The Centre on Aging and Health (CAH) is dedicated to recognizing innovations in health care, particularly for older adults. Therefore, the CAH has established the annual CAH Award for Innovation in Health Care Delivery. The award recognizes Regina-based individuals, groups, or organizations (offering health care to older adults) who have either introduced an innovative approach to service provision, or who have conducted field research to evaluate services and programs for older persons. The award is adjudicated by a committee of representatives for the Regina seniors’ community. The committee consisted of Dr. Joan Roy, Ms. Marj Thiessan, and Ms. Linda Anderson. The winner of the 2017 award was Crystal Spooner, developer and CEO of Orange Tree Living, the first multi-generational care home facilities in Saskatchewan.

Based on the concept of intergenerational living, Orange Tree Village, one of Crystal’s care home facilities in Regina, brings multiple generations together to live under the same roof, including children from 6 weeks to 12 years of age, university students, travelling professionals, and seniors. Orange Tree Village includes licensed personal care home rooms, daycare spaces, rooms for independent living, and four affordable suites for students at a subsidized rate in exchange for volunteer hours in the village. This living arrangement allows for interactions and meaningful connections between multiple generations, which inevitably lead to benefits for all of those involved, including an increased
CRYSTAL SPOONER WINS CAH AWARD FOR INNOVATION IN HEALTH CARE DELIVERY
(CONTINUED FROM PAGE 1)

understanding across generations. It specifically benefits older adults by allowing them to have continued engagement and connections with younger generations so that they can share their knowledge and experiences. Orange Tree Village also has a restaurant, coffee house, and hair salon, which are all open to the public, and allow for older adults to continue to live and interact within a community. Rumour has it that the coffee house also has awesome butter tarts.

Crystal’s nominators described her vision as “unrivalled” and noted that she “looks beyond our borders for best practices in seniors living and works to surpass them.” They state that her vision and drive means Orange Tree Living “has the most innovative solutions for everything from medication management to senior friendly architecture to complicated dementia programming.” Having witnessed first-hand the interactions that take place within this multi-generational community, one of her nominators calls them “heartwarming” and a “privilege” to experience.

While accepting the award, Crystal Spooner credited her small town Saskatchewan upbringing, where she grew up in a care home environment, for inspiring the concepts behind Orange Tree Living. She emphasized that all people need a sense of community and belonging, and that a multi-generational facility allows for older adults, who may otherwise be pushed into a medical style facility, to have both.

The CAH congratulates Crystal Spooner for her dedication to innovative health care delivery. We would also like to acknowledge our magnificent adjudication committee.

CAH WELCOMES NEW ADMINISTRATOR MS. JANINE BEAHM

NOMINATIONS ARE OPEN FOR 2018/2019 INNOVATION IN HEALTH CARE DELIVERY AWARD

The Centre on Aging and Health Award for Innovation in Health Care Delivery recognizes Regina-based individuals, groups, or organizations, offering health care to older adults. Award recipients must have introduced an innovative approach to service provision or must have conducted field research to evaluate services or programs for older persons.

If you know of someone that would be deserving of this award, nominations (of no more than 8 pages) are to be submitted at any time up until October 15, 2018 for the 2018-19 Award.

For more information on eligibility, adjudication, or about how to apply, please visit http://www2.uregina.ca/cah/about-cah/innovation-in-health-care-delivery-award or contact Janine Beahm CAH Administrator, at janine.beahm@uregina.ca
BETTER NOW: HOW WE CAN IMPROVE HEALTH CARE FOR SENIORS
2017-2018 CAH DISTINGUISHED LECTURE

The Centre on Aging and Health hosted our 15th annual Distinguished Lecture on March 1st, 2018, which was attended by over 200 people. The Centre was proud to host Dr. Danielle Martin, University of Toronto and Women’s College Hospital, who discussed how to improve health care for seniors in Canada.

Dr. Martin is well acquainted with how the Canadian health care system works so much so that her expert knowledge allowed her to effectively defend Canada’s universal health care system before a U.S. senate subcommittee in 2014. In fact, Dr. Martin’s testimony was so powerful that U.S. Senator Bernie Sanders shared a video of it, which went on to receive millions of views on YouTube. Yet, even though Dr. Martin advocates that Canadians should be proud of universal health care and its promise to provide care for all regardless of ability to pay, she stresses that the system is not without its faults. Her distinguished lecture highlighted how to address some of the issues that inhibit Canada’s health care system from operating at its full capacity.

Basing her talk on her book entitled, “Better Now: Six Big Ideas to Improve Health Care for all Canadians,” Dr. Martin shared insights on improving Canada’s health care system for seniors. Dr. Martin believes that existing health care resources can be reorganized and used more effectively.

According to Dr. Martin, reorganizing health care services involves “including more services in the home, better end of life care, and better organization of speciality resources to reduce wait times.” In addition, she underscored the need for relationship-based primary care, and group-based models of care including teams of nurses, nurse practitioners, and paramedics in addition to physicians.

Given the enormity of the problem and the potential for the scope of the problem to lead to inaction, she ended her talk with one simple action that Canadians can take to help improve their system. Given that one in five Canadians are currently not taking their medications due to costs, she recommended increased advocacy for universal pharmacare. She stated that achieving this goal will close the gap for universal coverage amongst Canadians.

Prior to her talk, Dr. Martin also spoke at a CAH-organized meet and greet with local seniors. Moreover, together with the CAH director, she met with Ministry of Health officials. Copies of Dr. Martin’s books were also available for purchase, and she signed copies before and after the lecture.

The CAH was pleased to host Dr. Martin, who left the audience inspired and ready to help make Canada’s health care system “Better Now.”

Apply now for the 2018/2019 CAH Small Grants Research Award!

Amount Available: $1,500 Application Deadline: December 15, 2018

This award is intended to fund pilot projects or other work aimed to lead to the preparation of a major national application in the area of health and aging.

To apply, or for more information: http://www2.uregina.ca/ cah/ or cah@uregina.ca or 306.337.8477
Once again, the CAH was a partner in the Regina Brain Awareness Week (BAW), which is an international initiative organized by the Dana Alliance for Brain Initiatives. This year’s CAH event focused on knowledge translation and featured two AGE-WELL Network of National Centres of Excellence researchers, and a representative from the Saskatchewan Health Authority. AGE-WELL is a federally-funded national group of leading researchers working toward improving the quality of life of older adults through the use of technology. It involves 37 university research centres across Canada and the Canadian Institutes of Health Research. At the BAW lecture, the researchers and community representative spoke on the general topic of addressing pain and injuries in long-term care through the use of advanced technologies.

Gretta Lynn Ell, executive director for Continuing Care, Programming and Utilization in the Long-Term Care program with the Saskatchewan Health Authority, began the session by speaking about the challenges that patient pain and patient falls pose for long-term care facilities. Reviewing data on the frequency of falls in Saskatchewan, she set the stage for the researchers to discuss how technology can help improve these numbers.

Dr. Robinovitch, Professor at Simon Fraser University with dual appointments in Biomedical Physiology and Kinesiology, spoke next, and focused his attention on how technology can be used to prevent and reduce injuries due to falls in older adults. He showcased video technologies that his lab uses to study falls in long-term care. He then discussed examples of technologies, such as protective gear and special “compliant” flooring, which can help reduce the impact of falls in an older adult population.

Dr. Thomas Hadjistavropoulos, Research Chair in Aging and Health and Professor of psychology at the University of Regina, concluded the session with a presentation on how his lab is addressing the problem of pain assessment in people with severe dementia who often do not have the ability to verbally communicate their experience. In order to assess pain in this population, his lab has developed and evaluated methods for detecting, evaluating, and measuring pain through pain behaviours, such as specific facial responses that are indicative of pain. Long-term care facilities often do not implement frequent pain assessments due to human resource limitations. As such, in collaboration with engineers from the Toronto Rehabilitation Institute, such as Dr. Babak Taati (project co-lead), and other researchers, Hadjistavropoulos is working toward the development of computer vision technologies that can be used to monitor pain behaviour in older adults with severe dementia as they go about their daily routines. Health care staff would then be alerted when the system identifies patients suspected of pain.

The BAW was well attended, and helped disseminate research on the brain and aging to a community audience. Our partners in the Regina Brain Awareness week included the Alzheimer Society of Saskatchewan and the local health authority.
The CAH had the privilege of hosting a visit by CIHR Scientific Director, Dr. Carrie Bourassa (Institute of Aboriginal People’s Health) on February 2nd, 2018. Dr. Bourassa’s visit was extremely important given that elite directors do not visit any one university campus very often. Moreover, the CAH has identified Aboriginal Issues in Aboriginal Health as an area of strategic research priority. During her visit, Dr. Bourassa engaged with campus researchers during a meet-and-greet, and made a presentation about the strategic initiatives and priorities for CIHR’s Institute of Aboriginal Peoples’ Health.

Beginning her presentation by citing research on the status of Indigenous Peoples’ health in Canada, she advocated that making Indigenous Peoples’ health a priority is vital to the health of all Canadians because “when Indigenous people are healthy, all Canadians are healthy.” She went on to discuss three main initiatives of CIHR’s Institute of Aboriginal People’s Health.

The first initiative she discussed was the institute’s commitment to propel Indigenous People to drive Indigenous health research and knowledge translation. The second initiative Dr. Bourassa presented was to use Indigenous ways of knowing and the guiding principal of reciprocal learning to transform First Nations, Inuit and Métis health. This means designing research where Indigenous People are integrated into the entire research process, and infusing indigenous ways of knowing and the reciprocal learning approach into research methods. This initiative includes abolishing binaries between traditional scientific methods and indigenous ways of knowing. The final initiative she presented is to move beyond merely addressing health inequalities among Indigenous People and non-Indigenous populations, in order to focus more specifically on the wellness, strength, and resiliency of Indigenous Peoples.

Dr. Bourassa stated that these initiatives are intended to help achieve three main goals. The first goal is to increase CIHR’s investments in Indigenous health research. The second goal is to produce new knowledge concerning Indigenous Peoples’ health. The third goal is to translate this new knowledge so that it can be applied in ways that will improve the health of First Nations, Inuit, and Métis Peoples.

Dr. Bourassa concluded her presentation by engaging with the audience about how researchers and CIHR can reach these initiatives and goals.

Congratulations to Dr. Shanthi Johnson (KHS) and her team for receiving a $485,000 CIHR grant to enroll older adults receiving home care and their personal support workers in a home support exercise program.

Congratulations to Meagan Taylor on successfully completing the requirements of the Gerontology program for her Master’s degree!
CAH TRAINEE MEMBER ERIN BROWNE WINS ALZHEIMER SOCIETY OF SASKATCHEWAN SCHOLARSHIP

We are pleased to announce that Erin Browne, CAH Trainee Member, and PhD Candidate, has been awarded a University of Regina graduate scholarship for research in Alzheimer’s disease and related dementia. The Alzheimer Society of Saskatchewan (ASOS) Scholarship is made possible because of a generous donation from the Alzheimer Society of Saskatchewan and provides an excellent opportunity for projects related to this crucial area of research. The scholarship is adjudicated by a committee that is currently composed of Dr. Doug Durst (social work), Dr. William Smythe (psychology), and Dr. Abigail Wickson-Griffiths (nursing). Browne’s thesis is entitled: “Factors Affecting the Accuracy of Observers’ Judgements of Pain in Older Adults with Dementia.”


JOIN THE CENTRE ON AGING AND HEALTH

We encourage researchers investigating health and aging as well as health professionals with an interest in aging to apply for Centre on Aging and Health (CAH) membership. Members will be a part of a growing network of aging and health researchers, professionals, and trainees. In addition, the CAH can facilitate dissemination of member research to the public through our newsletter, organization of public presentations, on our website, via Twitter, and through other means.

CAH researchers are conducting world-class gerontological research related to Canada. Many of our members work with research clusters that focus on pain in old age, personhood and resilience in senior care, musculoskeletal aging and health, as well as Aboriginal issues in health and aging.

Moreover, members may access the Centre on Aging and Health Directory of Potential Research Participants: hundreds of potential participants for University of Regina Research Ethics Board approved studies.

Members of the public who are over 65-years of age and are interested in participating in research can sign up by going to www2.uregina.ca/akah, clicking on “Participate in Research,” and filling out our simple web form.

Members also receive information on relevant conferences, scholarships, grants, and a variety of other aging-and-health-specific news and events, including those hosted and sponsored by the CAH.

Applying is quick and easy.

Apply on our website: http://www2.uregina.ca/akah and click on “Become a Member.”
Learning that you have dementia can be a frightening and isolating experience. How are long-term friendships maintained after such a diagnosis?

That’s the question Dr. Rebecca Genoe of the Faculty of Kinesiology and Health Sciences at the University of Regina is trying to answer. Together with her research assistant, Haley Rutherford, an MSc student in the faculty, she is studying the issue of friendship after a dementia diagnosis. The issue of friendship hasn’t been considered very much by other researchers, she says, although some work has been done looking into friendships in long-term care facilities. Dr. Genoe hopes that this study will help to address something that she feels has been overlooked.

Dr. Genoe’s study is qualitative, based on interviews with people with dementia and their friends. Some of the participants in the study who have been diagnosed with dementia are still living in the community; others are in an assisted-living facility or in long-term care. Dr. Genoe interviews the person diagnosed with dementia and their friend, ideally together but sometimes separately. “Some friends feel constraints around being honest when they’re interviewed with the person who’s been diagnosed with dementia, so they choose to be interviewed individually,” she says.

There have been few challenges so far interviewing people with dementia; they’ve all been able to participate in the process. Sometimes a family member with power of attorney has had to consent on the person with dementia’s behalf, and sometimes friends or family members sit in on the interviews as well.

“We take a strengths approach, focusing on the person with dementia’s remaining abilities, rather than what he or she has lost,” Dr. Genoe notes. “We work with participants where they are in the progression of the disease, and although we have interview guidelines, we stay flexible about the questions we ask.”

Dr. Genoe hopes to interview at least 15 pairs of friends, but it’s been a challenge to find participants, she admits, partly because it’s difficult for people with dementia to maintain friendships. “Social isolation is a key issue,” she points out. “It’s a challenge for people with dementia and their care partners, because friends are often uncomfortable with the changes they see in the person with dementia, but people with dementia are sometimes embarrassed as well, so both sides pull away.” It’s also been difficult to find gatekeepers—people in positions of authority at assisted-living or long-term care facilities—who support the research.

The study, funded by the Social Sciences and Humanities Research Council of Canada, is national in scope, with researchers at Brock University in St. Catherine’s, Ontario, and Concordia University in Montreal, Quebec, as partners. Dr. Genoe notes that her colleagues have also found recruiting participants to be challenging.

Dr. Genoe’s PhD research focused on dementia. She had worked in recreation departments in long-term care facilities, and that’s where she got interested in the issue of improving the quality of life for people with dementia.

“People with dementia can still contribute to their families, to their communities, and to society,” she states. “And to their friends as well. That’s why this research is important.”
OLDER ADULTS NEEDED FOR RESEARCH IN PAIN SELF-MANAGEMENT

We are looking for volunteers who are at least 65 years old to enroll in a remotely delivered pain self-management program over a 3-month period.

Potential participants must be suffering from chronic pain, which is pain lasting for more than 3 months. 

www.onlinetherapyuser.ca/olderadults

The course involves working through 5 lessons and homework tasks over a 2-month period. As a participant in this study, you would be asked to complete a telephone assessment and complete questionnaires at pre-treatment, post-treatment, and 4-week follow-up.

For more information about this study, or to volunteer for this study, please contact:

Ainsley Machntyre | (306) 585-4420 | aam549@uregina.ca

or

Janine Beahm (CAH Administrator): 306-337-8477 — cah@uregina.ca

This study has been reviewed and received approval through the Research Ethics Board at the University of Regina.

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Admission Requirements:

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- Download the Brochure at: http://www2.uregina.ca/cah/

Application Deadline: March 31

For further information, please contact:

Dr. Abigail Wickson-Griffiths (Gerontology Program Coordinator): 306-337-2917 — Abigail.Wickson-Griffiths@uregina.ca
or
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