



# IMPACTING SENIORS' HEALTH

THE VALUE OF AGING-RELATED RESEARCH  
IN SASKATCHEWAN

# WHO IS SHRF?

Saskatchewan Health Research Foundation (SHRF) is a provincial agency that provides the funding necessary to fuel a vibrant culture of health research and innovation for a stronger Saskatchewan. SHRF invests in high-quality health research through research grants and award opportunities, and measures and promotes the impact this research has on local and global health.



## ACKNOWLEDGEMENTS

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Thank you to Innovation  
Saskatchewan and the  
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***This publication is dedicated to patients, health professionals, organizations, clinicians and researchers working to improve seniors' health.***

## HOW SHRF AND HEALTH RESEARCHERS WORK TO MAKE AN IMPACT

As Saskatchewan faces the complex challenges presented by an aging population, researchers across the province are working to enhance disease prevention and improve the quality of life of older adults.

SHRF leads the way in measuring and evaluating the impact of health research in Saskatchewan. This publication is intended to create awareness of aging-related health research and demonstrate the impact of SHRF's investments in the research community.



## WHAT AN AGING POPULATION MEANS FOR SASKATCHEWAN

**It has been predicted that a grey tsunami will soon overwhelm the health care system in Canada. Canada's aging baby boomer population will eventually lead to a doubling of seniors over the age of 65 – 10 million in 20 years or approximately 25 per cent of the population. In Saskatchewan, the main body of baby boomers, born in 1952 and later, will move into this age group starting a decade from now.**

Statistics Canada reports that Saskatchewan's percentage of those aged 65+ in the population reached 15 per cent in 2006. With continued immigration and interprovincial migration trends, this percentage is forecast to continue at least in the short term.

As we age, increasing disabilities and chronic conditions are likely. The challenge is successful management of the condition to stop or slow deterioration to more severe disease and, in doing so, reduce costlier and riskier interventions. The important questions are: What are the causes? Can they be delayed? Can quality of life be improved in the end years of life?

However, aging is not only about medical interventions. Important social factors also affect the health of older adults.

Functional abilities, such as mobility and cognition, generally decline with older age. This can affect social interaction, leading to social isolation. Declining functional

ability can also place a large burden on caregivers, usually spouses and other relatives. Supportive care – from housing and mobility aids, to functional assistance and social interaction – is as important in the quality of life of older adults as medical care.

So how do we address the issues facing the health of an older population? One answer is through health research and innovation. SHRF-funded researchers in Saskatchewan are already making breakthroughs in health research focused on seniors and aging health. SHRF's investments help attract and retain top researchers and clinicians that contribute to the world-class research and health care environments in Saskatchewan, producing the knowledge that will make a difference to our aging population.

As health care costs continue to increase, there is concerted effort underway to better connect discoveries in health research to improvements in population health. Health research funders are looking for better ways to demonstrate accountability and return on investment to ensure that funded research is relevant to the challenges faced by policy makers and practitioners, and most importantly, the aging population.



# HOW DO WE KNOW RESEARCH MAKES A DIFFERENCE?

Measuring the impact of health research is a complex challenge. For example, there is a time lag between the end of a research project and when the impact of that research can be observed and measured. SHRF is constantly examining new ways to measure and communicate these impacts in order to provide an accurate account of the return on provincial investments in health research.

**To make sense of the issues, SHRF worked with the National Alliance of Provincial Health Research Organizations (NAPHRO) and the CAHS to develop a framework that measures returns on investment in health research. Through this framework, the impacts of health research can be tracked using indicators in five categories:**

- 1. Research Capacity** – this includes personnel, infrastructure and additional research funding
- 2. Advancing Knowledge** – this includes research quality, activity and outreach
- 3. Informing Decision-Making** – this is the pathway from research to health outcomes
- 4. Health Impacts** – this includes health status, determinants of health and health system change
- 5. Broad Economic and Social Impacts** – this includes activity, commercialization, health and social benefits

The Canadian Academy of Health Sciences (CAHS) framework shows how capacity in research produces knowledge that can lead to better decision-making, improvements to overall healthcare, and economic and social benefits. In addition, the framework demonstrates how the impacts of research can influence future research.

The framework can measure outcomes whether they are quantitative (numerical) or qualitative (stories). It also recognizes the role of community input in all aspects of health research – from topic selection through design, data gathering, analysis and “knowledge translation”, which is the process of moving research from the laboratory into the hands of the people that can put it to practical use.

This publication is part of the work that SHRF does to share the stories of health research that impact the people of Saskatchewan. The voices of researchers and communities will echo throughout in a series of case studies, stories and institutional profiles – though together, they present only a glimpse at the aging-related research environment and the multitudes of people contributing to the health of our aging population.



## COMMUNITY SUPPORT FOR RESEARCH: PROMOTING POSITIVE AGING

Community-based organizations play a key role in the health of society. In the face of an aging population, a community organization that supports quality of life and promotes dignity, health and independence of aging adults becomes an integral part of the picture. Celebrating 25 years, the Saskatoon Council on Aging (SCOA) is a community-based, non-profit organization that helps build the community's capacity to support older adults to age in a healthy way. The volunteer-driven organization is committed to developing programs and services that promote positive aging in the community.

"When we talk about positive aging, we're talking about older adults placed in the community and their health and well-being coupled together," says Shan Landry, SCOA Board member. "People are living longer so there is a need to enable environments to be more accessible."

Age Friendly Saskatoon is one example of an initiative brought to fruition by older adults and evidence from research to influence change in the community. This multiyear project is aimed at establishing Saskatoon as an "age-friendly" community where older adults can lead healthy independent lives and are active and engaged members of the community.



**"SCOA designs its programs and services based on input from individuals, but also from what research tells us," says Landry, "such as the importance of physical activity to maintain health."**

"SCOA designs its programs and services based on input from individuals, but also from what research tells us," says Landry, "such as the importance of physical activity to maintain health."

Tapping into research and other programs developed through research, such as In Motion and Seniors In Motion, aids in accomplishing the goals of the organization. Although those involved with the SCOA are not researchers themselves, they do place priority on fostering research that investigates what is being done or should be done in the community, and other communities, to help improve the quality of life of older adults. SCOA helps broadcast and advocate for the results that research provides, and they use this research and evidence to advocate to the government for more focus on age-friendly services and representation when it comes to developing policies and strategies at a provincial level. SCOA often writes letters of support for research proposals and they play a role in shaping how research questions are asked.

The voice of older adults is critical in aging-related research and engaging organizations like SCOA can provide that. Part of ensuring older adults' quality of life and staying healthy has to do with actively engaging them in what makes a difference in their own health. SCOA believes that older adults should not just be research subjects; rather they should be active participants in the research itself.

In our society, we tend to medicalize aging and older adults are seen as needing to be cared for rather than as an integral part of the community. However, engaging seniors brings a richness to the community and richness to the results of a research area that has significant impacts to our population as a whole.

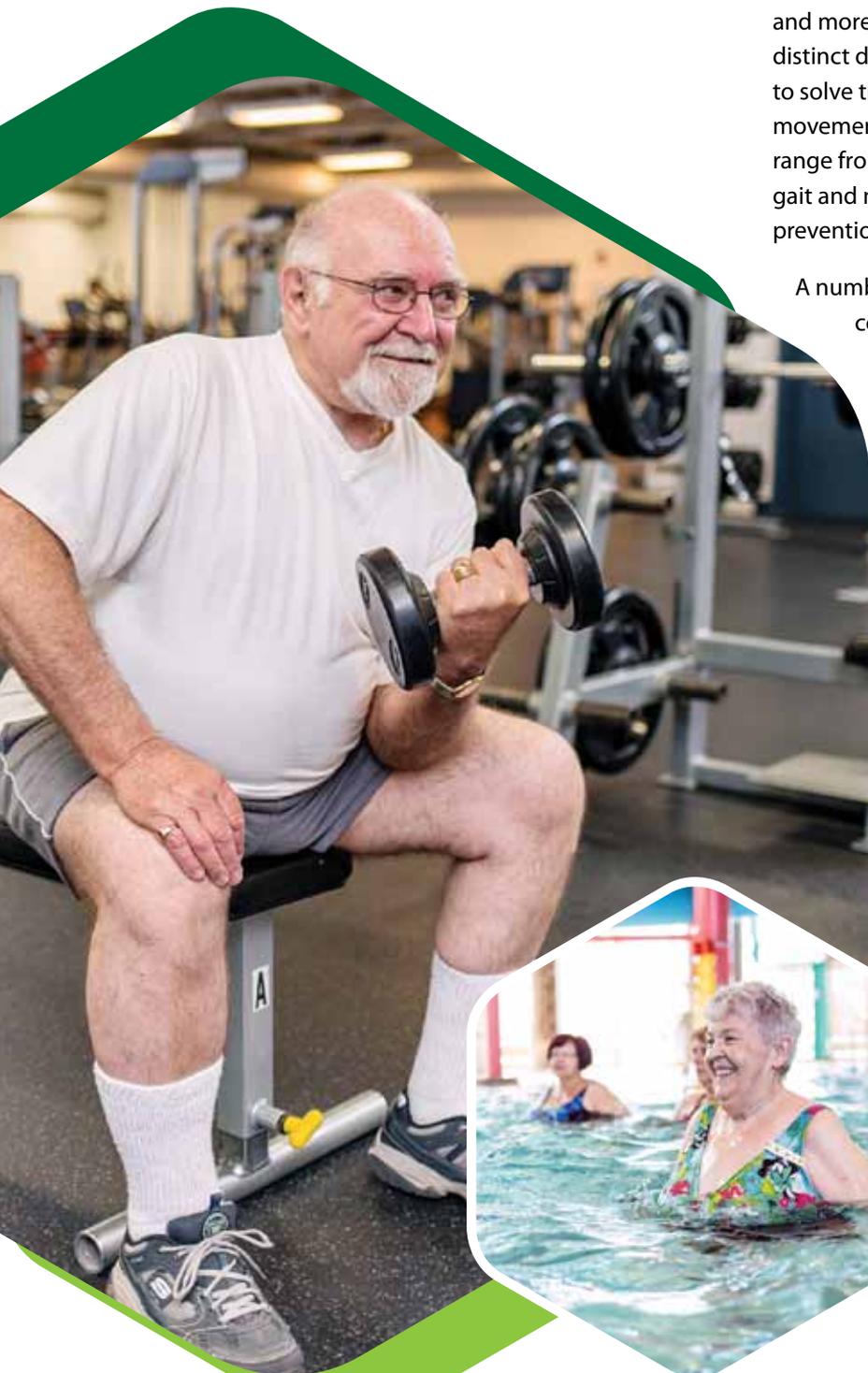
UNIVERSITY OF SASKATCHEWAN  
**COLLEGE OF**  
**KINESIOLOGY**

If you look at a university, you will see students, professors, classrooms and buildings. If you take a second look you will see researchers, lab space, research tools and instruments.

Within the College of Kinesiology at the University of Saskatchewan (U of S), you will see all of these things and more. What you do not see is how several seemingly distinct disciplines within one college work as a unit to solve the complex challenges that concern human movement and physical activity. These areas of study range from the physical development of children to the gait and motor performance of the disabled, and the prevention of and rehabilitation from chronic diseases.

A number of researchers within the college have a common interest in helping older adults thrive as they age. These researchers have played an important role when it comes to the development and evaluation of key health promotion and disease prevention initiatives and programs for practitioners and the health system. The issues related to health care for the rapidly growing older adult population are not necessarily new. However, it is the increasing demand for care that is new. One solution to this demand is prevention. Research, especially in the area of prevention of disease and disability, plays a foundational role in the creation and adoption of best strategies and practices to help counter the rapidly growing burden of health care associated with an older adult population that is living longer.

If prevention is done well, its effects will be observed in reduced incidence of disease and dysfunction. In the long run, this provides a reduction in health care costs for the individual older adult. It may also help to “brake” the increase in the number of older people needing costly health care later in their lives.



*Photos courtesy of City of Saskatoon*

# RESEARCH VISION

The College's research vision is sustained research excellence.

How researchers achieve excellence in the area of aging-related research is by:

**Building interdisciplinary collaborations within the college and between other colleges on campus**

Capitalizing on the complementary nature of the areas of expertise within the College and across the University of Saskatchewan campus helps expand knowledge and understanding of the issues facing older adults.

**Fostering a team approach that includes students, colleagues and community partners**

Researchers, students and community members first come together to conduct the research and then disseminate results to clinicians and others working in the community with older adults. This gets the knowledge directly into the hands of the users.

**Providing an environment that results in highly qualified trainees for the non-academic world**

State-of-the-art infrastructure, such as laboratories and equipment, and a wealth of mentors with diverse backgrounds means that students and trainees receive education and develop interdisciplinary skills that provide background to pursue a range of career paths that may serve the older adult population. For example, these encompass human health perspectives concerning promotion, disease prevention and therapy, sport and recreation.

**Focusing on older adults' health promotion and disease prevention through the unique vehicle of movement and physical activity**



## SELECT RESEARCHER PROFILES



### DR. LARRY BRAWLEY

During his previous research career at the University of Waterloo, Dr. Brawley examined exercise interventions for people in cardiac rehabilitation, and for sedentary,

but healthy older adults. For effective

prevention and therapy, exercise requires

ongoing adherence. His work with colleagues in the United States launched an intervention model that helped older adults self-manage exercise and maintain health and function gains after intervention completion. This research focused on enhancing adherence to exercise by improving older adults' self-management skills.

In coming to the U of S as a Canada Research Chair (CRC), he and his colleagues extended their intervention model research to populations such as frail, obese, older adults with cardiovascular risk, spinal cord injury, and multiple sclerosis. With Dr. Nancy Gyurcsik, his research has also examined psychological factors motivating older individuals with arthritis to exercise. As a CRC, he trains and mentors the next generation of talented researchers in aging and physical activity.

*"Whether you use physical activity as a prevention or exercise therapy tool, it requires regular adherence," says Dr. Brawley. "One of my goals is to show, across many fields, that physical activity is one of the best non-pharmacological treatments to address the health ills facing the increasingly larger population of older adults living longer but not necessarily better."*



### DR. JON FARTHING

Dr. Farthing's interests in aging research developed as a graduate student studying exercise physiology strength training adaptations. One effect that

interested him was cross-education —

by training one arm or one leg, performance gains can "transfer" to the opposite untrained limb.

He saw the applications of this effect to rehabilitation from a stroke or another unilateral injury such as a wrist fracture. These are injuries that often affect older adults.

*"My dream would be that if you have a unilateral injury or neurological impairment affecting one side of the body, it would be part of standard care, that you would be prescribed training on the opposite limb," says Dr. Farthing.*



### DR. PHIL CHILIBECK

Dr. Chilibeck originally became interested in research on aging as a master's student studying strength training interventions and how they affected performance and

health. He became interested in the

then-new technology to assess bone density.

He applied his knowledge of the benefits of strength training, measuring its impact on bone strength. His recent focus has been using novel nutritional supplements in addition to exercise programs to improve bone health in older adults.

*"If we can optimize exercise programs and optimize nutrition in the prevention of fractures in older adults," says Dr. Chilibeck, "and if we can make older adults independent and mobile in their last ten years of life, it's going to have a lot less of a cost on the health care system in the long run."*



### DR. NANCY GYURCSIK

Dr. Gyurcsik began her research program as a professor after her graduate studies examining psychological factors that help those with chronic pain stick with

exercise. Her early research program

focused on people living with arthritis, but

has evolved to include people living with chronic pain from all types of chronic disease. She also works with exercise specialists to promote the delivery of effective programs that teach people with pain to not only begin exercise, but to stick with it over time.

*"The goal of our research is to help people with chronic pain live well," says Dr. Gyurcsik. "This can be accomplished through our psychological skills research and integrating it into some type of exercise program where health care providers refer patients to programs offered by exercise specialists trained in knowing how to teach these adherence-promoting skills."*



### DR. SAIJA KONTULAINEN

Dr. Kontulainen first became interested in her current research as an exchange student in the Netherlands, taking a course in medicine about aging that explored osteoporosis and related therapies, including physical activity. She continued this research in her graduate training and now investigates how and why bones become fragile. She uses and develops advanced imaging techniques which capture changes in the aging skeleton.

*“Some of these new imaging techniques are helping to see bone micro architecture, and that’s something very novel as it helps estimating bone strength better than measures of bone mass or density alone,” says Dr. Kontulainen. “So we’re looking at what factors can prevent bone deterioration in the aging skeleton, particularly for post-menopausal women who are those who suffer most of the fractures. We are looking at the role of the muscle and strengthening the muscle in terms of maintaining bone strength or preventing bone fragility development.”*

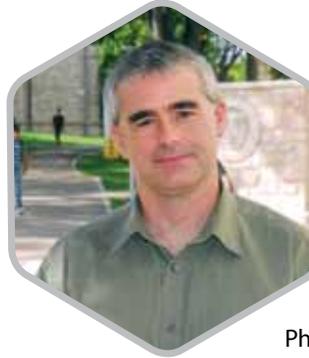


### DR. ALISON OATES

Dr. Oates’ interest in balance control and older adults started in her undergraduate experiences at the University of Waterloo. Her interest in balance continued to develop during her graduate studies and postdoctoral fellowship where she examined dynamic balance control in individuals with Parkinson’s disease and stroke. Dr. Oates’ current research in older adults looks at how adding sensory information in the form of light touch may improve balance during walking to help prevent falls. She is also interested in how balance is assessed to understand how best to capture balance impairments and subsequently use this information to enhance fall prevention efforts.

*“If we can take advantage of existing sensory capabilities, we may be able to improve balance control in older adults. Adding sensory information by lightly touching a railing, or another object such as a cane, provides more awareness of where someone is in space, making them a little more stable,” says Dr. Oates.*

*“It is also important to use comprehensive measures of balance. The most commonly used tools do not assess balance components that are key for fall prevention. Understanding what tools are used and why they are used to assess balance will advance knowledge translation activities designed to improve balance assessment and fall prevention efforts.”*



### DR. JOEL LANOVAZ

Dr. Lanovaz was first involved in aging-related research in his graduate studies looking at knee replacements. In collaboration with the School of Physical Therapy, he is now studying the biomechanical determinants of fall and injury risk in older adults. This has led to the development of a novel training program focused on fall-related injury mitigation by increasing the capacity of older adults to prevent injury in the occurrence of an unavoidable fall.

*“Ideally I’d like to see not only a reduction in falls, but a reduction in injury due to falls by optimizing training in preventative measures such as exercises and activities that improve bone strength,” says Dr. Lanovaz. “Effective prevention happens when different types of research come together in a comprehensive way.”*



### DR. COREY TOMCZAK

Dr. Tomczak began working with older adults in graduate school, studying the physiology of heart function during exercise in people with heart failure. Heart failure is a condition mostly observed among older adults that usually follows a heart attack. His recent work, funded by SHRF and the Heart and Stroke Foundation, has focused on preventing heart failure as a consequence of a heart attack through cardiac rehabilitation.

One intention of his research is to inform clinical updates to guidelines for the care and treatment of patients following a heart attack by working with the Canadian Association of Cardiovascular Prevention and Rehabilitation and the Canadian Cardiovascular Society.

*“Updating the guidelines changes the landscape of how people are served with post-heart attack rehabilitation,” says Dr. Tomczak. “There is evidence that the sooner a patient is referred to and starts a cardiac rehabilitation program, the better the outcomes in terms of remodelling of the heart and adherence to an exercise program. This will not only save lives, but it has incredible cost savings implications to the health care system in terms of hospital readmission.”*



## RESEARCH FOR PREVENTION

### CARDIAC REHABILITATION AND ADHERENCE

Through collaboration with College of Kinesiology researchers, Dr. Corey Tomczak and Dr. Larry Brawley, cardiac rehabilitation graduates are gaining additional benefits. The researchers are helping these older adults by working toward two major research-to-practice goals. The first is to enhance older adults' self-management of their exercise so they become independent exercisers who stick with this lifestyle change and maintain lower risk of a future heart problem. The second is to evaluate the heart function and physiological benefits of different start times to cardiac rehabilitation programs to help inform national guidelines for care and treatment following a heart attack.

"Our goal, when people come into cardiac rehabilitation, is to enhance their ability to regulate their own exercise. In other words, we want our clients to feel confident that they can manage their exercise safely and effectively for their own reasons."

– **Dylan Chipperfield, Manager, Department of Chronic Disease Management and the LiveWell Cardiac Program, Saskatoon Health Region**

### FALLS PREVENTION

Using research, led by Dr. Joel Lanovaz and Dr. Cathy Arnold, a new prevention method was introduced to the community falls prevention program sponsored by the Saskatoon Health Region. Fall Arrest Strategy Training (FAST) is a way of either stopping the fall or, if the fall is unavoidable, changing the level of injury that occurs. With a focus on education and exercise, the training has been successfully delivered through the Saskatoon Health Region's Staying On Your Feet program in conjunction with Forever...In Motion programs.

"Time and time again I was able to prove that the program is successful in reducing falls and also maintaining that fall reduction in older adults because we're also working on improving bone health and strength and mobility. So even if they do have an injury, perhaps the injury is not so severe, reducing visits to the emergency department and shortening recovery time."

– **Joanne Walker Johnston, recently retired Senior Physical Therapist, Saskatoon Health Region**



## COMMUNITY SUPPORT FOR RESEARCH: A HELPFUL TOOL

Current health challenges the research enterprise is trying to address are too big and too complex to be solved by researchers working in silos. Good research requires the combined efforts of many good scientists. It also requires the ability to involve non-academics in the research process, providing an optimum environment to translate and implement new knowledge.

Researchers have played an important role when it comes to the development and evaluation of key programs in the health regions and community. As David Chipperfield, manager of the Department of Chronic Disease Management explains “We are very open and receptive to playing as much of a role as possible in supporting research that aligns with the work the health region is doing.”

Research is a tool that is used to collect the numbers and data needed to speak to the value of a program and it provides the means for continuous improvement. “You always need to prove the impact of a program when there is so much financial demand for programs and services within the health region,” says Joanne Walker Johnston who recently retired from the Saskatoon Health Region where she was a senior physical therapist running the community Falls Prevention Program. “This information gathered from the research is then able to be brought to senior leadership to find and secure that support for something that is working.”

“Typically speaking, in all the work we do, we do in every way possible use research as the argument to put forward why we’re seeking change,” says Gail Boehme, Executive Director of the All Nations’ Healing Hospital and File Hills Qu’Appelle Health Services.

Without extensive research training, managers of community programs often rely on researchers to provide that insight. What guides practices in health care are based off of the best quality of evidence at the time. This evidence is published or presented at conferences, nationally and provincially, and even sometimes at local lunch-and-learns. This evidence provides a standard to be accountable to.

**“What’s changing the face of health care is research,” says Walker Johnston. “Our health care system is realizing the importance of prevention work and what needs to be done outside of the hospital and in the community. The biggest population that needs these kinds of prevention programs is our aging population.”**

“We try to give our patients the best care possible and research helps us identify what are the proven ways to do that,” says Chipperfield. “It’s really important to keep the patient front and centre. And whether that’s in the design stages of the research study or the implementation stages, that’s what keeps the research questions relevant.”

“We certainly need acute care facilities and physicians – they play an important role in health delivery,” says Linda Restau, Director of Continuing Care and Rehabilitation, Ministry of Saskatchewan. “But it would be great to know how to educate the public – and empower them so they are more aware of how to maintain the best health status that they are able to. To assist them in self-managing their care as much as possible.”

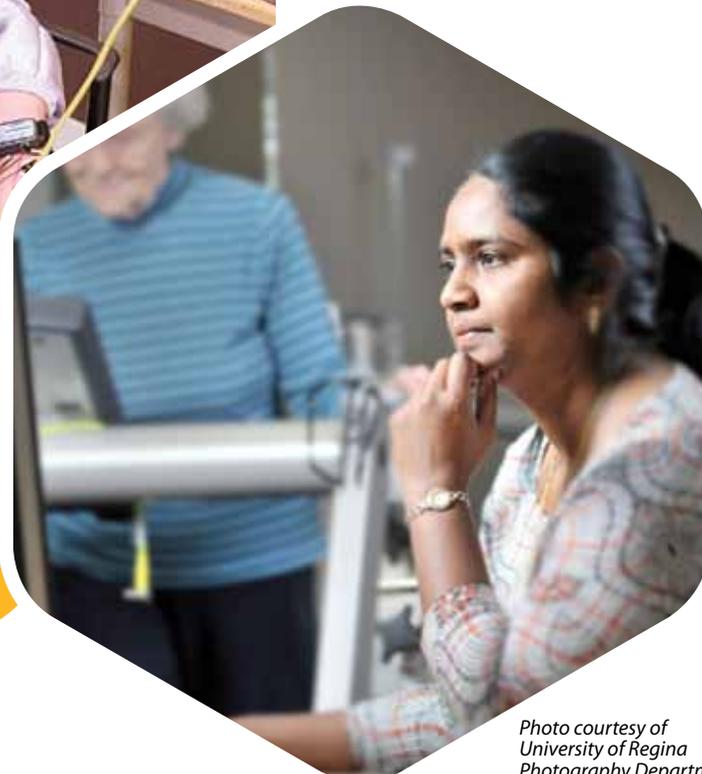
The area of health and aging is an important one and it’s one that is only going to become more important as the community demographic ages. The issues that are being presented in health care right now are not new; it is the pressure due to demand that is new. Research, especially in the area of prevention, can play a role in adopting concrete strategies to mitigate this new demand.

UNIVERSITY OF REGINA  
**CENTRE ON  
AGING AND HEALTH**

Did you know Saskatchewan has a centre focused specifically on gerontology research?

Launched in 2003, the Centre on Aging and Health (CAH) at the University of Regina stimulates research relevant to the aging population that is interdisciplinary in nature and encourages the collaboration of world-class investigators. The CAH has a membership that includes a network of aging and health researchers, professionals and trainees. Their efforts benefit community organizations, as well as health regions and policy makers.

The centre is also a place that supports education for graduate students and community outreach. The CAH helps share the impact of the aging-related research that is happening in the province through a public newsletter, public presentations, online and through other events held throughout the year, such as Brain Awareness Week. But perhaps the most significant value of the centre is the impact that the work has on the people of Saskatchewan who benefit because of the research being done.



*Photo courtesy of  
University of Regina  
Photography Department*

## RESEARCH VISION

Four research clusters help define the direction and outcomes of aging-related research at the CAH. These include:

### **Aboriginal Health and Aging**

Enabling and guiding culturally competent research that will benefit Aboriginal communities, focusing on improving possibilities for holistic aging and health by supporting the implementation of traditional Aboriginal best health practices

### **Musculoskeletal Health and Mobility**

Focusing research efforts towards healthy aging and mobility, particularly as it relates to movement, exercise, recreation, nutrition and fall prevention

### **Pain in Old Age**

Internationally renowned for developing and validating innovative approaches to the pain assessment of older persons who present with dementias and serious limitations in ability to communicate

### **Personhood and Resilience in Senior Care**

Focusing on health providers' beliefs about personhood in advanced dementia and how these beliefs affect care and quality of life of patients with dementia



## SELECT RESEARCHER PROFILES



### DR. JOHN BARDEN

FACULTY OF KINESIOLOGY AND HEALTH STUDIES

Dr. Barden has been conducting research on human locomotion, specifically gait, for the last 30 years. He became interested in aging research as he learned more about how gait can become compromised later on in life and how it can impact an individual's health and quality of life. His current research focus is on the use of body-worn sensors and mobile technology (smartphone applications) to conduct clinical assessments of pathological gait, specifically gait variability in conditions such as knee osteoarthritis, multiple sclerosis and Parkinson's disease.

*"The technology we've developed has many applications," says Dr. Barden. "As things progress, I hope to see it used as a clinical tool so that physicians and therapists can monitor mobility in a more systematic way and see what is making the difference when it comes to mobility improvement."*



### DR. DARREN CANDOW

FACULTY OF KINESIOLOGY AND HEALTH STUDIES

Dr. Candow became involved in aging research by investigating the effects of nutrition and exercise on muscle and bone biology. He found that older adults were better subjects for this work because the deterioration of the body with aging makes it easier to measure effects of interventions than in younger adults. He now studies the combination of nutritional interventions, primarily creatine, with exercises on aging muscle and bone health.

*"Looking at individuals past the age of 49, we seem to see the greatest response when researching positive interventions," says Dr. Candow. "So we can potentially alleviate health care costs and improve functionality and the ability to perform activities of daily living for older adults."*



### DR. CARRIE BOURASSA

HEALTH SCIENCES NORTH RESEARCH INSTITUTE

Dr. Bourassa got involved in aging research by working with Dr. Mary Hampton on end-of-life care and palliative care work.

She continues to work in that area with Indigenous communities in Saskatchewan and, more recently, Northern Ontario with her new position as Chair in Northern and Indigenous Health. Her recent focus has been on pathways to cultural safety in the health care system for Indigenous people while dealing with such issues as dementia. Her research focus is driven by community needs and interests.

*"We don't have a lot of data in terms of dementia care for Indigenous people. We know that the data we have points to the fact that more men have dementia, that it occurs in younger Indigenous people and that patients usually have other existing conditions, such as diabetes, HIV or trauma," says Dr. Bourassa. "We're looking at adapting existing assessment tools for diagnosis and screening that are culturally safe. That also means working with health care teams to create safer pathways to health that are free from stigma, discrimination and racism."*



### DR. REBECCA GENOE

FACULTY OF KINESIOLOGY AND HEALTH STUDIES

Dr. Genoe became interested in aging research after working with older adults in long-term care and recognizing the need for a better quality of life for older adults. Her

research interests lie in the area of leisure and aging, specifically the subjective experience of dementia and the role of leisure in the lives of older adults living with dementia and chronic illness. Taking a qualitative approach, she explores how older adults use leisure to cope with illness as well as the impact that chronic illness has on their leisure and their identities.

*"In the next five to ten years, I hope my research helps to eliminate stigma associated with aging and memory loss. Further, I hope it leads increased quality of life for older adults through recognition of the importance of leisure's contribution to well-being in later life," says Dr. Genoe.*



**DR. THOMAS  
HADJISTAVROPOULOS**

DEPARTMENT OF PSYCHOLOGY

Dr. Hadjistavropoulos has been involved in aging related research in Saskatchewan for over 20 years.

As a psychologist, he first became interested in aging research while doing a

clinical rotation at an Alzheimer clinic during

his clinical residency. His research focus has been on pain in old age, and specifically pain in people who have severe dementia and difficulties communicating their pain because of cognitive impairment.

*"I think that if systematic evidence-based pain assessment was implemented on a wide-scale basis, in long-term care in particular, there would be tremendous cost savings in terms of numbers of hospitalizations, acute care costs and medical visits," says Dr. Hadjistavropoulos. "Because if you identify a problem early, it's much easier to address than when you let it be, leading to complications."*



**DR. SHANTHI  
JOHNSON**

FACULTY OF KINESIOLOGY  
AND HEALTH STUDIES

Dr. Johnson has been involved in research focused on aging and health for over 20 years.

She brings a multidisciplinary

perspective to health promotion and falls

prevention, specifically examining the role of nutrition and exercise interventions in improving functional capacity and preventing falls in seniors' communities and long-term care settings. Her community engaged research also looks at the cross-cultural study of aging, health beliefs and practices related to chronic disease.

*"Neither Saskatchewan nor Canada has an aging strategy. A dream impact would be to see those strategies developed. The aging research taking place can contribute to a broader provincial/national/international vision for seniors."*



**DR. DAVID  
MALLOY**

FACULTY OF KINESIOLOGY AND  
HEALTH STUDIES

Dr. Malloy has been doing work in ethics and healthcare for two decades. That research moved

into studying personhood in patients

with dementia. Currently he is looking at

personhood hardiness and moral agency of healthcare workers in long-term care homes.

*"The angle that we're taking with our personhood cluster [at the CAH] is that when health care workers are treated in a more authentic manner, as well as when clients or patients are treated as people as opposed to dementia patients without personhood, the relationship between the worker and the patient is much different," says Dr. Malloy. "And as a consequence people are much more engaged in their work environment and the resulting long-term cost savings would come from reduced anxiety, stress, burnout and turnover."*



**DR. ABIGAIL  
WICKSON-  
GRIFFITHS**

FACULTY OF NURSING

Dr. Wickson-Griffiths became focused on aging-related

research as a doctoral student at

McMaster University where she evaluated

the Palliative and Therapeutic Harmonization

program, which helps frail older adults and their family members prepare for and make medical decisions.

She is also interested in research around dementia care, palliative and end-of-life care as well as advanced practice nursing.

*"The impact I'd like my research to have over the next five to 10 years is to increase the capacity of health care providers, older adults and family members to work in partnership with the goal of enhancing the overall quality of living and dying for those living with dementia."*

## RESEARCH AND COMMUNITY

RESEARCH FOR **QUALITY OF LIFE:****MEASURING PAIN**

The Pain Assessment Checklist for Seniors with Limited Ability to Communicate-II (PACSLAC-II), developed by researchers affiliated with the Centre on Aging and Health, is used to screen for pain in older adults who have dementia or other cognitive impairment with a limited ability to communicate. One focused use in the Regina Qu'Appelle Health Region was on reducing the use of anti-psychotic medications in long-term care. Use in a dementia long-term care facility with 49 residents saw 78 per cent of the residents' anti-psychotic medications discontinued and 14 per cent on a decreasing pathway.

"What we found is very frequently, these are persons who are unable to verbalize, unable to communicate, and they couldn't communicate that they were having pain. When we used the PACSLAC and then put appropriate pain management in place, lots of behaviours just disappeared."

– **Gretta Lynn Ell, Executive Director,  
Continuing Care Programming and Utilization,  
Regina Qu'Appelle Health Region**

**INFORMING CULTURAL PATHWAYS**

Research needs to be done in collaboration and consultation with First Nations communities to build an understanding and use a cultural approach to open up Aboriginal pathways to working with patients who have dementia. Research, data and literacy that's been collected and performed internationally helps direct next steps when performing a needs assessment for community programming.

"I think that's what the research is going to tell us. It's the voices of the communities telling us that we have to look at doing this in a uniquely different way to address those growing needs of the First Nations population."

– **Gail Boehme, Executive Director,  
All Nations' Healing Hospital and File Hills  
Qu'Appelle Health Services**

***Are you interested  
in being a part of  
research on aging  
and health?***

*The CAH maintains a Directory of Potential Research Participants that CAH researchers can use to contact potential research participants. Visit [www2.uregina.ca/participatein-research](http://www2.uregina.ca/participatein-research) to find out more.*



## COMMUNITY SUPPORT FOR RESEARCH: A UNIFYING VOICE

The Saskatchewan Seniors Mechanism (SSM) is a non-profit, volunteer organization that acts as an umbrella to bring together almost 20 seniors' organizations across the province that contribute to a better quality of life for older adults.

The organization is a unifying voice advocating for seniors by engaging, supporting and partnering with their member organizations to create awareness and coordinate resources and services for seniors. But the SSM also engages in research projects and acts on issues affecting seniors.

"When we look to research for support, it's usually driven by an issue faced by seniors in the province," says Executive Director Holly Schick. "With an issue as the focus, we can then look to research to find supporting evidence and communicate that evidence in a way that seniors can understand and put in to practice."

The SSM is currently involved in the Age-Friendly Saskatchewan initiative. This initiative engages older adults, businesses and others in the community to ensure that our communities remain healthy, safe and inclusive places where seniors can live and thrive as they age. With the SSM leading the way, working with its member organizations, this global initiative is taking action in Saskatchewan's rural, urban, Aboriginal and francophone communities.

Part of achieving an age-friendly province includes addressing specific issues facing seniors, such as isolation and abuse. Working with the University of Regina's (U of R) Community Research Unit, the SSM is identifying what services are available to provide support for seniors suffering from physical, mental and financial abuse. They are also identifying services gaps and where there are needs for more training so that the organizations seniors turn to are equipped to help.

The SSM is also one organization partnering with Dr. Bonnie Jeffery and others from the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) at the U of R to look at reducing isolation of seniors in south and central Saskatchewan.

"Health research has helped us better understand the aging process and has proven that if we remain healthy and active as we age physically, mentally and socially, and if we can focus on prevention, that we will see less health care costs in the future," says Schick. "But we seem stuck as a system in addressing acute care needs. The question now is how we shift our focus to prevention, even if that means higher costs in the short term for bigger benefits in the long term. How do you link the research and the resources to address the bigger picture?"

Schick also expressed that in her experience, seniors are happy to participate in research if they believe it makes a difference and if they are kept involved in the process. Many seniors are taking a more proactive role in their own health, so ensuring that research is distilled into something that can be understood and used practically—and not just something that speaks to health care practitioners—can have a concrete impact on the health of seniors and in turn, the communities of our province.



**"Health research has helped us better understand the aging process and has proven that if we remain healthy and active as we age physically, mentally and socially, and if we can focus on prevention, that we will see less health care costs in the future,"**



“Our ability to treat people early could have tremendous benefits. If we can affect and have some sort of an impact on even 10 per cent of the population, that’s going to ultimately help a lot of people, not only the patients themselves, but caregivers and the healthcare system.”

**Professor,  
Department of Psychiatry,  
College of Medicine, University of  
Saskatchewan and Saskatchewan  
Research Chair in Alzheimer’s Disease  
and Related Dementia**

PROFILE

1

## DR. DARRELL MOUSSEAU

Identifying what may or may not be a trigger for the development of Alzheimer’s disease (AD) is challenging since each person’s health background and life has been different. Dr. Mousseau believes we are close, however, to understanding what causes Alzheimer’s, at least in some

individuals where certain other disease or mental health conditions exist. For example, according to Mousseau, “everyone who is diagnosed with depression seems at greater risk of getting Alzheimer’s disease.”

### RESEARCH FOCUS

Dr. Mousseau’s major research focus is in determining what biochemical events are common to depression and AD. AD is frequently diagnosed “after the fact” – that is, once symptoms have become quite advanced. Treating and managing the disease at this point becomes challenging. As the Saskatchewan Research Chair in Alzheimer’s Disease and Related Dementia, Mousseau focused research attention on identifying changes in the brain that happen prior to the full onset of symptoms. The ability to identify precursor changes would dramatically change many aging-related challenges associated with types of dementia in addition to offering family physicians knowledge to assist in early identification of the disease.



## IMPACT AT A GLANCE

### What are some of the new or revised policies, practices, products or behaviours your research has influenced?

As a result of the work related to reviewing risk factors for developing AD, new understandings of the role of one's biological sex has on AD as well as depression, and why the two diseases share a common set of symptoms, particularly in the earlier stages, have become understood. This has contributed to insights into disease prevention in many individuals, for example, why some individuals might be at higher risk with a specific antidepressant, whereas other individuals would not be. This would inform the clinician and could lead to something as simple as changing one's antidepressant prescription.

The data resulting from research have provided new parameters for improving neuroimaging studies and diagnostics and will be useful in establishing a personalized medicine approach to the diagnosis and treatment of AD (and, indirectly, depression).

### Has your research had any impact on prevention, diagnostics, reducing the cost of health care or quality of life?

Although there have been no identifiable savings to the cost of health service so far, should the research contribute to delaying the onset of disease in just 1% of the identified population, it is conservatively estimated that savings to the Canadian health care system could exceed \$630 million per year.

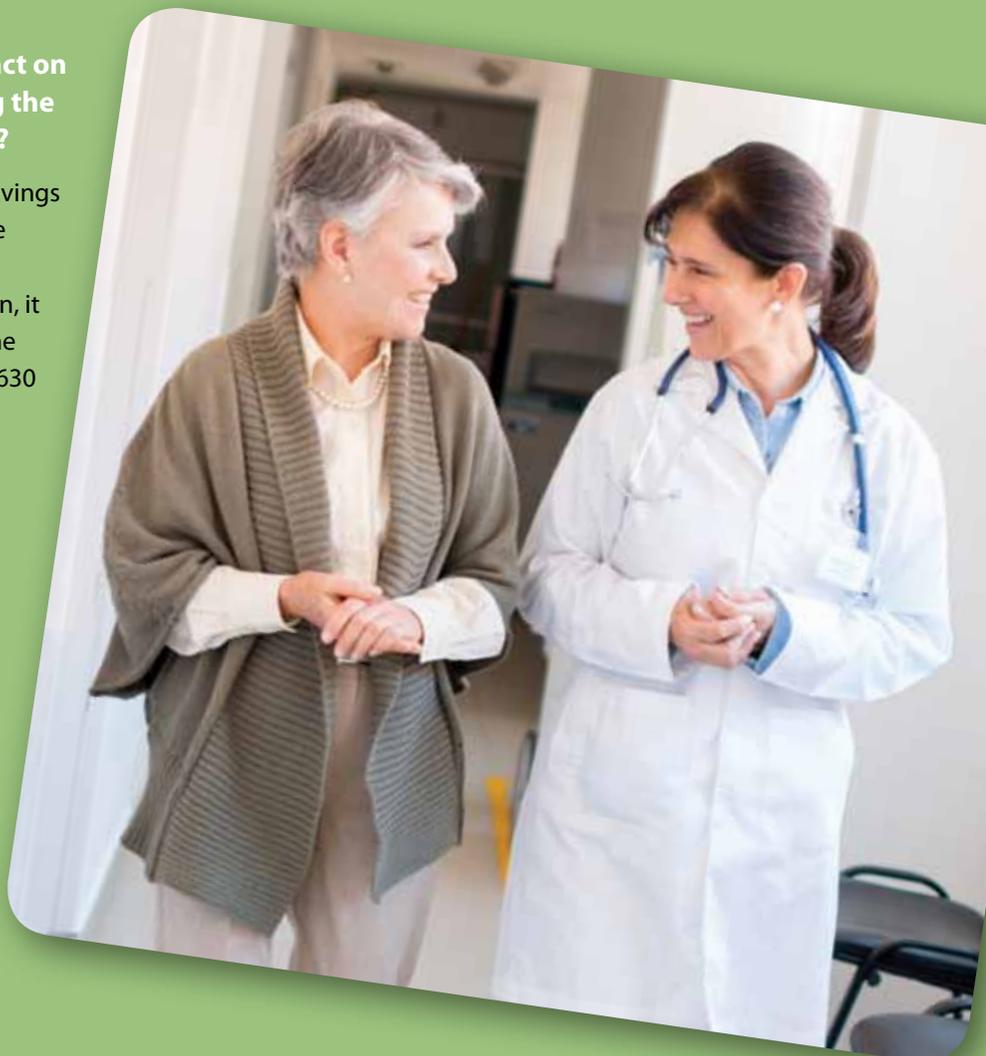
Clearly, any delay in the onset of the disease and of impact related to dementia, would provide a significant improvement in the lives of people and their families living with the disease and dementia. Difficult again to quantify but intuitively, research translated into quality of life improvement would result in substantial clinical, social, and economic benefits.

### Thinking of your research overall, what would be the dream impact of your research in five or 10 years?

We are very optimistic that in 5-10 years the impact of current research will result in having identified a cause for Alzheimer's in a portion of those individuals at risk for developing the disease. The answer will likely reside within one's genetic background, particularly in those genes that have been historically associated with depression, but that are increasingly identified with some of the earlier(est) changes in the brain that lead to AD. This will help in our interpretation of neuroimaging data and will have contributed to refining diagnosis and providing a suitable intervention for those individuals with depression who will be at the highest risk of developing an AD-related dementia with advancing age.

*The Saskatchewan Research Chair in Alzheimer's Disease and Related Dementia is funded in partnership with:*

**Alzheimer Society**  
SASKATCHEWAN



“A clear provincial strategy that supports successful aging for all seniors is critical and research plays an important role in getting that strategy correct by informing and establishing recognition of the different and varied challenges faced by seniors in rural areas.”



Professor, Faculty of Social Work and Researcher, Saskatchewan Population Health and Evaluation Research Unit (SPHERU)

## PROFILE

## 2

### DR. BONNIE JEFFERY

Dr. Jeffery has maintained a long-term commitment to issues affecting rural and northern residents of Saskatchewan. Her research interests extend broadly and influence policies that impact access to a variety of services for rural and northern residents, but especially for seniors. She currently serves on a number of research related boards and committees including Vice-Chair of the Canadian Rural Health Research Society.

#### RESEARCH FOCUS

Academic and community partners focusing on the policies and programs needed to support successful aging in place for rural older adults. Three key areas of research include: policy level interventions like transportation and the built environment; community level interventions like physical activity and seniors' centres; and kin level interventions like care giving and driving.

## IMPACT AT A GLANCE

### What are some of the new or revised policies, practices, products or behaviours your research has influenced?

Making a direct link to new policy or practice in health care delivery is difficult. However, research into healthy aging in place has raised some practical opportunities that would lead to better supports for rural and northern seniors in the areas of public transportation availability, improvements to the built environment, changes to home care and health services, developments in seniors' housing and service supports like Meals on Wheels.

Two examples where research from this project contributed to health policy included: 1) identifying and addressing health inequities for rural seniors; and 2) developing exercise and fall prevention strategies for rural and urban seniors with two health regions.

### What role has collaboration played in your research (academic and community)?

Community collaboration is central to the research. The work is community engaged and all aspects of the research process is defined and conducted in collaboration with rural community partners.

In addition to local communities, collaboration with government ministries and regional health authorities helped with creating a pragmatic interface with policy and practice.

### Looking at the big picture, in what direction should aging-related health research go to have the most impact?

Research is still required in many areas: recognizing the diversity of seniors' experience; understanding how where people live influences their experiences and quality of life; developing policies and strategies that are intersectoral and go beyond the health system; and understanding that many seniors live active lives and the research demonstrates they continue to be active contributors to their communities.

“Where you have few specialists and a small population in a large geographic area, you need to take existing best practices in dementia care and make them work in rural settings. That’s a key focus for us.”

**Professor and Chair of Rural Health Delivery,  
Canadian Centre for Health and Safety in Agriculture,  
Department of Medicine, University of Saskatchewan.**

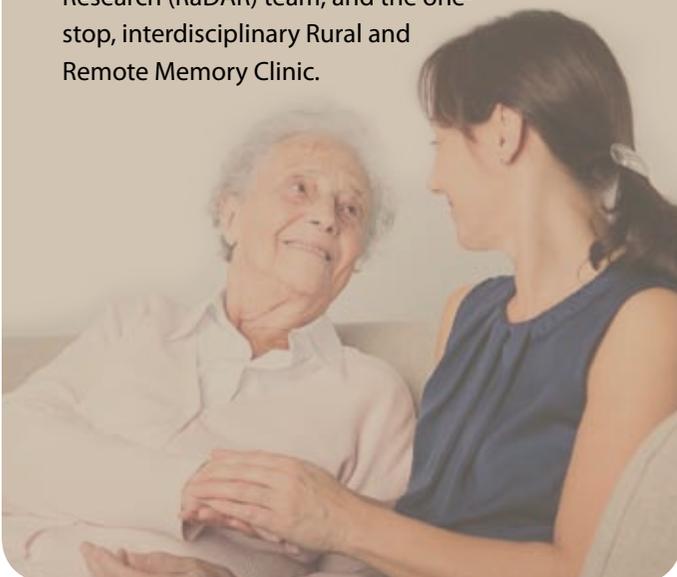


## PROFILE

### 3

#### RESEARCH FOCUS

Improving rural and remote health service delivery for individuals with dementia and their caregivers. Providing leadership of the Rural Dementia Action Research (RaDAR) team, and the one-stop, interdisciplinary Rural and Remote Memory Clinic.



## DR. DEBRA MORGAN

By any measure, sustained funding for two decades in any health research field is a success. This level of funding has fundamentally changed health service delivery in Saskatchewan for older adults with dementia and their family caregivers.

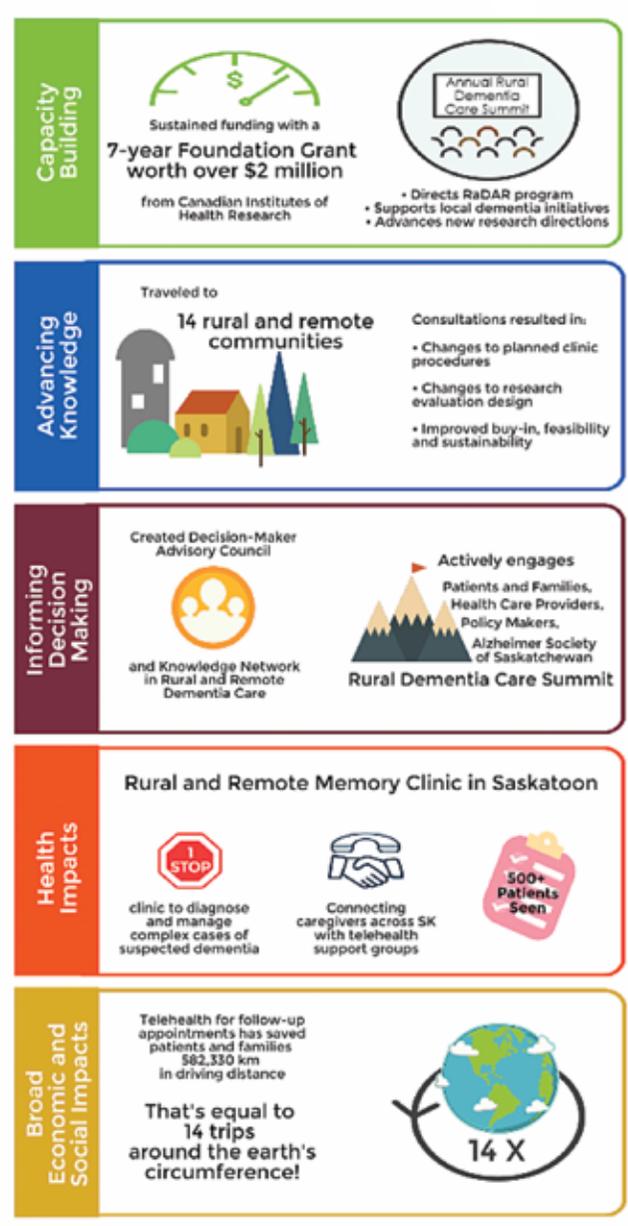
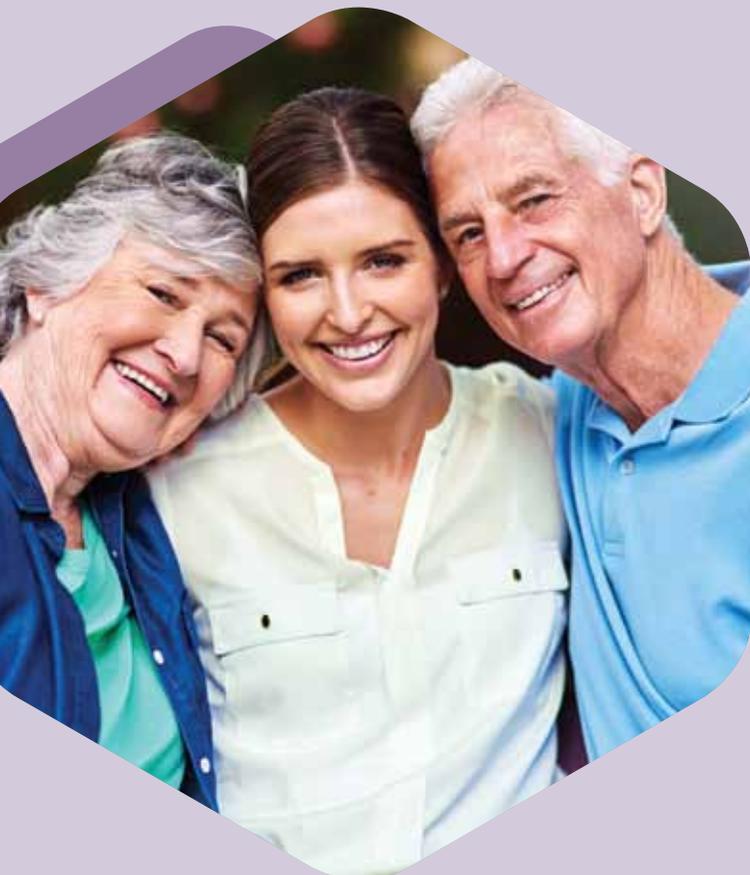
Over 10 years ago, Dr. Morgan led the establishment of the innovative, telehealth-supported Rural and Remote Memory Clinic in Saskatoon. She also leads the Rural Dementia Action Research (RaDAR) team. Her success and international recognition led to an invitation to head up one of 20 teams in the new Canadian Institutes of Health Research (CIHR) Canadian Consortium in Neurodegeneration in Aging.

## IMPACT AT A GLANCE

### What are some of the new or revised policies, practices, products or behaviours your research has influenced?

The aim of the RaDAR Primary Health Care Toolkit is to provide a range of strategies that are adaptable, scalable and sustainable across diverse low resource rural settings nationally and internationally. This research is currently being implemented and evaluated in one health region and once completed, has the potential to be introduced province-wide to improve dementia care. The recently funded Foundation grant from CIHR will support development of strategies to adapt and test the toolkit in other jurisdictions across Canada and internationally, to sustain improvements in evidence-based, patient-centred care.

The Annual Rural Dementia Summit has helped to raise the profile of rural dementia care issues provincially and beyond, through the growing Knowledge Network in Rural and Remote Dementia Care, and presentations by national and international key note speakers.



### What role has collaboration played in your research (academic and community)?

The RaDAR team has been guided by a community-based participatory approach since its inception. In addition to the direction provided at the annual knowledge exchange Summits, individual RaDAR projects are also guided by stakeholders. The team has collaborated with the Saskatchewan Health Quality Council (HQC) since 2012 to examine dementia incidence, prevalence and health service use patterns in administrative health data. The RaDAR-HQC Steering Committee provides direction for this research.



In 2013 RaDAR established a three-way Regional Advisory Council in Sun Country Health Region, with representatives from the Alzheimer Society of Saskatchewan and health region management representing primary health care, long-term care and home care. This council informs the dementia initiatives of all partners, including RaDAR research in Sun Country.

The RaDAR team is one of 20 teams in the Canadian Consortium on Neurodegeneration in Aging (CCNA), a national research program involving 370 + researchers that provide a network for collaboration and knowledge exchange. Within the CCNA, the RaDAR program ensures that rural dementia care issues are represented nationally. RaDAR members have connected with teams that are conducting dementia research related to driving, technology, comorbidities and primary health care.

**Has your research had any impact on prevention, diagnostics, reducing the cost of health care or quality of life?**

The Rural and Remote Memory Clinic has increased access to diagnosis and management of complex and atypical dementia for rural and remote patients and their families. Interdisciplinary team consultations and increased use of telehealth have reduced costs to the system. Although difficult to financially quantify, fewer trips for patients and families has reduced travel burden and costs. Also, RaDAR research shows that patients and families first noticed symptoms three to five years prior to visiting the clinic. Receiving a diagnosis often relieves the uncertainty of not knowing the cause of the symptoms and allows patients and families to move forward.



**Thinking of your research overall, what would be the dream impact of your research in five or 10 years?**

All patients would get a timely diagnosis, and patients and families would receive needed support and services across the continuum of care in their community. All primary health care providers would have the knowledge, skills, tools and specialist access needed to provide quality dementia care.

**Looking at the big picture, in what direction should aging-related health research go to have the most impact?**

In the area of dementia care, there is a need for strategies to operationalize the principles of primary health care for dementia that have been identified with better outcomes. These include care coordination, decision support tools and specialist-to-provider support. The RaDAR research program is now focused on figuring out strategies for implementing these principles in rural and remote settings that have fewer resources.

“For maximizing impact of aging-related health research, active collaboration/partnerships with systems delivering care will be incredibly important.”



## PROFILE

## 4

### DR. SHANTHI JOHNSON

Professor,  
Faculty of Kinesiology  
and Health Studies,  
University of Regina

### RESEARCH FOCUS

Dr. Johnson's research program, focused on health promotion and falls prevention among older adults, has a multidisciplinary perspective. Nested within a population health and community development framework ensures partners from senior care delivery networks, colleagues in the policy sector and other stakeholder groups are fully integrated into the research process. Her community engaged research contributes to the well-being of the community and is program and policy relevant. In addition to examining the role of nutrition and exercise in improving functional capacity, she has been involved with falls prevention in seniors in the community and long-term care. Cross-cultural studies of aging, health beliefs and practices related to chronic diseases such as osteoporosis have also been areas of interest.

## IMPACT AT A GLANCE

### What are some of the new or revised policies, practices, products or behaviours your research has influenced?

Educational resources have been developed and staff training has been delivered. A tip sheet on nutrition and exercise and healthy aging material in six languages has been published. I was invited to appear before the Senate of Canada Committee on population health and appointed to the National Seniors Council, an advisory body which advises the Government of Canada on aging issues.

### Has your research had any impact on prevention, diagnostics, reducing the cost of health care or quality of life?

Some seniors in the program improved so much that they no longer required home care services and were able to return to fully functional independence. The project's exercise intervention is delivered through the existing infrastructure of home care to maximize impact and sustainability while minimizing costs. The results of this study appear to demonstrate a positive longer-term impact on the lives of older adults through the prevention of debilitating falls and injuries. The research has also had an impact on how health promotion/falls prevention services are financed, organized, managed, regulated and delivered within the health region.

### Thinking of your research overall, what would be the dream impact of your research in five or 10 years?

That every senior touched by home care or long-term care has an opportunity to participate in simple interventions to maintain or improve the health outcomes important to them (e.g. function, independence). That the health system is equipped, from a capacity perspective, to support seniors in the spirit of person-centred care and a philosophy of enablement. And that the intervention is sustainable and scaled up throughout the province and nationally and a catalyst for similar health transformations.

### Looking at the big picture, in what direction should aging-related health research go to have the most impact?

The world is facing a situation without precedent as both the proportion of older people and the life expectancy increases. Research must be better coordinated to ensure that intervention research in aging and health does not primarily focus on the richest countries of the world. Piloting and scaling up similar simple interventions within low income country contexts will be vital to success.

“A community engaged approach underpinned with a cultural humility orientation is essential to the work we are doing. This allows community seniors and youth to be driving what happens in the research process”

– Dr. Sylvia Abonyi

**Dr. Sylvia Abonyi, Associate Professor,  
Department of Community Health and Epidemiology,  
College of Medicine, University of Saskatchewan and Research Faculty, SPHERU**

**Dr. Sarah Oosman, Assistant Professor,  
School of Physical Therapy, College of Medicine,  
University of Saskatchewan and Research Faculty, SPHERU  
with community co-investigators Liz Durocher and TJ Roy from the  
community of Île-à-la-Crosse.**



## PROFILE

## 5

### DRS. SYLVIA **ABONYI** AND SARAH **OOSMAN**

Dr. Abonyi is a former Canada Research Chair in Aboriginal Health and researcher with SPHERU. As an anthropologist and health researcher, she is interested in the role of culture in population health. She is deeply committed to community driven action research and has collaboratively investigated topics that include respiratory health, tuberculosis, type 2 diabetes, aging, food security, and frameworks and measures of community health.

Dr. Oosman is a physiotherapist and an Assistant Professor working in the area of health promotion with a specific interest in community-based health intervention research in partnership with First Nations and Métis communities. She collaborates with communities to develop and implement culture-based health promotion programs in order to positively influence health across the lifespan. She also explores unique experiential learning opportunities within Indigenous contexts to enhance the development of cultural humility and competence among health professional students.



### RESEARCH FOCUS

Living well across generations is the common thread in two closely connected research projects. One focuses on seniors in Île-à-la-Crosse, a northern Saskatchewan Métis community; the second on that same community's youth. The connection between seniors and youth is strongly grounded in an Indigenous world view and recognizes community perspectives of health within, between and across generations as foundational aspects of the research. These population health intervention research projects fill a knowledge gap and provide evidence of the effectiveness of current and emerging program and policy interventions promoting aging well for Métis and other Aboriginal peoples.

## IMPACT AT A GLANCE

### What are some of the new or revised policies, practices, products or behaviours your research has influenced?

Some Elders are starting to talk more about the use of traditional medicine and practices –sharing that knowledge and talking about how people can incorporate that knowledge into the health system. The project will help move the community in that direction and inform the health system.

Elders and youth contribute to health practices and behaviors by explaining what will work for them –using their knowledge base and practices. A consequence of colonization, people were ashamed of this knowledge and didn't share it. Sharing and building from cultural knowledge and practice has the potential to improve health.

The project is facilitating the creation of a core group of youth and Elders that meet regularly. They provide support for each other, and are encouraged and supported in attending community meetings where decisions are being made about future directions.

### What role has collaboration played in your research (academic and community)?

Collaboration with community co-leads and others demonstrated the connection between seniors and youth as critical to healthy aging for both seniors and youth. This collaboration determined the direction of the research.

The team includes community members from Île-à-la-Crosse, researchers from the Universities of Saskatchewan and Regina, and faculty from the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), a bi-university health research unit based at the Universities of Regina and Saskatchewan.

### Has your research had any impact on prevention, diagnostics, reducing the cost of health care or quality of life?

While the program of research is in its early stages, evidence of impact is being captured. Information is shared as it is produced in the community and is currently being used in day-to-day work. Results are also being shared at national and international conferences. Physical therapy trainees completing a community-based ethnographic practicum with this project report transformative experiences that they feel has grounded their understanding of the significance of cultural safety in the health system, and changed for the better the way they will practice.

### Thinking of your research overall, what would be the dream impact of your research in five or 10 years?

That there is a ripple effect. That the impact of what is being done spreads and people want to talk about grounding research, as well as health services and community wellness interventions, in an Indigenous worldview.

One dream would be to create a gathering place for Elders. A place where they could come but also where youth could come for training programs. Over time that one place would become an intergenerational structure where people from other communities could also come and share their stories.

### Looking at the big picture, in what direction should aging-related health research go to have the most impact?

Community engagement and outsider practice of cultural humility are important in this type of research, as well as in the development of program and policy. This ensures aging people can be part of driving what happens. Elders in any community have important experiences and knowledge to share. Research on healthy aging experiences should consider the significance of intergenerational relationships as part of everyone's life and health journey.



“Our health system was really built for episodic care – what’s your problem, let’s fix it, and off you go. With patients with co-morbidities we now have a disconnect that needs to be changed.”



## PROFILE

## 6

### DR. JENNY BASRAN

Head and Associate Professor,  
Division of Geriatric Medicine,  
University of Saskatchewan

Dr. Basran is an Internist Geriatrician with a clinical practice helping older patients and their families who are struggling with the challenges of cognitive and physical decline. She is the physician co-lead for Saskatchewan’s Emergency Department Waits and Patient Flow Initiative and Co-Chair for the Senior Home Visit Initiative. Dr. Basran is also a core team member of the Canadian Agency for Drug and Technology in Health.

### RESEARCH FOCUS

Discovering how technology can assist in seniors’ health care, Dr. Basran has worked with engineering and computer science colleagues on the development of a falls detection system, electronic health record and technology to allow older adults to age in their homes safely.

Dr. Basran collaborates with the post-secondary and health sectors throughout Saskatchewan. Key partnerships include public health informatics in the Department of Computer Science and the Health Quality Council. Other researchers often seek out her insight and expertise to inform and improve the quality of their research outcomes.

## IMPACT AT A GLANCE

**Has your research had any impact on prevention, diagnostics, reducing the cost of health care or quality of life?**

Many public engagements have occurred in areas of clinical and research outcomes. Most recently these engagements have focused on health policy, patient flow and dementia care. Considerable data and knowledge are being captured that is and will continue to, lead to advancing improvements and knowledge translation.

There is increasing research knowledge that suggests evidence-based medicine doesn’t work in a senior population with multi-morbidities. Many rigid ways of care and working aren’t helping. Changes to policy and practice are being created and through education additional research into elder care is helping. Changes in diabetic care, pharmacy and medication are already being adopted to improve the care of seniors.

Activities focus on increasing core competencies: the skills, knowledge and aptitude to understand senior care with complex needs. This requires increasing the knowledge base for almost every type of care worker who cares for seniors – physicians, homecare, social workers, nurses and care aids.

**Looking at the big picture, in what direction should aging-related health research go to have the most impact?**

Sustainability of care requires geriatric knowledge. So increasing core competencies and knowledge for all health care providers that deal with seniors’ care is the first foundational step.

Also creating a dynamic model of the health care system that allows health professional teams to run “what-if” scenarios.

There are four areas that make up healthy aging and all need be addressed: exercise, proper nutrition, cognitive stimulation and social engagement.

And working on sustainable transitions of care and sustainable growth in knowledge of senior care throughout the health system. There remains a gap in the literature and in research about how to move from pilots and locale-specific programs, to scalable, province-wide system change.

# THE DIFFERENCE IN THE END

## 3 Strategies to Maximize the Impact of Health Research

1

### Work Together for Stronger Results

SHRF supports collaboration between researchers, clinicians, nurses, other health practitioners, policy makers, and patients and caregivers. This is critical to ensure decisions are made that produce health benefits for older adults, and social and economic impacts for the province.

Collaboration is about much more than just sharing data or techniques. Done well, collaboration means better efficiency without compromising results or the potential for increased quality and number of outcomes from the research.

Good research requires the combined efforts of many good scientists. It also requires the ability to involve other stakeholders and older adults themselves in the research process, creating the best possible environment to put the results of research into practice.

2

### Strive for Innovation

If aging-related research is going to advance present knowledge and lead to better decisions to produce positive health benefits for older adults, then innovation will be a key ingredient.

Without research, innovation is limited. SHRF and health researchers stimulate innovation by funding and conducting research that:

- Asks questions that haven't been asked;
- Tries new approaches to existing questions, including new ways to share knowledge with end-users; and
- Applies existing concepts and methods to new research questions, in new ways or in new settings.

3

### Develop the Capacity to Do More

Capacity-building is a process that improves and enhances the ability to perform useful research. This may include supporting research personnel and trainees, the use of new or enhanced research infrastructure and obtaining additional dollars to perform more research.

It is vital for SHRF to support and build the capacity of our researchers, helping them obtain federal funding and bring more research dollars into Saskatchewan. Without developing research capacity in the area of health and aging, the ability to conduct high-impact research producing health, social and economic benefits will be severely limited.



## YOU CAN MAKE AN IMPACT

In whatever role you may play – whether as a researcher, health practitioner, policy or decision maker, or patient or caregiver – we hope you find these stories enlightening and that you're inspired to take action and make a difference.

There are many ways you can help research in the area of health and aging thrive in Saskatchewan.

Find out more about the innovative, ground-breaking health research happening in Saskatchewan to benefit our aging population and province as a whole. Visit our website at [shrf.ca](http://shrf.ca) regularly and watch for future SHRF publications in print and online.

Share this publication – and any other inspiring stories you hear about health research in Saskatchewan – with the people you know. Look for opportunities to learn and get directly involved as an active participant in a health research study.

**With your support health research will continue to positively impact the health of Saskatchewan's seniors.**

