



## Welcome

...to the fall 2018 edition of the Geriatric Health Systems Research Group (GHS) bulletin, which contains recent events and accomplishments of the GHS Group, as well as updates on ongoing projects. We hope that you find the bulletin informative and that it provides material to stimulate dialogue and generate new ideas. For more frequent updates on our work, follow us on Twitter [@GHS\\_UW](#) or like the Geriatric Health Systems Research Group - UW [Facebook page](#). If you would like to be included in our email distribution of the bulletin or would like further information on the material presented, please complete the Contact Us form on our website. If you no longer wish to receive emails from the GHS group or be included on the bulletin distribution list, please contact us at [information.ghs@uwaterloo.ca](mailto:information.ghs@uwaterloo.ca) directly.

## Fall Prevention Month

[November is Fall Prevention Month!](#)

Falls are the leading cause of preventable injury among older adults and cost \$2 billion dollars in direct health care costs annually. Recovering from a fall can be very difficult or near impossible and with an increasing number of falls, it is important we take measures to prevent them.



In 2014, a number of organizations from across Canada came together to promote a campaign called Fall Prevention Month; this campaign encourages organizations and individuals in Canada and beyond to come together to coordinate fall prevention efforts for a larger impact.

Now in its fourth year, the Fall Prevention Partners have planned the campaign by creating and updating the Toolkit. The Toolkit offers evidence-informed resources for fall prevention, a calendar where people can post events they are hosting and where others can browse through events, and a newsletter that can be subscribed to for updates throughout the campaign season. These updates to the Toolkit will enable individuals and organizations to participate by planning activities and sharing evidence-informed information to help prevent falls.

This year, the toolkit has new resources, a search feature and a section to prevent falls in children (ages 0-6). Their motto says it all, "It takes a community to prevent a fall: We all have a role to play". Learn more by checking out the [toolkit](#), by joining the [Fall Prevention Community of Practice](#) and checking out the campaign's [Loop](#) website. Stay connected! Follow them on [Twitter](#) and [Facebook](#) or [join their mailing list](#) for more updates.

What role will YOU play in preventing falls this November?



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Canadian  
Frailty  
Network

Réseau canadien  
des soins aux  
personnes fragilisées

## Transforming Primary Care for Older Canadians Living with Frailty

As part of the CFN-funded study “Transforming Primary Care for Older Canadians Living with Frailty,” research teams are gathering data in different primary care contexts across Ontario, Alberta, and Quebec. In Alberta, this means working with Primary Care Networks (PCNs), the most common model of primary care delivery.

Similar to Family Health Care Teams in Ontario and Family Medicine Groups in Quebec, Alberta’s PCNs provide comprehensive primary care across the care continuum and involve physicians working collaboratively alongside other health care professionals (nurses, pharmacists, dietitians, social workers, etc.). Since 2003, over 40 PCNs have formed to meet a community’s health care needs, each serving between 4000 and 370,000 patients.

Researchers in Alberta are collaborating with clinics in two of Alberta’s PCNs. Initial interviews and focus groups about the study have been enthusiastic, with health care providers, administrators, and leadership noting opportunities for addressing issues of frailty through consistent screening, at-your-fingertips system navigation, and patient and caregiver engagement through shared decision-making.



## Transformer les soins pour les Canadiens âgés et fragiles

Dans le cadre de l’étude « Transformer les soins pour les Canadiens âgés et fragiles » financée par le Réseau canadien des soins aux personnes fragilisées, les équipes de chercheurs rassemblent des données à partir de différents contextes d’offre de soins primaires en Alberta, en Ontario et au Québec. En Alberta, cela signifie qu’il faut travailler avec le Réseau de soins primaires (RSP) ; le modèle le plus commun d’offre de soins primaires.

Tout comme les Équipes de santé familiale en Ontario et les Groupes de médecine familiale au Québec, le RSP d’Alberta offre des soins primaires complets au sein du continuum de soins. Cela implique que les médecins travaillent en collaboration auprès d’autres professionnels de la santé (tels que les infirmiers/ères, les pharmaciens/ennes, les diététiciens/ennes, les travailleurs/euses sociaux/ales etc.). Depuis 2003, plus de 40 RSP se sont constitués dans le but de répondre aux besoins de santé d’une communauté, chacun desservant entre 4 000 et 370 000 patients.

Les chercheurs situés en Alberta collaborent avec des cliniques dans deux RSP d’Alberta. Les premières entrevues et les premiers groupes de discussion à propos de l’étude sont positifs. Les prestataires de soins, les administrateurs et les leaders mettent en évidence les occasions qui se présentent afin de s’adresser aux problèmes d’incapacités grâce à un dépistage constant, à un système de navigation à portée de main et enfin, grâce à l’engagement, lors du processus de prise de décision en commun, des patients et du personnel soignant.



## Looking Back: Conferences &amp; Presentations

## Canadian Frailty Network 2018 Conference (CFN)



From September 20 to September 21, Dr. Jacobi Elliott, Jill Van Damme and Paige Fernandes attended the CFN 2018 National Conference. The topic this year was Improving Frailty Care Benefits Everyone. It allowed for older Canadians living with frailty, caregivers, clinicians, researchers, students, health and social care providers, policy decision makers and experts in the field of frailty to gather together and discuss how we can transform care with knowledge, evidence, policy and breakthrough innovations.

1. Giguère, A., Elliott, J. (2018, September). *Transforming primary care for older Canadians living with frailty, Transformative Grant update. Oral Presentation at the Canadian Frailty Network 5<sup>th</sup> Annual National Conference: Improving Frailty Benefits Everyone. Toronto, ON.*
2. Van Damme, J., & Stolee, P. (2018, September). *Consideration of psychosocial factors in frailty screening: A scoping review protocol. Poster session presented at the Canadian Frailty Network 5<sup>th</sup> Annual National Conference: Improving Frailty Benefits Everyone, Toronto, ON.*
3. Fernandes, P., Elliott, J., & Stolee, P. (2018, September). *Setting the stage for a co-design process: A scoping study of mHealth tools to support care coordination. Poster session presented at the Canadian Frailty Network 5<sup>th</sup> Annual National Conference: Improving Frailty Benefits Everyone, Toronto, ON.*



## 2018 Canadian Agency for Drugs &amp; Technology in Health Symposium



The 2018 CADTH symposium, titled: *Managing Health Technologies: Supporting Appropriate, Affordable, and Accessible Care* took place this past April in Halifax, NS. In a joint pre-conference workshop conducted by AGE-WELL researchers and CADTH representatives, over 30 participants had the opportunity to learn about health care innovation and the challenges faced when innovating in the health system, as well as understanding barriers preventing equitable access to new technologies in health care. Participants also learned about the AGE-WELL National Innovation Hub model, and their role in knowledge translation. Interactive activities based on a case study with a diverse group of participants from industry, research, health technology assessment, and health care provision rounded out the workshop.

Juzwishin, D., Bickenbach, J., Clifford, T., Ens, B., Stolee, P., MacNeil, M., Wang, R., Wilson, M., Harter, K., & Jutai, J. W. (2018, April). *Accelerating innovation for enhancing health care through effective technology management, Workshop at Canadian Agency Drugs and Technology in Health, Symposium, Halifax, NS.*

International Federation on Ageing - 14<sup>th</sup> Global Conference on Aging 2018 (IFA)

PhD students, Justine Giosa and Arsalan Afzal both participated in the IFA 2018 conference in August.

On August 8<sup>th</sup>, Justine presented on her thesis: *"I am not blind, deaf or stupid": Challenging ageist assumptions to improve geriatric home care planning*, which looks at ageist assumptions that limit older adults and excludes them from participating in health and social care service evaluations to their full potential. The study worked toward engaging older adults, caregivers and health care providers in a meaningful way, in an integrated geriatric care planning approach for home care.

Giosa, J.L., Stolee, P., Byrne, K., Meyer, S., & Holyoke, P. (2018, August) *'I am not blind, deaf or stupid': Challenging ageist assumptions to improve geriatric home care planning. Oral presentation at the International Federation on Aging Conference. Toronto, ON*



## Looking Back: Conferences & Presentations Cont'd

### Making Connections Workshop



On September 17<sup>th</sup>, POLICY-TECH organized a regional innovation workshop in Waterloo Region, allowing over 70 regional stakeholders (researchers, industry, older adults, policymakers, tech experts, etc.) to practically apply AGE-WELL research in the local ecosystem. This workshop explored how technological innovation could be used to address challenges related to social isolation of older adults. A report with the results of the day is in progress and will be disseminated to attendees.



### Informing the Frail Senior Strategy for the South West LHIN



Over the last eight months, our research group has partnered with St. Joseph's Health Care London to inform the development of a Frail Senior Strategy in the South West Local Health Integration Network (LHIN). Our work was completed in three stages. 1) We examined peer-reviewed and grey literature for best practices/models of care related to caring for older adults living with frailty. 2) We interviewed a number of providers (n=44) and older adults (n=12) to understand what is working well in the health care system and to identify areas for improvement. 3) In August, we conducted Knowledge Translation Fairs in the sub-LHIN regions in southwestern Ontario. We held drop-in style feedback fair events where we showcased our findings and offered opportunities for attendees (older adults, caregivers, health care providers, community members, etc.) to provide feedback and input on the care of frail older adults in the community. It was also a chance for community members to learn more about the future work of the Regional Frail Senior Strategy. In total, we had 96 individuals come out to share their perspectives and provide feedback on our work.

### Health Technology Assessment International (HTAi)



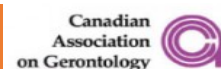
From June 1 to June 5, Don Juzwishin attended the Annual Health Technology Assessment International (HTAi) Annual Meeting in Vancouver, BC. During this event, GHS members presented a poster as part of the national aging and technology network, AGE-WELL, to promote the understanding of potential policy and regulation hurdles for decision makers and innovators. The study used an interview process and surveys to evaluate usefulness of a web-based resource and a consultation process to guide innovators.

*MacNeil, M., Koch, M., Juzwishin, D., & Stolee, P. (2018, June). Mapping the policy and regulatory landscape for innovation. Poster presentation at the Health Technology Assessment International Annual Meeting, Vancouver, BC.*



## Looking Back: Conferences &amp; Presentations Cont'd

## COMING UP ... Canadian Association on Gerontology 2018 Conference (CAG)



Ben Kim, Jeanette Prorok, Justine Giosa, Paul Stolee, Jacobi Elliott, Jill Van Damme, Veronica Sacco, Kayla Brooks, Melissa Koch, & Alison Kernoghan will be participating in the CAG 2018 Conference from October 18-20 in Vancouver, BC. The topic of the conference is *Making it Matter: Mobilizing Aging Research, Practice and Policy*.

## New Publications



Heckman, G., Franco, B., Lee, L., Hillier, L., Boscart, V., Stolee, P., Crutchlow, L., Dubin, J., Molnar, F., & Seitz, D. (2018). [Towards consensus on essential components of physical examination in primary care-based memory clinics](#). *Canadian Geriatrics Journal*, 21(2): 143-151.

With the prevalence of Alzheimer's disease rising and a shortage of geriatric specialists, this study set out to assess if primary care-based memory clinics could meet the needs of persons with memory concerns. The study examined the different physical examination maneuvers required to assess a person with possible dementia in specialist supported primary care-based memory clinics and what clinicians would be best suited to perform these maneuvers within this setting. Sixty-seven primary care clinics in Ontario took part. The most important examinations identified by clinicians were vital signs, gait, and testing for Parkinsonism features. However, more research is needed to clarify which clinicians should carry out the testing based on roles related to the examination and clinic.

McMurray, J., McNeil, H., Gordon, A., Elliott, J., & Stolee, P. (2018). [Building a rehabilitative care measurement instrument to improve the patient experience](#). *American Congress of Rehabilitation Medicine*, 99(9). DOI: <https://doi.org/10.1016/j.apmr.2018.05.022>

In this study, six concepts were looked at that were previously highlighted as key factors in outpatient rehabilitative care patients' experiences while focusing on outpatient rehabilitative care settings. The concepts highlighted are ecosystem issues, client and information caregiver engagement, patient and health care provider relations, pain and functional status, group and individual identity and open-ended feedback. Researchers found that rehabilitation patients are set apart from other patient groups through various characteristics changing their experiences. The survey instrument created has an acceptable user interface, and content and face validity.

McMurray, J., McNeil, H., Gordon, A., Elliott, J., & Stolee, P. (2018). [Psychometric testing of a rehabilitative care patient experience instrument](#). *American Congress of Rehabilitation Medicine*, 99(9): 1840-1847. <https://doi.org/10.1016/j.apmr.2018.04.028>

This study examined the construct validity, internal consistency, test-retest reliability, and feasibility of the WatLX™ patient experience measure. The WatLX™ was administered to a total of 1174 patients in 21 ambulatory rehabilitative care settings across Ontario. Two different versions of the WatLX™ were trialed. The WatLX™ was found to be a promising and efficient patient experience instrument that is feasible for administration in ambulatory rehabilitative care settings.

## New Publications Cont'd

**Sanyal, C., Stolee, P., Juzwishin, D., & Husereau, D. (2018).** [Economic Evaluations of eHealth Technologies: A Systematic Review](#). *PLOS ONE* 13(6): e0198112. <https://doi.org/10.1371/journal.pone.0198112>

eHealth technologies and their use for older adults was systematically reviewed to understand their cost-effectiveness and utility. Articles written about the topic, between 2000 and 2016, were examined in detail. The reviewed studies showed efficacy and cost-effectiveness of an intervention, but limited ideas on the possibility of adopting these technologies based on economic or organizational factors. However, researchers found few economic evaluations of eHealth technologies that included older adults, and more research is needed to demonstrate cost-effectiveness over the long term.

**Warrick, N., Prorok, J., & Seitz, D. (2018).** [Care of community-dwelling older adults with dementia and their caregivers](#). *CMAJ*, 26: 190. <https://doi.org/10.1503/cmaj.170920>.

Researchers studied the experience of older adults at high risk for dementia, dementia detection in different fields, and the possible caregiver burdens and stresses that are felt when a loved one has dementia. The study shares knowledge of local support groups, respite programs, and referrals to specialists that could occur at the community or primary care levels. Authors suggest people living with dementia and their caregivers are best supported by communities on multiple levels, such as caregiver education, respite care, case management, and reducing caregiver stress. A possible result of these changes may be delay in long-term care admissions for older adults.

## Successful Student Milestones

**Congratulations to Justine Giosa** on her successful PhD thesis defense and upcoming convocation.

**Congratulations to Kat Pauloff** on her successful MSc thesis defense.

**Congratulations to Paige Fernandes** on her successful MSc thesis defense.

**Congratulations to Laura Brooks** on her successful MSc thesis defense.

**Congratulations to Veronica Sacco** on starting her MSc at the School of Public Health and Health Systems.

**Congratulations to Jill Van Damme** for starting her CFN Interdisciplinary Fellowship in September.

## Awards and Nominations

**Congratulations to Kat Pauloff**, who received an Applied Health Science Teaching Assistant Award in the Winter 2018 term.

**Congratulations to Jeanette Prorok**, who was awarded the Doctoral Thesis Completion Award from the faculty of Applied Health Science for the Fall 2018 term.



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### Welcome, New Members



#### Catherine Tong

**Catherine Tong** is a new member of the GHS team and she is working as a Research Associate with Dr. Paul Stolee in the School of Public Health and Health Systems. Catherine completed her PhD in the University of British Columbia's Interdisciplinary Studies Program. She has a passion for working with older adults across cultural and linguistic barriers, principally using qualitative methods. Dr. Tong previously worked as a Research Coordinator for the Nexus Home Care Project. Catherine is thrilled to now be working with the Geriatric Health Systems Research Group.

#### Alexandra Whate

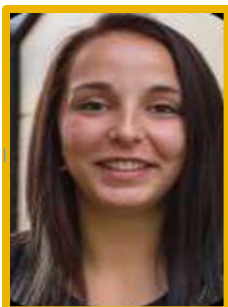
**Alexandra Whate** is a new member of the GHS team and she is working as a Research Assistant with Dr. Paul Stolee in the School of Public Health and Health Systems. Alexandra completed her MSc in Biomedical Sciences and a BA in Psychology at the University of Guelph. Prior to joining the GHS team, she worked in population health as the Data Management Coordinator for a multi-national cardiac trial; she also worked in resource sparing cancer control research with the International Atomic Energy Agency branch of the United Nations. Alexandra is passionate about improving primary care in Canada and is pleased to be working on multiple projects with the Geriatric Health Systems Research Group.



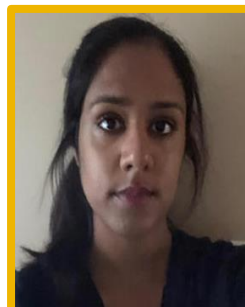
#### Veronica Sacco

**Veronica Sacco** is a first year MSc candidate in the school of Public Health and Health Systems. She completed her BA in Arts and Science at McMaster University. Due to personal connections to the condition, Veronica became interested in researching individuals living with Parkinson's Disease and their caregivers through a qualitative narrative approach. She focuses on how Parkinson's can affect the individual living with it but also their social groups; further, how integrated care is better for those living with Parkinson's. Her other research interests are looking at providing better family-centred care for persons living with chronic illness, and barriers that homeless older adults face when accessing health care. She is also the University of Waterloo Student Representative for the Canadian Association on Gerontology.

### Co-op Students



**Cheyenne LePage** is a new GHS co-op student. Cheyenne is a 4<sup>th</sup> year undergraduate student pursuing her Bachelor of Arts degree in Therapeutic Recreation and minoring in both Gerontology and Philosophy. Working with older adults to improve their quality of life has always been her interest so she is excited to be a part of the team!



**Ashley Makker** is a new GHS co-op student. Ashley is a 3<sup>rd</sup> year undergraduate student pursuing her Bachelor of Science degree in Health Studies and minoring in Gerontology. She is interested in improving health outcomes for older adults and looks forward to being a part of the team!



### Seniors Helping as Research Partners

Our goal is to learn from seniors and their families, and advance the development of research priorities and collaborations, ultimately improving the health care system for older adults.

If you are 55+ and interested in more information or volunteering with the SHARP network, please contact the GHS research group through **Jacobi Elliott** at 519-888-4567 ext. 38982.

Check out the following video where we collaborated with SHARP members to find out why they choose to volunteer with SHARP:  
[https://www.youtube.com/watch?v=Amd9b9l\\_tno](https://www.youtube.com/watch?v=Amd9b9l_tno)



### Healthy Recipe: Spaghetti Squash Lasagna with Broccolini

#### Ingredients:

- 1 spaghetti squash, halved and seeded
- 1 tbsp. extra-virgin olive oil
- 1 bunch broccolini, chopped
- 4 cloves garlic, minced
- 1/4 tsp. crushed red pepper (optional)
- 3/4 tsp. Italian seasoning
- 2 tbsp. water
- 1/2 tsp. salt
- 1/4 tsp. ground pepper
- 1 cup shredded part-skim mozzarella cheese, divided
- 1/4 cup shredded Parmesan Cheese, divided

#### Preparation

1. Preheat oven to 230 °C and position racks in upper and lower thirds of oven.
2. Place squash cut side down in a microwave safe dish; add 2 tbsp. water. Microwave for 10 minutes or until flesh is tender.

#### Nutrition Information

Amount Per Serving
<b>Calories</b> 194
<b>Total Fat</b> 11g
Saturated Fat 5g
<b>Salt</b> 609 mg
<b>Total Carbohydrate</b> 15g
Sugar 5g
Fiber 2g
<b>Protein</b> 11g
<b>Calcium</b> 314mg

**Serves:** 2

**Preparation Time:** 30 minutes

**Cooking Time:** 10 minutes

3. Heat oil in a large skillet over medium heat. Add broccolini, garlic and red pepper; cook, stirring frequently, for 2 minutes. Add water and cook, stirring, until the broccolini is tender, 3 to 5 minutes more. Transfer to a large bowl.

4. Use a fork to scrape the squash from the shells into the bowl. Place the shells in a broiler-safe baking pan or on a baking sheet. Stir 1/4 cup mozzarella, 2 tbsp. Parmesan, Italian seasoning, salt and pepper into the squash mixture. Divide it between the shells; top with the remaining 1/4 cup mozzarella and 2 tbsp. Parmesan

5. Bake on the lower rack for 10 minutes. Move to the upper rack; turn the broiler to high and broil, watching carefully, until the cheese starts to brown, about 2 minutes.

This recipe was borrowed from:

<http://www.eatingwell.com/recipe/252696/spaghetti-squash-lasagna-with-broccolini/>