty: [Signature]

Date: 25 Jun 95

Senate Grad Studies Committee: [Signature]

Date: 25 Jun 95

Senate: _____

Date: _____

GERO 820-4: PRINCIPLES AND PRACTICES OF HEALTH PROMOTION

Calendar Description:

This course is designed to cover and critically evaluate concepts, models and theories of health promotion and wellness in the aging population. These methods of implementation will be discussed in relation to individual and structural health system issues facing the aged.

Grading:

Student grades will be comprised of the following:

- 1) Seminar presentation - 20%
- 2) Paper requirement - 40%
- 3) Final exam - 40%

Week by Week Outline:

1 CONCEPTIONS OF HEALTH AND HEALTH PROMOTION

What is Health Promotion?
Health Promotion and Disease Prevention
Medical and Social Models of Health
Wellness and Illness Models
Social & Personal Empowerment
Community Health
Measurement of Health
Chronic Versus Acute Health Problems

2. THE HEALTH BELIEF MODEL AND PREVENTATIVE HEALTH BEHAVIOUR

Origins of the Health Belief Model
Sick Role, Illness and Health Behaviour
Implications for Health Promotion
Contributions and Critique

3. CURRENT APPROACHES TO HEALTH PROMOTION

The Life-Style Perspective
Social Class and Life Chances - The Black Report
Self-Care, Mutual Aid, Healthy Environments - Lalonde, Epp
and the Ottawa Charter
Community and Empowerment Models

4. WELLNESS PROGRAMS

Developing Personal Skills
Growing Younger
Fully Alive
B.C. Wellness Programs

5. SUPPORTIVE ENVIRONMENTS AND GOOD HEALTH

Social Support Research
The Tenderloin Project
Peer Counselling Programs
Senior Volunteers
Accommodating Independence
Social Marketing Approaches

6. INDIVIDUAL AND SOCIAL EMPOWERMENT

Taking Control of Personal Health
Iatrogenic Illness Among Older Adults
Poverty and Health Promotion in Canada
Older Women and Health
Ethnic Elders and Health

7. CREATING AND SUSTAINING HEALTHY ENVIRONMENTS

Environmental Threats
Building Healthy Cities
Global Perspectives

8. ARTHRITIS AND CHRONIC DISEASE MANAGEMENT

9. MENTAL HEALTH, WELL-BEING AND STRESS MANAGEMENT

10. EXERCISE, FITNESS AND WELLNESS

11 ALTERING LIFE-STYLES AND PREVENTION

Nutrition and Dental Health
Alcohol, Smoking and Medication
Cardiovascular disease, Stroke & Hypertension
Prevention
Cancer Prevention and Education
Accident and Injury Control
Screening Programs

12. HEALTH PROMOTION IN LONG-TERM CARE

Challenges and Issues
Programs for the Cognitively Impaired
Designing Healthy Environments

13. HEALTHY PUBLIC POLICY

Prerequisites for Health
Income Support Policies
Housing Policies

Suggested Texts:

1. Heckheimer, E.F. (1989). Health promotion of the elderly in the community. New York: W. B. Saunders Company.
2. Fallcreek, S. & Mettler, M. (1984). A healthy old age: A sourcebook for health promotion with older adults, (rev ed.). New York: The Haworth Press.
3. Gutman, G. & Wister, A. (Eds.) (1994). Health promotion for older Canadians: Knowledge gaps and research needs. Vancouver: Gerontology Research Centre, Simon Fraser University.
4. Kane, R.L., Evans, J.G., & Macfadyen, D. (Eds.) (1990). Improving the health of older people. New York: Oxford University Press.

BIBLIOGRAPHY *

* Available from Senate Secretariat Services upon request

Master of Gerontology

SIMON FRASER UNIVERSITY

New Graduate Course Proposal Form

CALENDAR INFORMATION:

Department: GERONTOLOGY Course Number: 821-4

Title: Epidemiology of Aging

Description: This course is required for students in the Health Promotion and Aging stream. It examines epidemiological methods and approaches to the study of aging and the care of the aged. Students will survey and critically evaluate current epidemiological literature addressing health and health care issues associated with individual and population aging.

Credit Hours: 4 **Vector:** 0-4-0 **Prerequisites:**

ENROLMENT AND SCHEDULING

Estimated Enrolment: 7 **When will course first be offered:** 96-1

How often will the course be offered: once per year

JUSTIFICATION: This is a required course for students in the Health Promotion and Aging stream. It provides students with an understanding of aging from an epidemiological perspective.

RESOURCES:

Which faculty member will normally teach the course: New CFL #1

What are the budgetary implications of mounting the course:
see proposal

- Appended:** a) Outline of the course: attached
- b) Indication of the competence of the faculty member to give the course: see Appendix X
- c) Library resources: see proposal

APPROVED:

Dep't Grad. Studies Committee: <u>[Signature]</u>	Date: <u>Jan 25/95</u>
Faculty Grad. Studies Committee: <u>[Signature]</u>	Date: <u>Jan 25, 1995</u>
Faculty: <u>[Signature]</u>	Date: <u>25 Jan 95</u>
Senate Grad Studies Committee: <u>[Signature]</u>	Date: <u>26 Jan 1995</u>
Senate: _____	Date: _____

GERO 821-4: EPIDEMIOLOGY OF AGING

Calendar Description:

This course will examine epidemiological methods and approaches to the study of aging and the care of the aged. Students will survey and critically evaluate current epidemiological literature addressing health and health care issues associated with individual and population aging.

Grading:

Student grades will be comprised of the following:

- 1) Seminar presentation(s) - 20%
- 2) Paper requirement - 40%
- 3) Final exam - 40%

Week by Week Outline:

1. THE GOALS OF EPIDEMIOLOGY
2. EPIDEMIOLOGICAL METHODS
3. CONCEPTUALIZATION AND MEASUREMENT OF HEALTH STATUS
4. ANALYSIS OF AGE-RELATED HEALTH TRENDS
- 5/6 DETERMINANTS OF HEALTH RISK FOR THE ELDERLY
7. DETERMINANTS OF HEALTH CARE UTILIZATION BY THE ELDERLY
8. APPLICATION OF EPISTEMOLOGY TO HEALTH SERVICES ISSUES
9. NEEDS ASSESSMENT AND HEALTH PLANNING
10. EVALUATION OF SCREENING PROGRAMS
11. EVALUATION OF THE QUALITY OF HEALTH
12. ECONOMIC ANALYSIS OF HEALTH PROGRAMS
13. EPISTEMOLOGY AND HEALTH POLICY

Suggested Text:

1. Brody, J.A. & Maddox, G.L. (Eds.) (1988). Epidemiology and aging: An international perspective. New York: Springer Publishing.

BIBLIOGRAPHY *

* Available from Senate Secretariat Services upon request

Master of Gerontology

SIMON FRASER UNIVERSITY

New Graduate Course Proposal Form

CALENDAR INFORMATION:

Department: GERONTOLOGY Course Number: 830-4

Title: Human Factors, Technology, and Safety

Description: This course covers theoretical, research and industry literature pertaining to designing home, work, institutional, and public environments that are ergonomically functional, safe, and satisfying to the older adult.

Credit Hours: 4 Vector: 0-4-0 Prerequisites:

ENROLMENT AND SCHEDULING

Estimated Enrolment: 7 When will course first be offered: 96-2

How often will the course be offered: once per year

JUSTIFICATION: As an elective course, GERO 830-4 will provide students with essential knowledge regarding the relationship between aging, personal functioning and environmental design.

RESOURCES:

Which faculty member will normally teach the course: Dr. J. Watzke

What are the budgetary implications of mounting the course:
see proposal

- Appended: a) Outline of the course: attached
b) Indication of the competence of the faculty member to give the course: see Appendix X
c) Library resources: see proposal

APPROVED:

Dep't Grad. Studies Committee: *Charles Watzke*

Date: *Jan 25/95*

Faculty Grad. Studies Committee: *R. Roberts*

Date: *Jan 25, 1995*

Faculty: *[Signature]*

Date: *25 Jan 95*

Senate Grad Studies Committee: *[Signature]*

Date: *26 Jan 95*

Senate: _____

Date: _____

GERO 830-4: HUMAN FACTORS, TECHNOLOGY AND SAFETY

This course covers theoretical, research, and trade literature pertaining to designing home, work, institutional, and public environments that are ergonomically functional, safe, and satisfying to the older adult. The role "technology" can play toward achieving these goals will also be addressed.

Grading:

Student grades will be comprised of the following:

- 1) Seminar presentation(s) - 20%
- 2) Paper requirement - 40%
- 3) Final exam - 40%

Week by Week Outline:

1. INTRODUCTION TO THE FIELD OF HUMAN FACTORS AND AGING

History
Topics
Research

2. SENIORS' SPECIAL DESIGN AND SAFETY NEEDS

Anthropometrics
Age-Related Losses
Risk Perception
Attitudes Toward Technology

3. SAFETY IN THE HOME

Falls
Burns/Scalds
Medication Intake Errors
Consumer Product Safety

4. HUMAN FACTORS IN THE HOME

Accessible/Barrier Free Design
Kitchens & Bathrooms: The Critical Spaces
Stairs

5. HOME TECHNOLOGIES THAT MAY ENHANCE FUNCTION AND INDEPENDENCE

Personal Emergency Response Systems
Home Automation and Environmental Control Devices
Home Health Monitoring Devices
Traditional Aids (walkers, hearing aids, etc.)

6. SAFETY AND THE OLDER WORKER

Accident Rates
Productivity
High vs. Low Risk Occupations

7. THE AUTOMATED WORK ENVIRONMENT

Cognitive Demands
Manufacturing Environments
Personal Computers

8. SAFETY IN LONG TERM CARE FACILITIES

Falls
Autonomy vs. Safety
Physical Restraints
Wandering

9. ERGONOMICS, DESIGN, AND TECHNOLOGY IN LONG TERM CARE FACILITIES

Lighting, Flooring, Colors, Signage, Seating
Staff vs. Resident vs. Management's Needs
Resident Location Monitoring Technologies
Designing for Dementia

10. HUMAN FACTORS AND TRANSPORTATION

Automobiles and the Older Driver
Public Transit
Special Needs Vehicles

11. DESIGNING FUNCTIONAL PUBLIC SPACES

Environmental Cognition for Older Adults
Amenity/Service Environments

12. TECHNOLOGY AND THE FUTURE

Information Management Technologies
Home Technologies, including Robots
Medical/Health Devices

13. STUDENT PRESENTATIONS OF AN ASSESSMENT OF AN ENVIRONMENT OR TECHNOLOGY RELEVANT TO A COURSE TOPIC

Suggested Texts:

1. Office of Technology Assessment. (1985). Technology and aging in America. Washington, DC. U.S. Congress, Office of Technology Assessment, OTA-BA-264.
2. Czaja, S.J. (Ed.) (1990). Human factors research for an aging population. Washington D.C: National Academy Press.

3. Christenson, M.A. (1990). Aging in the designed environment.
New York: Haworth Press.

BIBLIOGRAPHY*

* Available from Senate Secretariat Services upon request

Master of Gerontology
SIMON FRASER UNIVERSITY

New Graduate Course Proposal Form

CALENDAR INFORMATION:

Department: GERONTOLOGY Course Number: 889-4

Title: Directed Studies

Description: This course consists of supervised readings in a particular field of specialization relevant to the selected area of concentration.

Credit Hours: 4 Vector: 0-4-0 Prerequisites:

ENROLMENT AND SCHEDULING

Estimated Enrolment: 1 or 2 When will course first be offered: 95-3

How often will the course be offered: by arrangement

JUSTIFICATION: This course allows students to focus their study on a specific area relevant to their stream.

RESOURCES:

Which faculty member will normally teach the course:

What are the budgetary implications of mounting the course:
see proposal

- Appended: a) Outline of the course: not applicable
b) Indication of the competence of the faculty member to give the course: see Appendix X
c) Library resources: see proposal

APPROVED:

Dep't Grad. Studies Committee: [Signature]

Date: Jan 25/95

Faculty Grad. Studies Committee: [Signature]

Date: Jan 25, 1995

Faculty: [Signature]

Date: 25 Jan 95

Senate Grad Studies Committee: [Signature]

Date: 26 Jan 1995

Senate: _____

Date: _____

SIMON FRASER UNIVERSITY

New Graduate Course Proposal Form

CALENDAR INFORMATION:

Department: GERONTOLOGY Course Number: 898

Title: Project

Description: see proposal

Credit Hours: Vector: Prerequisites:

ENROLMENT AND SCHEDULING

Estimated Enrolment: When will course first be offered: 95-3

How often will the course be offered: by arrangement

JUSTIFICATION: see proposal

RESOURCES:

Which faculty member will normally teach the course:

What are the budgetary implications of mounting the course:
see proposal

- Appended: a) Outline of the course:
b) Indication of the competence of the faculty member to
give the course: see Appendix X
c) Library resources: see proposal

APPROVED:

Dep't Grad. Studies Committee: [Signature]

Date: Jan 25/95
Jan 28, 1995

Faculty Grad. Studies Committee: [Signature]
Date: _____

Faculty: [Signature]

Date: 25 Jan 95

Senate Grad Studies Committee: [Signature]

Date: _____

Senate: _____

Date: _____

SIMON FRASER UNIVERSITY

New Graduate Course Proposal Form

CALENDAR INFORMATION:

Department: GERONTOLOGY Course Number: 899

Title: Thesis

Description: see proposal

Credit Hours: Vector: Prerequisites:

ENROLMENT AND SCHEDULING

Estimated Enrolment: When will course first be offered: 95-3

How often will the course be offered: by arrangement

JUSTIFICATION: see proposal

RESOURCES:

Which faculty member will normally teach the course:

What are the budgetary implications of mounting the course:
see proposal

- Appended: a) Outline of the course:
- b) Indication of the competence of the faculty member to give the course: see Appendix X
- c) Library resources: see proposal

APPROVED:

Dep't Grad. Studies Committee: [Signature]

Date: Jan 25/95

Faculty Grad. Studies Committee: [Signature]
Date: _____

Jan 25, 1995

Faculty: [Signature]

Date: 25 Jan 95

Senate Grad Studies Committee: [Signature]

Date: 25 Jan 1995

Senate: _____

Date: _____



APPENDIX XI

MEMORANDUM

W.A.C. Bennett Library, Simon Fraser University
Burnaby, British Columbia, Canada V5A 1S6

Date: 21 December, 1994

From: Ralph Stanton (Collections Management Librarian)

To: Andrew Wister, Gerontology (5044)

Re: Amendment to Library Evaluation of M.A. in
Gerontology (original document of March 8, 1993)

I have received your memo of December 15, 1994 describing the changes to the M.A. programme. I accept your proposal to reduce the costs associated with this programme by one-third with the exception of the recurring monograph purchases. In the case of recurring monographs we took a very conservative approach and I think we should stick with the original figure of 30 more volumes a year.

The revised costs now look like this:

COST SUMMARY

Non-recurring:

Monographs, reading list gaps	\$3,328
Monographs, added copies	\$1,175
Monographs, peer group gaps	\$7,460
Serials, Backfiles	\$6,890

Total non-recurring costs **\$18,853**

Recurring costs:

Monographs	\$1,762
Serials	\$3,445

Total recurring costs **\$5,207**



c.c. Sharon Thomas, Library Collections Management